



Agenda

10:30 - 10:33 1. Welcome
3 min
Verbal John Connaghan

10:33 - 10:34 2. Apologies for Absence
1 min
Verbal John Connaghan

10:34 - 10:35 3. Declaration of Interests
1 min
Verbal John Connaghan

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

Please notify changes to loth.corporategovernanceteam@nhs.scot

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

Items for Approval or Noting

10:35 - 10:40 4. Items proposed for Approval or Noting without further discussion
5 min
Decision John Connaghan

4.1. Minutes of Previous Board Meeting - 08 October 2025

For Approval John Connaghan

📄 4.1 08-10-25 Board Minutes (Draft to meeting).pdf (9 pages)

4.2. Audit and Risk Committee Minutes - 11 August 2025

For Noting Jonathan Blazeby

📄 4.2 Audit and Risk Committee Minutes - 11 August 2025.pdf (4 pages)

4.3. Finance and Resources Committee Minutes - 20 August 2025

For Noting Martin Connor

📄 4.3 Finance and Resources Committee Minutes - 20 August 2025.pdf (5 pages)

4.4. Healthcare Governance Committee Minutes - 21 October 2025

For Noting Andrew Cogan

📄 4.4 Healthcare Governance Committee Minutes - 21 October 2025.pdf (6 pages)

4.5. Midlothian Integration Joint Board Minutes - 21 August 2025

For Noting *Val de Souza*

 4.5 Midlothian IJB Minutes - 21 August 2025.pdf (18 pages)

4.6. Edinburgh Integration Joint Board Minutes - 22 September 2025

For Noting *Katharina Kasper*

 4.6 Edinburgh IJB Minutes - 22 September 2025.pdf (6 pages)

4.7. East Lothian Integration Joint Board Minutes - 25 September 2025

For Noting *Andrew Cogan*

 4.7 East Lothian IJB Minutes - 25 September 2025.pdf (7 pages)

4.8. Pharmacy Practices Committee – Outcomes Report Q3 2025/26

For Noting *Tracey Mckigen*

 4.8 Pharmacy Practices Committee Outcomes Report Q3 2025-26.pdf (4 pages)

4.9. Quarter 2 2025/26 - National Whistleblowing Standards Performance Report

For Noting *Tom Power*

 4.9 Quarter 2 2025-26 - National Whistleblowing Standards Performance Report (Inc. Appendix).pdf (15 pages)

4.10. Board Appointments - December 2025

For Approval *John Connaghan*

 4.10 Board Appointments - December 2025.pdf (6 pages)

4.11. Board & Committee Dates

For Noting & Approval *John Connaghan*

 4.11 Board & Committee Dates.pdf (9 pages)

Items for Discussion

10:40 - 10:50 5. Board Chair's Report - December 2025

10 min

Verbal *John Connaghan*

10:50 - 11:10 6. Chief Executive's Report - December 2025

20 min

Discussion *Caroline Hiscox*

 6. Board Chief Executive's Report 2025-12-03 Final.pdf (6 pages)

11:10 - 11:20 7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

10 min

Verbal *John Connaghan*

11:20 - 11:45 8. Maternity Services - Healthcare Improvement Scotland Safe Delivery of Care Report and Action Plan

25 min

Discussion *Tracey Gillies*

 8. Maternity Services - Healthcare Improvement Scotland Safe Delivery of Care Report and Action Plan.pdf (63 pages)

- 11:45 - 12:10**
25 min
- 9. Implementation of Sub-National Planning: Co-operation and Planning Directions 2025**
- Discussion* *Colin Briggs*
-  9. Implementation of Sub-National Planning - Co-operation and Planning Directions 2025 (Inc. Appendix).pdf (14 pages)
- 12:10 - 12:20**
10 min
- Comfort Break***
- 12:20 - 12:35**
15 min
- 10. Agenda for Change Reform - Implementation of 36 Hour Reduced Working Week**
- Discussion* *Tom Power*
-  10. AfC Reform - Implementation of 36 Hour Reduced Working Week (Inc. Appendix).pdf (24 pages)
- 12:35 - 12:50**
15 min
- 11. Corporate Objectives & Annual Delivery Plan Mid-Year Review 2025**
- Discussion* *Colin Briggs*
-  11. Corporate Objectives and Annual Delivery Plan Mid-Year Review 2025 (Inc. Appendix).pdf (12 pages)
- 12:50 - 13:00**
10 min
- 12. NHS Lothian Drug Related Deaths Annual Report 2024**
- Discussion* *Susan Webb*
-  12. Drug Related Deaths Annual Report 2024 (Inc. Appendix).pdf (44 pages)
- 13:00 - 13:20**
20 min
- 13. NHS Lothian Board Performance Report**
- Discussion* *Jim Crombie*
-  13. NHS Lothian Board Performance Report (Inc. Appendix).pdf (29 pages)
- 13:20 - 13:30**
10 min
- 14. October 2025 Financial Position and 2026/27 Financial Plan Update**
- Discussion* *Craig Marriott*
-  14. October 2025 Financial Position and 2026-27 Financial Plan Update (Inc. Appendices).pdf (9 pages)
- 13:30 - 13:45**
15 min
- 15. Corporate Risk Register (Including new Maternity Risk)**
- Discussion* *Tracey Gillies*
-  15. Corporate Risk Register - 3 Dec 2025.pdf (10 pages)
- 13:45 - 13:47**
2 min
- 16. Any Other Business**
- Verbal* *John Connaghan*
- 13:47 - 13:49**
2 min
- 17. Reflections on the Meeting**
- Verbal* *John Connaghan*
- 13:49 - 13:50**
1 min
- 18. 2026 Meeting Dates**
- For Noting* *John Connaghan*
- 04 February 2026

- 22 April 2026
- 24 June 2026 (Annual Accounts)
- 12 August 2026
- 07 October 2026
- 02 December 2026

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 0930hrs on Wednesday 08 October 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 E. Balfour; Mr J. Blazeby; Ms H. Campbell; Dr P. Cantley; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Mr G. Gordon; Mrs K. Kasper; Prof A. Khan; Prof. L. Marson Cllr D. Milligan; Mr R. Roberts and Ms V. de Souza.

Executive Board Members: Prof. C. Hiscox (Chief Executive); Miss T. Gillies (Executive Medical Director); Mr C. Marriott (Director of Finance) and Mrs S. Webb (Director of Public Health and Health Policy).

In Attendance: 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 M. Campbell (Director of Estates & Facilities); Ms T. McKigen (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Ms J. Torrens (Service Director, REAS); Miss F. Ireland (Deputy Director - Corporate Nursing & Business Support); Mr D. Thompson (Board Secretary) and Mr. C Graham (Corporate Governance Team, minutes).

Apologies for Absence: Mr P. Allenby, (Non-Executive Board Member); Mr P. Knight, (Non-Executive Board Member); Ms T. A. Miller, (Non-Executive Board Member); Prof J. Innes (Non-Executive Board Member); Ms A. MacDonald (Executive Nurse Director); Mr J. Crombie (Deputy Chief Executive) and Ms C. Laverty (Chief Officer, Edinburgh IJB).

45. Welcome & Declaration of Interests

- 45.1 The Chair welcomed members, colleagues, and observers to the Board meeting.
- 45.2 The Chair welcomed Ms H. Campbell and Mr R. Roberts to their first Board meeting as new Non-Executive Directors.
- 45.3 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**46. Items proposed for Approval or Noting without further discussion**

- 46.1 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.
- 46.2 Minutes of Previous Board Meeting held on 13 August 2025 – Minutes were approved.

- 46.3 Audit and Risk Committee Minutes – 16 June 2025 – Minutes were noted.
- 46.4 Healthcare Governance Committee Minutes – 22 July 2025 – Minutes were noted.
- 46.5 Staff Governance Committee Minutes – 30 July 2025 – Minutes were noted.
- 45.6 Midlothian Integration Joint Board Minutes – 12 June 2025 – Minutes were noted.
- 45.7 Edinburgh Integration Joint Board Minutes – 26 August 2025 – Minutes were noted.
- 45.8 East Lothian Integration Joint Board Minutes – 26 June 2025– Minutes were noted.
- 45.9 West Lothian Integration Joint Board Minutes – 13 August 2025 – Minutes were noted.
- 45.10 Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 2, 01 July - 31 August 2025 – Report was noted. The Board recognised the discrepancy between the cover paper and the report in terms of the assurance level being offered. It was clarified that Limited Assurance had been accepted by the Staff Governance Committee, as reflected in the body of the report.
- 45.11 Pharmacy Practices Committee – Outcomes Report Q1 & Q2 2025/26 – Report was noted.

ITEMS FOR DISCUSSION

46. Board Chair's Report – October 2025

- 46.1 The Chair reported ongoing national discussions around reform of the NHS and Social Care system across Scotland. Recognising the useful Development Session the Board had held recently on this topic.
- 46.2 The Chair highlighted the recent NHS Lothian Celebrating Success Awards, which he had been privileged to attend. The awards had recognised the amazing work that is undertaken throughout NHS Lothian and the Board congratulated the winners and all those nominated. The Chair planned to use some of the event footage at the Board's upcoming Annual Ministerial Review.
- 46.3 The Annual Ministerial Review would be held on Monday 10 November with Jenni Minto, Minister for Public Health and Women's Health. Non-Executive Director colleagues were invited to attend the Public Session of the review.
- 46.7 The Chair also reminded colleagues that he continued to have discussions with Non-Executive Director colleagues on future Board commitments and IJB appointments.

47. Chief Executive's Report – October 2025

- 47.1 The Board discussed the Chief Executive's Report, with particular attention given to progress in mental health services across Lothian. This included adult patient flow and the escalation process for the Child and Adolescent Mental Health Service (CAMHS). The report acknowledged the significant leadership and oversight being applied across urgent and unscheduled care (USC), mental health, acute adult flow, CAMHS, and maternity services. These efforts were seen as improving outcomes through collective work and focused delivery.

- 47.2 The recent Board Development Session was highlighted as a positive and collaborative event. It provided an opportunity for members to reflect and plan for how services and operations might evolve in 2026. A summary of this work was expected to be presented at the November Strategic Planning and Performance Committee (SPPC).
- 47.3 Infrastructure concerns were raised, particularly regarding the Clock Tower at the Western General Hospital (WGH), which represented broader issues with the estate across Lothian. The Board was made aware of the impact such buildings have on patient and family experiences. A positive development was noted with funding secured to progress the demolition plan for the Clock Tower.
- 47.4 The Board celebrated staff achievements and participation in Speak Up Week (29 September to 3 October), which saw strong engagement in leadership events. The initiative was praised for promoting a culture of safety and openness throughout the year.
- 47.5 In response to questions, it was confirmed that additional funding had been allocated to maternity services, with recruitment underway. While international recruitment faced some challenges, plans were in place to onboard newly graduated midwives by the end of October, aiming for full staffing in midwifery by the end of the year.
- 47.6 CAMHS remained at escalation level 3, with efforts focused on addressing waiting times. The service had experienced fluctuations and was undergoing detailed analysis to improve infrastructure and delivery. Additional informal funding was being used to bridge capacity gaps and support redesign efforts. Initial trajectory projections were expected by March 2026 and would be formally shared at the November SPPC.
- 47.8 The success of Organ Tissue Donation Week was highlighted. This had been supported by a £10,000 charity grant and media coverage. The internal campaign led to 42 staff sign-ups and a rise in donor registrations. The importance of understanding themes from Speak Up Week was emphasised, noting that whistleblowing updates are regularly reported to the Board and monitored by the Staff Governance Committee.
- 47.9 There was discussion on the Hospital Sterilisation and Disinfection Unit (HSDU), and the ongoing resilience issues that were reflected nationally. Work was underway to improve system resilience, with updates expected at the November Board Chief Executives meeting. HSDU support continued to be provided to NHS Grampian.
- 47.10 The Chief Executive drew the Board's attention to the recent Permanent Secretary visit. The Permanent Secretary had visited to better understand USC and flow work, expressing confidence in Lothian's ability to drive change. The visit also highlighted the excellent work of the East Lothian IJB Inreach team.
- 47.11 Oversight of the Board's estate and infrastructure was further discussed, the Director of Estates and Facilities confirmed that that building surveys were conducted every five years. The WGH Clock Tower had known issues and had been vacated accordingly. Capital prioritisation remained a key focus, with updates provided every six months to SPPC and annually to the Board. Top priorities included HSDU, primary care premises, and the cancer centre at WGH. Capital prioritisation also considered backlog maintenance and business continuity. A formal update was scheduled for the April Board meeting, with interim discussions at the next SPPC. It was importance to have rigorous annual assessments to manage risk and prioritise funding.

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

48.1 **Healthcare Governance Committee (HGC)** - The Board noted that HGC recently reviewed the two reports issued by the Scottish Public Services Ombudsman (SPSO) in January and July. These reports had highlighted recurring concerns in NHS Lothian regarding the delivery of patient care, particularly in areas such as pressure ulcer care, wound management, and person-centred care planning. The issues raised had already been brought to the Board's attention in August through the Chief Executive's Report. The HGC had concluded that only limited assurance could be taken at this stage regarding the effectiveness of the measures implemented to address these risks. The Committee had agreed to revisit progress on these matters in upcoming meetings.

48.1.1 The HGC had also been informed of several forthcoming reports from Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission (MWC), which were expected to focus on maternity services and mental health. As these reports remained under embargo, they could not be discussed in the public Board setting. The HGC planned to review the reports and consider appropriate action plans once they were officially released.

48.2 **Staff Governance Committee (SGC)** - The Board noted that the September SGC meeting had seen comprehensive discussion around the Reduced Working Week component of the Agenda for Change (AfC) reform. The committee had reviewed the draft implementation plan in detail and considered a new Corporate Risk associated with the reform. This risk had been recommended by the Corporate Management Team (CMT) for adoption by the Board, and its implications had been thoroughly examined during the session. The Board noted that there would be an upcoming national meeting to discuss AfC reform and the Director of People and Culture would provide updates to the Board and Board Chair as appropriate.

48.2.1 SGC had also addressed matters relating to its own effectiveness. This discussion had been informed by the results of the annual survey conducted earlier in the year among committee members. The feedback gathered through the survey would guide the committee in considering potential actions to enhance its performance and governance practices.

49. NHS Lothian Board Performance Report

49.1 The Chief Executive presented the NHS Lothian Board Performance Report, outlining performance across agreed metrics. The report formed part of the ongoing development of the Board Assurance Framework (BAF). The Board discussed national trajectories, noting that several targets had not been met for some time. Activity and performance against ADP trajectories were reviewed, with a particular focus on patients waiting over 52 weeks. It was confirmed that no patients were waiting over 104 or 78 weeks, and projections for March 2026 estimated 8,828 outpatient and 3,735 inpatient cases over the 52-week threshold.

49.2 Outpatient and inpatient/day case trajectories remained on track, although internal targets were not expected to reach a zero-wait position. Radiology was performing well against the six-week target, while endoscopy was falling behind due to increased demand and prioritisation of urgent suspected cancer cases. Radiology issues were attributed to reporting delays, and efforts were underway to improve reporting processes. Despite endoscopy activity exceeding planned levels, waits continued to exceed six weeks, particularly affecting colorectal cancer pathways. A funding bid to the Scottish Government had been unsuccessful, but improvement work was ongoing using best practice models.

49.3 Cancer performance remained off trajectory for the 31- and 62-day standards, although August data showed signs of improvement. Urology, prostate, bladder, and colorectal cancers were identified as particularly challenging areas. Unscheduled Care performance was discussed in detail, with the system meeting three times weekly to address issues.

- 49.4 Although USC performance was above the Scottish average, gaps remained, particularly in relation to the four-hour target. August and September dips were linked to staffing changes and increased attendances. Improvements were noted in length of stay and breach indicators, but variability and weekend decision-making continued to pose challenges.
- 49.5 The Board acknowledged the significant investment in Unscheduled Care and the need for sustainable models of care. Discussions highlighted the shift in focus from planned care to urgent care, especially in preparation for winter. Scheduled care trajectories were ahead of plan, and there was optimism that March 2026 targets could be exceeded. The Board also discussed the recovery plan for cancer, with further discussions planned for the Strategy Planning and Performance Committee (SPPC) in November.
- 49.6 Leadership, staff resilience, and cultural behaviours were recognised as strengths. The importance of communication and engagement was highlighted, noting that teams were well-informed and focused on daily operational detail. The challenge of balancing strategic leadership with day-to-day demands was acknowledged.
- 49.7 Questions were raised regarding psychological therapies, primary care, and smoking cessation. Concerns were noted about increased demand, staffing shortages, and recruitment challenges in psychological therapies. Primary care had seen a rise in closed GP lists, though these were temporary and actively managed. Activity levels remained within normal variation. Smoking cessation targets continued to be missed, particularly in Edinburgh, but an improvement plan was in place, with Quarter 3 showing 80% achievement in the most deprived areas.
- 49.8 Assurance was discussed in relation to national standards and trajectories. The Board acknowledged that many targets had not been met for years and that progress would depend on annual trajectory planning. Limited assurance was provided against national standards, but reasonable risk assessments were in place. The patient experience team annual report was confirmed to follow the usual governance route via HCG, with individual service reports referencing relevant themes.
- 49.9 Further discussion addressed the impact of the 2018 GP contract, which had shifted work from GPs to HSCP staff. This had reduced in-hours activity and increased complexity in GP cases. The Board also considered the implications of reduced GP activity and its interaction with other services. The need for national benchmarking data in future reports was noted.
- 49.10 The Board acknowledged the implications of the performance matters discussed and NHS Lothian's current levels of compliance against national performance standards and key performance indicators.

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

- 50.1 The Board acknowledged that an addendum to the ADP covering Unscheduled Care (USC) and Child and Adolescent Mental Health Services (CAMHS) remained to be brought back, as previously discussed. These areas had been addressed in the Strategic Planning and Performance Committee (SPPC) discussions, with USC being covered in the most recent session. However, some elements, particularly relating to CAMHS, remained a work in progress.
- 50.2 The Board noted correspondence from the Chief Operating Officer of NHS Scotland which provided reassurance that the Scottish Government (SG) were comfortable with the existing ADP content and that the narrative for USC and CAMHS had not changed. The overall approach remained consistent, with only the specific numerical details to be finalised and presented at the next Board meeting.

- 50.3 The importance of good governance practice by setting out the ADP before the start of the new financial year was emphasised. Regardless of Scottish Government's position on certain elements, the Board should articulate its ambitions and priorities in advance. It was suggested that at the start of the financial year, the Board should be able to approve at least part of the ADP, reflecting local ambitions even if Scottish Government guidance was still evolving.
- 50.4 There was further discussion on the outlined planning timeline, indicating that system-wide plans were expected to be discussed at the March SPPC meeting and then presented to the Board in April. Again it was acknowledged that not all details might be finalised by then, particularly due to uncertainties around additional funding and the pre-election period, which made it difficult to anticipate Scottish Government's exact focus.
- 50.5 The need to use the Board process to identify major transformation priorities for 2026/27 was highlighted and the importance of understanding what changes were required to move from the current state to the desired future state and how financial resources could be restructured to support that transformation, was stressed.
- 50.6 The Board noted that the first iteration of the financial plan for the next year would shortly be available. The Scottish Government had pushed back the timeline to January 2026, making the process tight and although some assumptions were still being worked through, there was confidence that the majority of the plan could be completed within the January timeframe.

51. Corporate Risk Register

- 51.1 The Executive Medical Director introduced the report highlighting the August 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.
- 51.2 There was discussion on the proposals to add a new corporate risk relating to implementation of Agenda for Change Reforms – Reduced Working Week, noting it would not be implemented until 1st April 2026, and the Corporate Management Team recommendation to develop a corporate risk relating to maternity services was noted as work in progress that would come back to the Board.
- 51.3 The ongoing surveillance of water safety risk was also recognised with the water safety committee still in place. The ongoing rigour had enabled the downgrading of the risk.
- 51.4 The Board noted the changes to the format of the risk assurance table following feedback from members of the Audit and Risk Committee and noted the overview of the changes in the Corporate Risk Register over the past 2 years.
- The Board accepted the CMT recommendation to add a new risk onto the CRR, relating to Implementation of Agenda for Change Reforms – Reduced Working Week
 - The Board welcomed the CMT recommendation to develop a corporate risk relating to maternity services.

52. NHS Lothian Financial Position – July 2025 & Quarter 1 Forecast Update

- 52.1 The Board received the update on NHS Lothian's financial position at the end of July 2025, alongside the Quarter 1 forecast. The Board was informed that the organisation had recorded a £3.1 million overspend by the end of July, with a projected overspend of £27 million for the full year. A shortfall of £4 million in the delivery of Financial Recovery Plans (FRPs) for May 2025 was also noted.
- 52.2 Key areas of financial pressure included the Royal Edinburgh Hospital (REAS) and the Royal Infirmary of Edinburgh (RIE). REAS faced recruitment challenges, leading to increased agency expenditure, while RIE struggled with savings delivery, particularly in neurosciences. These issues prompted escalation through the Financial Oversight Board (FOB), and further escalation to the Financial Improvement Group (FIG) was initiated due to underperformance.
- 52.3 The Board discussed the allocation of additional funding, which, although helpful in supporting non-pay and sustainability pressures, did not alter the overall financial bottom line. The Quarter 1 position was assessed against three financial objectives: achieving a balanced outturn, creating budget flexibility to support realignment, and reducing the underlying financial gap.
- 52.4 A £250 million sustainability fund was highlighted as critical to stabilising the financial position, with the current deficit standing at £27 million. The delivery of all planned efficiencies was deemed essential, with £16 million of savings considered difficult to achieve, compounded by overspends at REAS and RIE. The Board reaffirmed the necessity of delivering 3% savings, as previously committed to the Scottish Government.
- 52.5 The importance of controlling overspends at REAS and RIE was emphasised, with a clear expectation from the Scottish Government to achieve a breakeven position by year-end.
- 52.6 The Board began considering planning parameters for 2026/27. The RWW funding package, which included band progression, protected learning time, and workforce wellbeing, was also discussed. Concerns were raised about the national impact of overspending by some boards on the funding available to others.
- 52.7 The sustainability fund was confirmed to be non-recurring for the current year. The Board acknowledged that the current approach focused more on alleviating overspends than on funding long-term reform. Recurrency was seen as vital to improving NHS Scotland's overall financial performance.
- 52.8 The Director of Finance confirmed that the year had started with a balanced financial plan, and adjustments had been made through the Finance and Resources Committee to maintain assurance.
- 52.9 The Board acknowledged that without entering the reform space, the ability to deliver recurring savings would diminish. The Board reiterated its commitment to achieving financial balance and delivering the 3% savings target.

53. Winter Planning

- 53.1 The Board received an update on the approach to Winter Planning, which had evolved into a broader, all-year resilience strategy. In October 2024, the Board had received a short paper outlining this resilience-based approach, which replaced the traditional, standalone winter plan. This strategy had been designed to integrate with wider Resilience Partnerships, including collaboration with Police Scotland, local councils, and other stakeholders.
- 53.2 From a financial perspective, it was noted that there was no dedicated funding pot for winter planning. On 24 September 2024, the Scottish Government had requested assurance regarding the Board's approach and the steps being taken. At that time, it had been understood that the Scottish Government would not be issuing formal Winter Planning guidance in 2025, instead recognising the value of adopting a year-round resilience-based model.
- 53.3 The discussion touched on the differing profile of winter pressures that year, particularly in relation to the COVID-19 vaccination programme. Some groups were no longer eligible for the vaccine, prompting questions about the impact on Integrated Partnerships. However, it was reported that no significant issues had been observed, although there had been a spike in unscheduled care admissions through Emergency Departments from late August into September. These admissions appeared to correlate with the vaccination programme, with a peak expected around the turn of the year.
- 53.4 Vaccination rates were also discussed, with updates provided through the Healthcare Governance structure. The annual report on vaccination programmes highlighted areas for improvement, particularly around uptake among health and social care staff. These areas were being monitored by the Operational Group and the Immunisation Oversight Board.
- 53.5 Finally, it was noted that the Operational Improvement Board at the national level, which included representation from NHS Lothian, had established a Flow Subgroup. This subgroup was functioning in place of traditional winter guidance, further supporting the resilience-based approach.

54. Midlothian IJB Strategic Plan Formal Agreement

- 54.1 The Director of Strategic Planning introduced the Midlothian IJB Strategic Plan to the Board, noting that it had previously been discussed at the Strategic Planning and Performance Committee (SPPC), which had agreed to endorse the plan. The Chief Officer for Midlothian confirmed that the plan had also been endorsed at the Midlothian Council meeting in August, describing it as ambitious yet realistic. The Board was asked to formally endorse the plan.
- 54.2 The Board expressed appreciation for the staff involved in developing the plan, acknowledging the extensive feedback received and the effort made to incorporate comments. It was noted that while some stakeholders had stated, "we don't necessarily agree with your priorities," the engagement process had been constructive. The Director of Strategic Planning clarified that full agreement with every aspect of the IJB's priorities was not required, and there were no specific concerns about the content of the plan.
- 54.3 The Board praised the document for its clarity, structure, and accessibility, describing it as an "easy read" with a well-defined ambition. Members were impressed by the amount of work and genuine engagement that had gone into the plan, highlighting the "people first" approach as a major strength and emphasising that meaningful change must follow the words in the document. The Board expressed confidence that the plan would make a tangible difference.
- 54.4 The Board agreed to accept the advice provided by the SPPC and formally endorsed the Midlothian IJB Strategic Plan.

55. Any Other Business

55.1 There was no other business.

56. Reflections on the Meeting

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

57. Date of Next Board Meeting

- Wednesday 3 December 2025 at 10:30am

Chair’s Signature
Date

Prof. John Connaghan
Chair – Lothian NHS Board

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 11th August 2025 via MS Teams.

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

In Attendance: Ms J. Gillies Associate Director for Quality Improvement & Safety; Ms V. Graham, Observer; Ms T. Jevanesan, shadowing Ms Gillies; Ms C. Hiscox, Chief Executive; Mr C. Marriott, Director of Finance; 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 D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

Apologies: None.

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 August meeting of the Audit and Risk Committee.

25. Minutes of the previous meeting held on 16th June 2025

- 25.1 The minutes of the meeting held on 16th June 2025 were accepted as an accurate record subject to the amendment to:
- Item 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 **Litigation Report**.

26. Running Action Note

- 26.1 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.
- 26.2 It was agreed that the actions relating to Medicine Management and Overpayments of Salary would be discussed under the Internal Audit section of the agenda.
- 26.3 The Committee accepted the running action note and the information therein.

27. Risk Management

- 27.1 Corporate Risk Register – The previously circulated report on the NHS Lothian's Corporate Risk Register (CRR) and associated processes was received.
- 27.2 The Committee reviewed the June 2025 updates provided by the executive leads concerning risk provided by the executive leads concerning risk mitigation outlined within the report.

- 27.3 The minor change to the description for Finance risk 3600 to reflect the 2025/26 budget position was noted.
- 27.4 The overview of the changes within the CRR over the past two calendar years were noted.
- 27.5 The Committee noted that the divisional high and very high risks were reviewed by the Corporate Management Team (CMT) at their meeting in July 2025.
- 27.6 The Committee noted the planned work to identify and agree strategic risks to strengthen existing risk management arrangements.
- 27.7 There was some discussion around the timeline for separating corporate risk and strategic risk. Next steps would focus on the Board Secretary meeting with Ms Gibbs, Quality & Safety Assurance Lead soon and the development of a clear proposal to be considered at the Board by the end of the year.
- 27.8 There was some angst around additional unconfirmed Scottish Government funding highlighted with the description of key risks and whether the delay in receiving it would reduce the impact it would have on services. Members received assurance that Finance continues to work within their financial constraints whilst pursuing additional funding opportunities from Scottish Government as they arise.
- 27.9 Attention was drawn to the additional £10M secured in respect of planned care. NHS Lothian continued to work within the £2.5B focusing on local, regional, and national reform to drive forward change through redesign of services, improving performance and strengthen the overall financial position. Further information on this would be available to Non-Executive Board Members in the development session scheduled for October 2025.
- 27.10 There was agreement that the historical information held within the report was distracting and could draw attention away from the key points therein. To mitigate this Miss Gillies would move this information to a separate appendix whilst streamlining and focusing the report on the current actions and those actions in place in future reports. **JG**
- 27.11 The Committee accepted the report.

28. Internal Audit

- 28.1 Internal Audit Property Transactions - The Internal Audit of Property Transactions had identified one medium finding with an overall rating of moderate for the effectiveness of the controls and substantial for the design of the controls.
 - 28.1.1 The decision to deviate from existing protocols was discussed. Internal Audit confirmed that they were satisfied by the explanation provided by management considering the health and safety need, the detail within the SBAR and the urgency of the matter.
 - 28.1.2 Management accepted the recommendations and were committed to expediting property transactions as required.
 - 28.1.3 The Committee accepted the report.

- 28.2 Internal Audit Progress Report (August 2025) – the previously circulated report was received. Since the June Meeting Internal Audit had one final report relating to property transactions. Three terms of reference had been agreed, and all other scheduled reviews would start in the next two months.
- 28.2.1 It was expected that there would be three final internal audit reports submitted to the November 2025 meeting for consideration.
- 28.2.2 The Committee acknowledged the transfer of internal Audit resource to BDO from Grant Thornton, highlighting the importance of expediting the audits scheduled for quarter one to ensure that the plan remain on track and year end agendas are not overwhelmed by the volume of reports. The Director of Finance would flag internal audit reports with the CMT to ensure they give them due support. He encouraged colleagues at BDO to reach out for support if there were further delays. **CM**
- 28.2.3 The timing of the audit of midwifery services had been challenged by management, considering the ongoing programme of work with other assurance providers there was no capacity within the team to support an audit. Members agreed based on the volume of work undertaken in Women's Services and Healthcare Governance Committee's oversight of the external audit, it would be appropriate to defer the audit to the first quarter of 2026/27.
- 28.2.4 It was agreed that the audit days previously assigned to the Audit of Midwifery Services would be re-allocated to and audit on overpayments. The audit would consider IT, HR, and training from the perspective of starters, movers, and leavers. The Director of Finance requested that Ms Robertson consult with Ms Notman to consider the scope of this audit and bring a formal recommendation to the November meeting. **CR/ON**
- 28.2.5 The Committee were reminded that Payroll is now managed by National Services Scotland (NSS), going forward it would NSS's responsibility to audit payroll. However, the daily interactions and transfer of information between NHS Lothian and NSS payroll would sit within the remit of Internal Audit.
- 28.2.6 The lack of contingency within the 2025/26 internal audit plan in comparison to the previous year was noted. The Committee agreed to revisit contingency if the number of days released from the audit of Midwifery Services did not cover the proposed audit of overpayments.
- 28.2.7 The Committee accepted the report and supported the proposed changes to the Internal Audit Plan 2025/26.
- 28.3 Internal Audit Recommendation Tracker Report (August 2025) – The previously circulated report was presented.
- 28.3.1 Attention was drawn to the Medicines Management recommendations and governance arrangements implemented. Internal Audit were hopeful that progress will be made against the Improvement plan in advance of the November Meeting.
- 28.3.2 The Committee accepted the report.

29. Counter Fraud Activity

- 29.1 Counter Fraud Activity– The Committee received a verbal overview of the previously circulated paper.
- 29.2 Mr Old explained that despite TURAS activity being transferred over to NHS Lothian Corporate Learning Development and Compliance Team analysis, reporting from the system had been delayed due to the inaccuracies within the data received. He anticipated that information would be available for inclusion in the report in November.
- 29.3 The Committee agreed that the action relating to the completion of mandatory training would be re-opened. The Committee Administrator would amend the running action note to reflect this. **LB**
- 29.4 It was noted that three intelligence alerts had been issued by Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.
- 29.5 On fraud detection, the Committee noted the number of referrals and operations that were ongoing, and operations closed during the reporting period.
- 29.6 It was noted that Operation Ariston had concluded and the final report from CFS was awaited.
- 29.7 The Committee accepted the attached report as an update on the current status of counter fraud activity.
- 29.8 The Committee agreed that the report provides a moderate level of assurance that all cases of suspected fraud are accounted for, and appropriate action is taken.

30. Any Other Competent Business

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

31. Reflections on the meeting

- 31.1 The Committee welcomed the detailed discussions held. There were no matters to raise with the Board.

32. Date of Next Meeting

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

***Agreed by Chair
17 November 2025***

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 20 August 2025 via Microsoft Teams.

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

In attendance: Mr B. Barron, Director of Capital Planning; Ms M. Campbell, Director of Estates and Facilities; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Dr J. Hopton, Programme Director, Facilities; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms B. Pillath, Committee Administrator (minutes); Mr D. Thomson, Board Secretary; Ms I. Tricker, Interim Head of Property and Asset Management.

Apologies: Professor C. Hiscox, Chief Executive; Ms A. MacDonald, Executive Nurse Director

Chair's Welcome

The Chair welcomed members to the meeting. He welcomed Mr Roberts to his first meeting as member of the Committee.

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.

8. Committee Business

8.1 Minutes and Actions from Previous Meeting (11 June 2025)

- 8.1.1 Members accepted the minutes from the meeting held on 11 June 2025 as a correct record.
- 8.1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

9. Capital

9.1 Property and Asset Management Investment Programme

- 9.1.1 Mr Barron presented the previously circulated paper. It was noted that a number of submissions to the Scottish Government on bids for prioritisation of capital funding were required as part of the Business Continuity Plan, and capital planning teams were being recruited to for business cases to be produced. Mr Marriott noted that it was not efficient for prioritisation to be done at national level as this was done at Board level.

- 9.1.2 Ms Campbell advised that a number of actions had been taken to mitigate the risks of the condition of the Clock Tower building at the Western General Hospital, including interim repairs to the roof, and decant of staff from the first floor. Staff remained on the ground floor with fire safety plans and a monitoring programme to ensure safety. This was being overseen by the Corporate Management Team. Mr Crombie agreed to raise at the Board whether there was a need for the situation to be recorded as a risk on the corporate risk register. The full decant of staff from the building was expected to take approximately 6 months, as the areas staff were moving to needed to be prepared for services to continue.
- 9.1.3 Mr Marriott advised that there was no specific Scottish Government funding available for emergencies such as the Clock Tower building and repair work and moving of services was being funded internally. There was a loss of 13 beds and an unstaffed winter / contingency ward.
- 9.1.4 In response to a question about monitoring to ensure there were no further unknown risks in the estate, it was noted that the problems with the roof in the Clock Tower were known. It was when works were being considered to decant another ward into the Clocktower that preparatory site investigations revealed building shortfalls that were more advanced than previously thought. Ms Campbell advised that there was a good backlog maintenance programme, and all works were prioritised. Mr Connor noted that regular internal audits were carried out, which allowed improvements to be made where needed.
- 9.1.5 It was reported that the issues causing the delay in the LIMS national project were not within NHS Lothian's control. It was noted that national projects needed to get more efficient so that Boards were not paying for delays outwith their control, and that a formal review would be helpful so that lessons learned could be applied in future.
- 9.1.6 A proposal for the spending of the current £5 million projected underspend would be brought to the Committee as part of the financial position paper at the next meeting.
- 9.1.7 There was no further clarity from the Scottish Government on the possibility of sustainability funding for steam power.
- 9.1.8 Mr Gordon noted that there was no mention of environmental sustainability on the remit of the new Property Oversight Board. He agreed to send further thoughts on this to Mr Crombie to take to the Property Oversight Board for consideration. **GG / JC**
- 9.1.9 Members accepted the recommendations laid out in the paper and accepted significant assurance on the project tracker.
- 9.2 Hospital Sterilisation and Decontamination Unit (HSDU) Capacity Risk (5388)
- 9.2.1 Ms Campbell presented the previously circulated paper. It was noted that there was only one private company in Scotland which was able to carry out the decontamination work, but their capacity was limited because it was also being used by other Boards. On a previously occasion this company had been used in Liverpool, but they no longer had capacity there either.

- 9.2.2 There would be a further update on the national plans for HSDU resilience at the next meeting after discussion at the Corporate Management Team meeting. **JCr**
- 9.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

10. Revenue

10.1 Financial Position and Year End Forecast

- 10.1.1 Mr McCreadie presented the previously circulated paper. He noted that when savings were falling short of the efficiency programmes identified, then more schemes were requested from the relevant area. This was managed by a quarterly review of individual savings plans. Where efficiency savings could not be identified to the 3% value, there may be a requirement to identify cost reduction programmes that would reduce service delivery. All such proposals would then be discussed by the Corporate Management Team. It was noted that identified projects with a shortfall currently may catch up by the end of the year.
- 10.1.2 The current overspend in Royal Edinburgh Hospital and Associated Services was due to a programme of work in place to review current service pressures and address a number of immediate challenges, including some short term actions.
- 10.1.3 The further £20 million identified in the system had been set aside to improve operational performance and would be invested here unless it was needed to reach financial balance. It was expected that the overspend would reduce towards the end of the year, so that this funding could be used for its planned purpose. This was regularly discussed by the Corporate Management Team, and any decision would be brought to the Finance and Resources Committee.
- 10.1.4 Mr McCreadie advised that there were routine discussions with the Scottish Government about NRAC funding. They were committed to ensuring that each Board was funded within 0.6% of parity, and NHS Lothian was now at 0.5% so would not get additional funding as in previous years.
- 10.1.5 £28 million had been provided from the Scottish Government for scheduled care service improvement. The bulk of this would be spend in acute scheduled care services. £14.5 million had previously been received for unscheduled care, £12 million of which was invested in Integration Joint Boards and Health and Social Care Partnerships, and part of the £20 million set aside from the system would also be invested there.
- 10.1.6 Members accepted the recommendations laid out in the paper.

11. Sustainability

11.1 Climate Emergency and Sustainability Update

- 11.1.1 Dr Hopton gave a verbal update. The status of delivery of the action plan had been adjusted from amber to red due to the risk that sustainability was not sufficiently embedded in the risk management process.

- 11.1.2 Areas which were still marked as red on the action plan included primary care, and the built environment, however this may move to amber once the net zero groups had been put in place at each site. Circular economy and sustainable use of resources remained at red as there was currently no circular economy strategy.
- 11.1.3 There had been a reduction in reported carbon emissions in 2024/25 compared to the previous year.
- 11.1.4 A webinar would be held on Thursday 28 August 2025 to present a preview of the Annual Report.
- 11.1.5 £3.4 million funding for decarbonisation had been announced by the Scottish Government. Considerably more funding was being sought for the required changes to NHS Lothian's infrastructure.
- 11.1.6 A development session had been held with the non executive directors on 5 August 2025 and there was enthusiasm to get this work progressed through Board and Corporate Management Team agendas in order to ensure that sustainability was part of the work of the organisation, and that the enthusiasm in front line workers was utilised. A short life working group would be held to bring back further ideas on how to do this. **MCo**
- 11.1.7 The Royal Infirmary Project Board had been set up, with a draft Terms of Reference and membership list in place, chaired by Bruce Barron, Director of Capital Planning. The next stage was consultation with Board members. The aim was to hold the first meeting at the end of September 2025. The Western General Hospital Project Board would be worked on once the Royal Infirmary Board was established. This was less urgent as the initial agreement was in place.
- 11.1.8 Some projects were underway regarding a circular economy strategy and some discussions were being generated. An outline of what could be possible would be included in the report to the next Committee regarding reuse, refurbishment and recycling. It was noted that small projects were very time consuming to set up, resulting in loss of months of carbon, environmental and cost savings. **JH**
- 11.1.9 Dynamic purchasing systems were systems for purchasing power jointly with other bodies. NHS Lothian could save money if it had a power purchasing agreement which would also allow leverage opportunities and more sustainable investments. This was a complicated area, and work was being done to review all the systems available.

12. Reflections on the meeting

- 12.1 It was agreed that the chair would report the outcomes of the short life working group on sustainability at the next Board meeting.
- 12.2 The issues with the HSDU had already been escalated to the Board and would be discussed at the Audit and Risk Committee. There would be a further update at the next Finance and Resources Committee.

13. Date of Next Meeting

- 13.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Wednesday 22 October 2025.**

14. Further Meeting Dates

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

***Approved by Chair
22 October 2025***

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 21 October 2025 via MS Teams.

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

In attendance: Ms L. Baird, Committee Administrator; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms J. Browning, Associate Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health and Health Policy; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms J. Irwin, Chief Nurse and Head of Quality; Dr C. Love, Women and Children; Ms A. MacDonald, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms C. Palmer, Nurse Director; Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Mr A. Tyrothoulakis, Women and Children; Ms C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Nurse Director, Primary Care; Ms L. Yule, Chief Nurse.

Apologies: Professor A. Khan, Non-Executive Board Member; Ms L. Rumbles, Partnership Representative; Ms M. Carr, Chief Officer, Acute Services; Mr S. Garden, Director of Pharmacy; Professor C. Hiscox, Chief Executive; Ms M. Campbell, Director of Estates and Facilities; Mr M. Massaro-Mallinson, EHSCP Service Director; Ms F. Wilson, Chief Office/Director ELHSCP.

Chair's Welcome and Introductions

The Chair welcomed members and service colleagues to the meeting. He thanked Ms Pillath for her support over the years wishing her well in her future endeavours and welcomed Ms Baird who has replaced Ms Pillath and Ms Palmer who was attending to their first meeting in her new role.

The Tissue Viability Annual Report would be moved up into the main agenda from exception reporting considering the Ombudsman report and the references therein. Although the move would not change the Committee's consideration of the report, Members felt that it was important to acknowledge the action taken within the field.

The appendices relating the Acute Services Annual Report circulated related to the period covering 2024/2025 rather than the expected 2025/2026. The papers were amended in advance of the meeting but due to the short notice it was acknowledged that members would not have sufficient time to review them in detail. Considering this Dr C. Whitworth and Ms C. Palmer would talk to the current data, acknowledging that if members were unable to take assurance from the report provided, the option to defer the report to November would be discussed.

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.

39. Committee Business

39.1 Committee Cumulative Action Note and Minutes from Previous Meeting (23 September 2025)

39.1.1 The minutes from the meeting held on 23 September 2025 were approved as a correct record.

39.1.2 The action relating to more work on mapping assurance to the Healthcare Governance for some areas of all Health and Social Care Partnerships, including district nursing and hosted services from the September meeting would be added to the running note. **LB**

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

39.2 Annual Review of the Committee Terms of Reference – The Committee approved the enclosed Healthcare Governance Committee Terms of Reference for the next year without change and recommend that the Board approves at their meeting in February 2026.

40. Matters Arising

40.1 Healthcare Improvement Scotland and Mental Welfare Commission inspections

40.1.1 The report provided the Committee with the expected dates of publication for the three embargoed reports. Specific attention was drawn to the publication of the maternity services report and the proceeding Disclosure Scotland BBC documentary airing on 28th October 2025.

40.1.2 The unannounced mental health inspection reports for the Royal Edinburgh Hospital and Melville are expected by the end of the week.

40.1.3 All three final reports and action plans would be discussed at the November meeting and the Public December Board meeting thereafter. **AMcD**

40.2 Scottish Public Services Ombudsman (SPSO) reports on Pressure Ulcer Care

40.2.1 A brief verbal update was provided. The update highlighted the development of a detailed action in response the SPSO reports, returns completed within the dedicated timescales, plans to meet with the SPSO and internal assurance processes implemented.

40.2.2 To support long term goals external support had been sought via the staff bank. The individual identified has previous experience working with Pressure Ulcer Collaboratives at both Local and National Levels that would support the work in Lothian going forward.

40.2.3 Next steps would focus formalising arrangements for the NHS Lothian Pressure Ulcer Collaborative on 21st November 2025.

- 40.3.4 It was recently agreed that DATIX would be the reporting system for the Pressure Ulcer Care and work to clarify reporting process with staff is in progress.
- 40.2.5 The Committee received assurance that the work described would involve colleagues across acute and the four Health and Social Care Partnerships (HSCPs).
- 40.2.6 A report capturing progress against the SPSO reports, the proposed scope of work, timeline for completion and a detailed action plan would be brought to the November meeting. **AMcD**

41. Patient Story

- 41.1 A video was played giving patient feedback relating to managing stress and distress behaviour in elderly patients in Ward 202 at the Royal Infirmary of Edinburgh.
- 41.2 The patient story was a good example of spreading good practice and would be shared with the HSCPs, who have work ongoing in this field.

42. Acute Services Assurance Report - Adult Acute Sites and Outpatient Services

- 42.1 Dr C. Whitworth and Ms Palmer presented the previously circulated paper, drawing attention to the key points and data therein.
- 42.2 It was acknowledged that there was more work to do around the Lothian Accreditation & Care Assurance Standards (LACAS) data and wound care. Next steps would focus on automating data received and recognising external triggers etc with the new Head of LACAS.
- 42.3 The material impact related to the reduction of acute in-patient beds and step-down beds was discussed. Members recognised that the increased activity was being delivered within a smaller bed base. To mitigate this the service would continue to explore alternatives to admission and inpatient care where possible, recognising that the elderly population made this very challenging.
- 42.4 Dr Whitworth was assured by the process and structures implemented regarding day-to-day management of safety taking place, and that issues are escalated as appropriate through the governance structures.
- 42.5 The Committee would take the opportunity at the end of year to consider the method of data collection, self-assessment, selected by sample and who was selecting sample etc across all data sources including LACAS. **AC/TG/AMcD**
- 42.6 The independent audit of nursing care had focused on those patients identified with complex care requirements to identify how NHS Lothian was meeting those needs. There had been early and full acceptance of the audit findings, a decision taken to not audit further and move to replicate mitigating action across all sites.

- 42.7 It was noted that collaborate is an example of a realistic medicine project being rolled out across multiple NHS Boards. The report focused on varicose vein and TAVI projects unique to Lothian to confirm whether patients are well informed and valued based services is provided in Lothian.
- 42.8 Learning from all realistic medicine projects is shared nationally via the National Realistic Medicines Programme. The Chief Medical Officer would also attend the next Lothian Realistic Medicines Programme Board to be sighted on projects undertaken in Lothian.
- 42.9 The project relating to variation in unscheduled care and elderly and the role of the KISS was an ongoing iterative project that was being discussed regularly at the Lothian Interface Group. The group with the support of secondary care colleagues had provided a paragraph that could be pasted into KISS. At this time there was no available current data on the completion of KISS.
- 42.10 The Committee received a brief overview of the recent discussion at Strategic Planning and Performance Committee (SPPC) and the Board regarding Patients removed from waiting lists, drawing attention to the differences in the administrative and clinical validation tools utilised in Lothian.
- 42.11 Members were assured that NHS Lothian was not currently an outlier for waiting list validation in NHS Scotland.
- 42.12 It was recognised that further work via the performance routes in respect of patients removed from waiting lists would be picked up via the Waiting Times Governance and SPPC. Those issues relating to clinical risk associated would continue to be explored via Healthcare Governance Committee.
- 42.13 Members accepted the recommendations laid out and accepted moderate assurance with the exception of the work required around wound care with colleagues in acute and across the HSCPs.

43. Safe Care

43.1 Maternity Services Update

- 43.1.1 The breadth of work currently being undertaken in Maternity Services alongside the findings and actions relating to the HIS report was noted. It was agreed that a written update against the annual assurance work would be provided to the Committee in November. **AMcD**
- 43.1.2 Mr Tyrothoulakis and Dr Love provided a brief verbal update. Highlighting the development of the internal improvement plan, that considered both internal improvement work and action taken to address recommendations within the HIS reports was noted.
- 43.1.3 The service continued to make improvements to their internal governance structures and focus on the culture within women's services, supporting staff with the escalation of issues and acting on them when required.

43.1.4 Members accepted the verbal report and anticipated a full report in November.

43.2 Duty of Candour Annual Report

43.2.1 Miss T. Gillies presented the previously circulated report. Members accepted recommendations laid out and approved its publication to the website.

44. **Effective Care**

44.1 Respiratory Managed Care Network Annual Report

44.1.1 Ms T. Gillies presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

44.1.2 Members requested that the service provide data about numbers of people, prescribing indicators/ medicine use etc. in future reports. Miss T. Gillies would feedback the request to colleagues within respiratory. **TG**

44.2 Tissue Viability Annual Report

44.2.1 Mr P. Wynne presented the previously circulated paper. Attention was drawn to the links to the SPSO report relating to pressure ulcer care and additional work required across acute and HSCPs to address the findings.

44.2.2 Members accepted the recommendations laid out and accepted moderate assurance.

45. **Exception Reporting Only**

45.1 Viral Hepatitis MCN Annual Report

45.1.1 The previously circulated report was received. Members noted the report for information.

45.1.2 It was agreed future Viral Hepatitis MCN Annual reports would be part of the annual assurance work and timelines for the report coming to Healthcare Governance Committee would be revised and built into future work plans. Considering the route to the meeting via the Population SLT, SMT and the timing of these meetings. **LB**

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

Members noted the previously circulated minutes from the following meetings:

46.1 Health and Safety Committee, 27 August 2025.

46.2 Area Drugs and Therapeutics Committee, 1 August 2025.

47. **Corporate Risk Register**

47.1 Ms T. Gillies presented the previously circulated paper.

47.2 Attention was drawn to addition of the implementation of the Agenda for Change Reforms – Reduced working week risk to the CRR approved at the Board in October

and the potential impacts this may have in the Healthcare Governance. Members would be mindful of this as they consider papers in the coming year.

47.3 The Committee noted the ongoing work related to the Integrated Assurance Framework and the need to create better lines of sight across all governance committees.

47.4 It was recently that a corporate risk relating to maternity services would be developed for consideration at the December Board. Part of the consideration would focus on which elements would fall within the remit of Healthcare Governance Committee and Staff Governance Committee.

47.5 Members accepted the recommendations laid out in the paper.

48. Reflections on the meeting

48.1 The Committee welcomed the detailed discussions held. There were no matters to raise with the Board.

49. Date of Next Meeting

49.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 18 November 2025** via MS Teams.

50. Further Meeting Dates

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

***Approved by Chair
18 November 2025***



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 21 August 2025	14:00	Virtual Meeting, Microsoft Teams

Present (voting members):		
Val de Souza (Chair, NHS)	Councillor McManus (Vice Chair)	Dr Amjad Khan (NHS Lothian)
Councillor Parry	Councillor Milligan	Councillor Winchester
Heather Campbell (NHS Lothian)		

Present (non-voting members):		
Morag Barrow (Chief Officer)	Chris King (Chief Finance Officer)	Nick Clater (Head of Adult Services and Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Claire Ross (Chief Allied Health Professional)	Dr Rebecca Green (Clinical Director)
Grace Chalmers (Partnership Representative)	Magda Clark (Third Sector Representative)	Dr Wendy Metcalfe (Medical Practitioner)
Keith Chapman (Lived Experience Member)	Jay Johnson (Lived Experience Member) / Leigh Thomson (Jay's Support Worker)	

Midlothian Integration Joint Board

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

Apologies:		
Jim Sherval (Consultant in Public Health)	Fiona Kennedy (Group Service Manager)	Andrew Fleming (NHS Lothian)

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 previously circulated.

The Chair noted the apologies submitted by The Strategic Planning Group Chair, Group Service Manager and Consultant in Public Health.

3. Declarations of Interest

The Chief Officer welcomed Heather Campbell, Jay Johnson and Leigh Thomson to the meeting.

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

Midlothian Integration Joint Board

4. Minute of Previous Meetings

- 4.1 The Minute of previous Midlothian IJB Meeting held on 12th June 2025 was approved as an accurate record.
- 4.2 The Minute of the meeting of the MIJB – Strategic Planning Group held on 22nd May 2025 was noted by the Board.
- 4.3 The Minute of the meeting of the MIJB – Audit and Risk Committee: There have been no meetings since the last Midlothian IJB Board meeting.

5. Public Reports

	Decision	Action Owner	Date to be Completed/ Comments
5.1 Midlothian IJB Member Appointment - Democratic Services, presented by Louise Middleton Democratic Services presented the report. The purpose of this report is to note and approve the appointment of Val de Souza as Chair of the Midlothian Integration Joint Board following their nomination at the meeting of NHS Lothian Board on 27 June 2025 and the nomination of Councillor Connor McManus, as the Vice Chair of the Midlothian IJB following their nomination at the meeting of Midlothian Council on 24 June 2025. This report also asks Board members to note and endorse the reappointment of Dr Rebecca Green as a non-voting member of Midlothian IJB.	The report was noted and approved by the Board.		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
As a result of this report, members were asked to: • Note and endorse the appointment of Val de Souza as Chair of the Midlothian IJB from the tenth anniversary of the establishment of the Integration Joint Board in August 2025 until the twelfth anniversary of the Integration Joint Board, • Note and endorse the appointment of Councilor Connor McManus as Vice-Chair of Midlothian IJB from the tenth anniversary of the establishment of the Integration Joint Board in August 2025 until the Local Government Elections in May 2027, and • Note and endorse the reappointment of Dr Rebecca Green as a Non-Voting Member of Midlothian IJB, from 18 July 2025 for a further 3-year term. The Board noted and approved the recommendations/nominations in the report.			
5.2 Chair's Update – Val De Souza, Chair The Chair opened the meeting by noting the Development Session and the Special Integration Joint Board that is due to take place on Thursday 18th of September 2025, will be held in Normandy Court with the option of joining virtually. It was noted that the Development Session is an opportunity for NHS Lothian and Midlothian Council to discuss issues and risks to non-delegated functions that may impact on the delegated functions. The Chair also noted the Non-Executive Directors NHS development day on Thursday 2nd of October 2025. The purpose of this meeting is to review the 4 new policies from the Scottish Government regarding the Health and Social Care Reform and Public Sector Reform. It has been requested that a report on primary and community care to be included, this is to highlight the importance of priorities, pressures, challenges and opportunities in the community and to inform any transformational policies or the national direction of the Scottish Government.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
5.3 Chief Officers Report – Morag Barrow, Chief Officer The Chief Officer presented the report and advised the paper sets out the key strategic updates for the August 2025 MIJB meeting. As a result of this report Members were asked to: Note the content of the report. The Chief Officer highlighted the 3 key points of the report. The first key point to highlight was the continuation of Gold and Silver infrastructure around mental health services, focusing on the Royal Edinburgh Hospital as part of the system wide improvement programme. There are challenges for all areas around the complex accommodation that is referred to as “grade 5 accommodation” that has been highlighted, with a system wide piece of work that has been picked up as part of the Gold infrastructure being led by the Chief Officer from Edinburgh Integration Joint Board to look at the accommodation opportunities across the region. The Second point that was highlighted to the Board was in relation to the request from the Scottish Government to adopt the use of the Midlothian IJB’s Strategic Governance Map as part of the Scottish learning improvement framework. The Chief Officer recognised the good work that has been undertaken by officers of Midlothian Health and Social Care Partnership (HSCP) to develop this governance structure. The last point was in relation to the successful funding bid from the Dietetics Service to a national programme to develop a digital triage and assessment tool for the support of the weight management pathway. The Chair thanked the Chief Officer for the report and opened to any questions from the Board. After some detailed discussion the Board noted weight bias and the action that has been taken to reduce the stigma. The Board hoped that it can be publicised to make it clear to the community and staff that the			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
Board acknowledge the ongoing issue with stigma towards weight loss. Frailty was highlighted by the Board, noting work to support people continuing to live well at home. The upcoming ‘community appointment days’ were highlighted by the Board, noting the ambition to move from ‘consultation to conversation’ and it was asked if that is a message we are trying to get out to every team. The Clinical Director advised the Board that the interventions that are being put in place are all evidence based. The Chief AHP explained that learning and evaluation following the community appointment day is front and centre, and that it is critical to take any learning forward. What has been evidenced already is many professionals and individuals are recognising the difference that they can create for themselves. It was lastly noted this work is part of the transformation and change agenda, and that community assets are the foundation of that work. The Board continued their discussion, and it was queried whether the “café drop-in” described in the service update was in replacement of a methadone clinic. The financial pressures in Local Authorities and the impact of Midlothian Council’s financial position on future budget offers to the IJB were often not well understood and the public may not be aware of the pressures Midlothian Council faces to fund the IJB. It was highlighted by the Board the pressures on Officers, noting that there is a need for regular communication with the Scottish Government regarding the immense pressure for funding. The Head of Adult Services and Chief Social Work Officer explained that the “café drop-in” is the provision of treatment that supports people to stop drug use. Generally, the café drop-ins are peer-led and are there to support people with treatments like Buprenorphine. It was explained to the Board that although Buprenorphine is more expensive, it is far more effective than methadone.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Chief Finance Officer noted the requirement to publish the financial pressures and the challenges the IJB are facing, and noted the strong and collaborative relationship between the IJB and Midlothian Council. Additionally, the national data has been reviewed and Officers are working with partners to test local assumptions that factor in the demographic growth we can predict. The Chief Officer noted that a paper is being developed by the Chief Finance Officer and the Integration Manager with projections that highlight the challenges the IJB are facing. The Chief Finance Officer also proposed an action to work with Midlothian Council's Director of Finance to review these challenges. The Chief Officer explained that the HSCP team has received recent information that will be included in the new Midlothian Local Development Plan (MLDP). The team will report back regarding the demographic impact in terms of cost. In terms of linking up the governance, Midlothian Council now report on the IJB's financial position through the key finance papers that are presented at the Midlothian Council meeting. The Chair suggested that a development session to review the financial position in light of demographic pressures and potentially 'transitions' may be helpful to facilitate consistent discussion that can be updated when necessary. The Board discussed the prescribing of weight management medications and that the costing of the medication that has risen by 170% noting that this will have an impact on how much can be prescribed and the prescribing budget. The Board asked if the impact of early discharge on primary care teams is being considered. The Chief Officer explained the cost of the weight management drugs is significant, and that the early intervention and prevention is key to shift the balance of care and the resource. NHS Lothian are developing a pathway that is being reviewed by the relevant governance structures and making good progress. The Clinical Director added that there have been a few anecdotal reports where tasks have been	The Chief Finance Officer to work with the Council Director of Finance to gain an understanding and how the IJB can address challenges that are being faced. provide the IJB with a presentation on finance and demography	Chief Finance Officer Integration Manager and Chief Finance Officer	Ongoing November 2025

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
passed back to General Practitioners (GPs), however it was noted that this is just early learning and unlikely to continue over time. The discussion then moved to the timeline of when the Scottish Government allocate their budgets which coincides with Midlothian Council's December meeting. It was noted that Midlothian Council generally receive indicators in November. The Chair noted an action for themselves, the Chief Officer and the Chief Finance Officer to take matter away for further discussion and development. The Chair also recognised the additional financial support that Midlothian Council contributed last year to the IJB. Lastly, the meeting discussed the national suggestion to engage with the Third sector and move towards peer connecting. Work is ongoing with the Scottish Recovery Network promoting the peer sessions. However it was noted that where peer connecting is effective and is imbedded in communities, national trends show there still needs to be an financial support to see positive results. The Chair asked if this conversation could be continued at the next meeting of Strategic Planning Group (SPG), as this would be helpful to bring back to the Board. The Chair thanked the Board for the discussion.	The Chair, Chief Office and Chief Finance Officer to discuss further Midlothian Councils Budget allocation.	Chair	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
5.4 Strategic Planning Group Update – Andrew Fleming, Strategic Planning Group Chair, presented by the Integration Manager. The Integration Manager presented the main activity of the SPG since the last Board. In the absence of the SPG Chair, the Integration Manager provided a brief update to the Board confirming that much of the work of SPG is presented as part of the agenda today. However, it was also noted that the work on the Midlothian IJB Carers Strategy 2025-2028 is well underway and should be presented to the Board in December for approval following SPGs review in September and November 2025.			
5.5 Audit and Risk Committee Update – Val de Souza, Chair The Chair advised that there are no updates due to no meetings having been held since the Board last met.			
For Decision 5.6 Midlothian IJB draft Strategic Plan 2025-2035: Review of Final Draft and full suite of statutory publications - Paper presented by Gill Main, Integration Manager The Integration Manager advised that this report sets out the actions and progress to date in relation to the development of Midlothian Integration Joint Board’s draft Strategic Plan for 2025-2035 and presents a revised fourth draft plan (appendix 1) following public consultation and feedback from Partners, in line with the Strategic Plan Statutory Guidance. As a result of this report, Members are asked to:	The Board noted and approved the report.		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
- Review and provide feedback on the draft Midlothian draft Strategic Plan 2025-2035 and suite of statutory publications, and - Subject to any amendment, approve this draft plan and the accompanying statutory documents to progress through the final stages of governance. The Chair noted that this has been such a long journey and commended the Integration Manager on the report. The chair opened to any questions from the Board. A detailed discussion took place in which the Board raised questions relating to the housing contribution statement. They asked whether the IJB makes any direct contributions to private developments, whether it is possible to request specific types of properties such as bungalows and whether measures should be in place to ensure that more adaptable properties are available. The Chair highlighted the Mental Health Pathway and accommodation that is detailed in the report and noted that there could be a small list of things the IJB could helpfully discuss with the Council Housing and Transformation members. The Integration Manager clarified to the Board that the IJB have no direct role in housing other than aids and adaptation but Officers have worked alongside the Midlothian Council Spatial Planning team to provide evidence as part of the Midlothian Land Development Plan (MLDP2) . A shortlist of housing types of builds has been released and the Integration Manager will continue to highlight the challenges that this significant increase in population will bring. In relation to the Chair's point of the Mental Health Pathway, it was noted to the Board that the Head of Adult Services and Chief Social Work Officer are bringing an item to the agenda in October to discuss the work that is ongoing around the residential pathway.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Board continued their discussion, and it was highlighted that only 37% of the public were receiving access to the services that they require. It was asked what the opportunities are in the transformation plan are to improve that statistic. The performance indicators were noted, the Board expressed that there is limited information about General Practices and queried if there was an opportunity there to look at how well Midlothian are doing. The Clinical Director advised the Board that Midlothian are moving forward, and the situation is improving. It was highlighted that the data Midlothian have is limited, as we do not have access to the local data that is still under development. The Chief Officer highlighted to the Board one of key fundamentals to the transformation is the development of a Community Front Door (CFD), the aspiration for developing the CFD is to develop a multi-agency front door, where we can provide access for people to self-present or professionals to refer at an early stage before they need the statutory care. The Integration Manager noted that in relation to early intervention and prevention, integrated data to establish what can we best do now is being developed following the Board commission in April 2024 subsequent issue of Directions in this regard. Currently the work is in the final stage of quality planning and anticipated to provide predictions and projections that will use integrated data in new ways. The Chair advised of some small edits to the Strategic Plan that that they would submit in writing to the Integration Manager. The Board noted and approved the report.			

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Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
However, to try and make clearer the opportunities for change, a sub set of statements that describe the expected experiences within each outcome have been included in the APR and mirrored in the annual survey. The Integration Manager also noted that the aggregation of each Health and Wellbeing Outcomes was presented in the appendix of item 5.8 within Column 6 of the Midlothian IJB Strategic Governance Map ‘What Difference Does This Make’ for the Board’s consideration. The Chief Officer advised that Officers will consider the comments made by the Board and provide further operational detail in the Annual Performance Report 2025/26. The Board noted and approved the recommendations in the report.	information on where Midlothian’s performance is lower than National averages.	Programme Manager for Performance and The Chief Officer	
For Discussion 5.8 Midlothian IJB Performance Update - Paper by Gill Main, Integration Manager and Elouise Johnstone, Programme Manager for Performance and Improvement, presented by Elouise Johnstone, Programme Manager for Performance and Improvement The Programme Manager for Performance and Improvement detailed the purpose of this report is to provide an update on progress towards the Midlothian IJB performance goals set for the period 2023-2025 and Column 6 of the Midlothian IJB Strategic Governance Map; ‘What Difference Does This Make’. As a result of this report, members were asked to: • Note performance against the Midlothian IJB Improvement Goals for 2023-25, • Note the inclusion of the narrative under each of the 9 National Health and Wellbeing Outcomes discussed in the Midlothian IJB Annual Performance Report 2024/25 within Column 6 of the Midlothian IJB Strategic Governance Map ‘What Difference Does This Make’			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
Review and endorse the overall progress rating proposed for the 9 stepping stones within Column 6 of the Midlothian IJB Strategic Governance Map ‘What Difference Does This Make’ The Chair thanked the Programme Manager for both of the reports. The chair opened to any questions or comments from the Board. The Chair noted that some members of the Board have had difficulty opening the Annual Performance Report that was attached to the agenda. Democratic Services have re-circulated this to Board Members, however if any Board Members have not had the opportunity to read, any comments can be sent to the Programme Manager for Performance and Improvement within the next 2 days. The Board noted the recommendations in the report.			
5.9 Midlothian IJB Finance Update - Paper presented by Chris King, Chief Finance Officer The Chief Finance Officer presented the report detailing the purpose of the paper is to update members on the 2025/26 financial position including both the financial forecast for quarter one and the progress against the agreed financial recovery actions. As a result of this report, members were asked to: - Note the delivery of financial recovery actions in 2025/26, - Note the quarter one 2025/26 forecast financial position, and - Consider the risks laid out in Section 8. The Chair thanked the Chief Finance Officer for the report and opened to the Board for any questions.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Board had a discussion highlighting a recent open letter in a national newspaper that stated many Third Sector organisations have utilised reserves to balance the budget and noted the risk for providers. The Board discussed the 3rd sector providers and noted the financial position. The Chief Officer expressed the paper states the main financial pressure in the social care budget is the resource panel. The HSCP team are meeting tomorrow to review the projected pressures and the financial recovery plan. The Board acknowledged the work of the HSCP Officers in challenging circumstances. The Board noted the recommendations in the report.	The HSCP team to review the financial recovery plan.	Chief Finance Officer	November 2025
5.10 Midlothian Unscheduled Care Workstream Update - Presentation by Morag Barrow, Chief Officer on behalf of Grace Cowan, Head of Older People and Primary Care Services The Chief Officer noted the time constraints for this meeting and asked the Board if they would approve the presentation to be carried forward to the next Board Meeting. The Chief Officer will still share key updates from the presentation with the Board today. The Board agreed to proceed with the key updates and to be shown the presentation at the next Board Meeting. The Chair added that it would be more helpful to defer this to the next meeting to allow time for discussion. The Chief Officer noted that Lothian's performance is improving around delayed discharges, unscheduled care, occupied bed days and people who live with frailty being discharged from hospital within 48 hours as evidenced in the presentation. The Chief Officer detailed Midlothian's performance advising that the number of unscheduled care patients that have been discharged within 72 hours has improved, discharge			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
of patients from the acute medical unit within the 72 hours has increased, and the daily occupied bed days are reducing. The Chief Officer lastly highlighted to the Board the performance position detailed in the presentation, acknowledging the significant improvement over the summer period.			
5.11 Midlothian and East Lothian Drug and Alcohol Partnership Annual Report - Presentation by Nick Clater, Head of Adult Services and Chief Social Work Officer The Chair asked if the Head of Adult Services and Chief Social Work Officer would be happy to defer this presentation to the next meeting due to time constraints. The Head of Adult Services and Chief Social Work Officer agreed to defer the presentation and added that by the next meeting of Midlothian IJB, they would hope to have the 2024 drug death figures published and that will allow more discussion around that topic.			
For Noting 5.12 Midlothian IJB Annual Review of IJB Governance Position - Paper provided by Gill Main, Integration Manager The Integration Manager advised that the report outlines the key actions required to ensure the statutory governance obligations of Midlothian Integration Joint Board are fulfilled. A range of statutory governance requirements activities are being progressed throughout 2025/26. The Midlothian Integration Joint Board will continue to monitor governance arrangements, undertaking review and update as necessary. As a result of this report Members were asked to:			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
- Note the key areas of progress and proposed ongoing actions. - Highlight any areas of concern and propose any required amendments. The Chair thanked the Integration Manager for the report and opened to any questions from the Board. The Chair drew attention to the Register of Interest, noting the ongoing difficulty in securing responses. The Integration Manager advised that there remains a minor discrepancy between Chief Internal Auditors view of the requirements and that of Audit Scotland. Work is being taken forward by the Audit and Risk Committee to resolve this issue and will result in either two, or four registers of interest remaining outstanding. The Chair took an action to support conversations with members to progress the completion of the registers of interests. The Chair further highlighted the Carers Strategy, noting concern that it may not be delivered by the end of 2025, it was requested that an action to be taken forward to bring a report back to the IJB outlining the reasons for the delay and the challenges encountered. The Chair queried whether the Audit and Risk Committee had sufficient capacity to manage its allocated workload. The Integration Manager assured the Chair that the work is distributed appropriately across the Strategic Planning Group and the Audit and Risk Committee confirming that the Audit and Risk Committee is Governance Committee of the Board with all tasks well in hand. The Chief Finance Officer agreed that there is a large volume of work for the Audit and Risk Committee to get through however, the workload is achievable. Any issues arising these will be reported back to the IJB.	The Chair to follow up with members of the Board on completing the registers of interest. The Audit and Risk Committee to provide a report if registers of Interest have not been received .	Chair Chief Finance Officer	October 2025 December 2025.

Midlothian Integration Joint Board

5 Private Reports

No items for discussion.

6 Any Other Business

No items for discussion.

7 Date of Next Meeting

The next meeting of the Midlothian Integration Joint Board is a Special Board meeting and will be held on: Thursday 18th September 2025, from 15.00 – 16.00. This meeting will be held at Normandy Court.

Please note: that this meeting will follow an IJB Board Development Session also Thursday 18th September 2025 from 14.00 – 15.00 (at Normandy Court) that is for Board Members only.

Meeting concluded at 15:57pm



Minute

Edinburgh Integration Joint Board

10.00am, Monday 22 September 2025

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

Present

Board Members

Councillor Tim Pogson (Chair), Katharina Kasper (Vice-Chair), Philip Allenby, 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 Lavery, Councillor Max Mitchell, Eugene Mullan, Councillor Alys Mumford, Councillor Vicky Nicolson and Moira Pringle.

Officers

Matthew Curl	Digital Programme Manager, NHS
Andrew Hall	Service Director Strategic Planning, EHSCP
Andrew Henderson (Clerk)	Committee Officer, CEC
Ashley Lowson	Assistant Committee Officer, CEC
Karen O'Rourke	Program Manager at National Services Division, NHS
Mike Massaro Mallinson	Director of Service, Operations, EHSCP
David Williams	EADP Joint Commissioning Officer, EHSCP

Apologies

None

1. Deputations

a) Balanced Life – Edinburgh Leisure

(in relation to item 6.2 – EHSCP Community Falls Prevention & Management)

The deputation noted the importance of falls prevention and management policy as outlined in the Strategic Plan and detailed how Edinburgh Leisure has collaborated with Edinburgh Health and Social Care Partnership to secure one year funding of £50,000 to expand the Steady Steps Programme that was launched in 2011. The deputation highlighted that since it's launch, Steady Steps has developed into a cornerstone of Edinburgh's community Falls Prevention and Management Pathway with annual funding from the EIJB of £129,000. This funding has supported over 1200 older adults maintain their independence with 95% of participants reporting improved physical function, 84% improved balance confidence and 75 experiencing no falls 6 months following completion of the programme. Building on this, Balanced Life, a 12-week programme, fully integrated into Edinburgh Falls prevention pathway was launched in July 2026 and has seen remarkable growth.

The Deputation advised that current funding is due to conclude in July 2026 and underlined their focus on securing multi-year commissioning from the EIJB for the effective and preventative programme outlined.

(See item 5 below)

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of Tuesday 26 August 2025 as a correct record.

(Reference – minute of the Edinburgh Integration Joint Board of Tuesday 26 August 2025, submitted)

3. Rolling Actions Log

The Rolling Actions Log updated to September 2025 was presented.

Decision:

- 1) To agree to keep Action 1.b Savings Programme 2025/2026 open and that officers prepare briefing note to circulate to wider audience considering questions raised by members; and
- 2) To note the outstanding actions

(Reference – Rolling Actions Log – September 2025, submitted)

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

Board Members were presented with an outlined service model which would inform the business case for consideration by the Scottish Government for a Safer Drug Consumption Facility within the City of Edinburgh. Board Members were asked to grant permission to progress with the planning of the required public consultation for launch in Early 2026.

Decision

- 1) To note the work undertaken to date in preparation for the development of a business case for a Safer Drug Consumption Facility in Edinburgh;
- 2) To note that Scottish Government require a business case informed by a public consultation to determine if funding will be made available for a Safer Drug Consumption Facility in Edinburgh; and
- 3) To agree for officers to produce a plan for a public consultation which includes the location for a Safer Drug Consumption Facility for consideration by the Strategic Planning Group in November 2025.

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

5. EHSCP Community Falls Prevention & Management Pathway

Board Members were provided with an overview of the system-wide falls prevention and management improvement work underway in Edinburgh along with progress to date, current implementation and how this aligned with policy priorities and clinical best practice.

Decision

- 1) To note the implementation of the Community Falls Prevention and Management Pathway, aligned with local and national strategies, and supported by the new Clinical Lead for Falls role;
- 2) To note the focus of this work demonstrates a coordinated, prevention-focused and proactive approach to reducing falls and improving outcomes for those at risk.

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

6. 2024 / 2025 Committees' Annual Assurance Statement

Members were presented with the 2024/2025 Committees' Annual Assurance Statement which provided an update on progress, with all actions identified in the 2023/2024 committees' annual assurance reports, presented to the Edinburgh Integration Joint Board in September 2024.

Decision

- 1) To note implementation with actions arising from the 2023/24 assurance cycle (appendix 1).

- 2) To agree to widen the EIJB governance review to encompass work on developing the EIJB as its own entity, strengthening the relationships between board members, officers and key stakeholders. It will also consider how the EIJB connects with its committees as well as its linkage with partner governance committees.

This review which will also address the recommendation raised by External Audit *“The board should provide further clarity on the areas where it should exercise oversight and update the relevant governance documentation to reflect its strategic role”*

- 3) To agree the remaining action plan for committees’ and the EIJB and moderate assurance from each of the committees’ assurance statements contained at appendix 2.
- 4) To note that there was no suspension of the standing orders in 2024/25; and no breaches of the code of conduct have been recorded for 2024/25.

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

7. Edinburgh Integration Joint Board Audited Annual Accounts for 2024/25

The audited 2024/25 annual account for the Edinburgh Integration Joint Board were presented for consideration. The draft financial statements were produced and presented to the Audit and Assurance Committee on 18th June 2025 and were submitted to Audit Scotland on 23rd of June 2025.

Decision

- 1) To note the ‘amber’ rated internal audit opinion for the year ended 31st March 2025;
- 2) To approve and adopt the annual accounts for 2024/25;
- 3) To agree to authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the board; and
- 4) To agree authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the board.

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

8. Edinburgh Integration Joint Board and Committee Dates 2026

The Board were presented with the proposed schedule of meetings for the Edinburgh Integration Joint Board, Development Sessions, Budget Working Groups and Committees for 2026.

Decision

- 1) To agree to reduce the EIJB meetings from 8 per year to 6 per year.

- 2) To agree the proposed schedule of meeting dates for 2026.

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

9. Edinburgh Integration Joint Board Risk Register

The Edinburgh Integration Joint Board Audit and Assurance Committee of 15 September 2025 had referred a report on Edinburgh Integration Joint Board Risk Register to the EIJB Committee for scrutiny of the risk cards.

Decision

- 1) To note that the risk overview, assurance levels and risk cards at appendices 1, 2 & 3 to the Risk Register were discussed and agreed by the Audit and Assurance Committee at its meeting on the 15 September 2025; and
2. To note the risk cards.

(Reference – EIJB Audit and Assurance Committee 15 September 2025 (item 8); referral from the EIJB Audit and Assurance Committee, submitted.)

10. Date of next meeting

Decision

To note Tuesday 28th October 2025 at 10am as the date of the next EIJB meeting.



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

**THURSDAY 25 SEPTEMBER 2025
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

Councillor S Akhtar
Dr P Cantley
Mr A Cogan (Chair)
Ms E Gordon
Councillor C McFarlane

Non-voting Members Present:

Mr D Binnie	Ms L Byrne
Ms S Gossner	Dr K Kasengele
Dr C Mackintosh	Mr M Porteous
Ms F Wilson	

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms R Crichton
Mr J Forrester	Ms C Goodwin
Ms J Jarvis	Ms L Kerr
Mr N Munro	Ms I Nisbet
Mr G Whitehead	

Clerk:

Ms F Currie

Apologies:

Councillor L Allan
Mr J Blazeby
Councillor J Findlay
Ms M Allan
Mr L Kerr

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 for up to 5 years.

The clerk announced a change of agenda order: Item 7 would be brought forward and heard after Item 3.

The Chair welcomed Laurence Rockey, Chief Executive of East Lothian Council, to the meeting.

1. MINUTES FOR APPROVAL: EAST Lothian IJB ON 26 JUNE 2025

The minutes of the IJB meeting on 26 June were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 JUNE AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 26 June were discussed:

Page 2 (Item 2) – Councillor Akhtar said she was keen to keep track of any additional funding coming through, as lack of resources remained an issue for the IJB. The Chair reiterated the commitment made by officers at the previous meeting that they would continue to ensure that the IJB received its share of any additional funding and that they would update the IJB when allocations were received.

Rolling Actions Log:

The Convener noted that all of the actions had been completed or had plans in place to address the issues. He sought approval from members to all actions in the log. The IJB agreed to the closure of the items highlighted in the Action Note.

3. CHAIR'S REPORT

The Chair reported on his attendance at a recent meeting with the IJB's partners, at which Mr Rockey had been present, and noted that the development session for IJB members held in August had been very successful. He drew attention to the development session scheduled for 1 October which he encouraged members to attend.

Councillor Akhtar reported on her attendance at a recent IJB Chairs/Vice Chairs network meeting where some powerful examples of work had been provided by JB's. She agreed to share with members copies of presentations and a recording of the meeting.

7. CARE AT HOME – A NEW STRATEGIC DIRECTION

A report was submitted by the Chief Officer presenting a new Care at Home strategy aimed at improving delivery of both community based and funded care services, while supporting system change, to enhance outcomes for individuals and unpaid carers.

Jamie Forrester provided a detailed summary of his report drawing attention to the clustering of care localities, co-ordination of capacity across provision and examples for investment to deliver longer term savings.

The Chair commented that this strategy had been considered by the Strategic Planning Group (SPG) and had been subject to significant consultation. It was now coming forward for approval by the IJB.

Mr Forrester, Laura Kerr and Isobel Nisbet responded to questions from members providing feedback on the 12-week pilot project and the direct or indirect impacts on associated services. It was noted that further follow up work was required to see if the benefits displayed during the pilot were maintained, and to consider how this approach might be rolled out more widely. They said that the staffing levels for services would be determined once an implementation plan was in place.

Fiona Wilson said that this work would provide the opportunity for a wider conversation on staffing more generally and how to use existing resource more efficiently, as well as conversations on how to shift models of care.

The Chair acknowledged that the need for service transformation had come across clearly in the report.

In response to final questions, Ms Kerr said the IJB would continue to receive updates on these initiatives and confirmed that carer reps were involved in the work. She also took on board the suggestion of contacting the Council's Connected Communities Team.

Decision

The IJB agreed:

- i. Approve the Care at Home Strategy (Appendix)
- ii. Note that the SPG has agreed to the development of an Implementation Plan to be led by General Managers.

4. EAST Lothian IJB ANNUAL PERFORMANCE REPORT 2024-25

A report was submitted by the Chief Officer presenting the draft East Lothian Integration Joint Board Annual Performance Report for 2024/25.

Claire Goodwin presented the report reminding members that IJBs were required to report annually on performance against national integration indicators. She said that East Lothian IJB had improved in 8 of the 10 indicators and, overall, was doing as well or better than last year.

Ms Gordon welcomed the report and found the case studies to be a helpful illustration of how initiatives work in practice.

Ms Goodwin, Ms Wilson and Jennifer Jarvis replied to questions from members on plans for a press release and promotion of the report and its positive findings. Ms Wilson and Sarah Gossner also replied to question on the expansion of initiatives to upskill staff and the challenges of maintaining the services while also releasing staff to undertake enhanced competencies.

The Chair congratulated staff for the level of performance outlined in the report, and for demonstrating that, in 8 out of 10 national indicators, East Lothian was well ahead of the curve in delivering services.

Councillor Akhtar echoed the Chair's remarks and paid tribute to staff across all services who, despite continuing challenges and pressures, were working to improve services.

Decision

The IJB agreed:

- i. Review the draft IJB Annual Performance Report for 2024/25 and provide feedback as appropriate.
- ii. Approve the draft Annual Performance Report for publication subject to any changes required to reflect IJB feedback.

5. REVIEW OF THE IJB STRATEGIC PLAN – CONSULTATION DRAFT

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 a Strategic Plan Consultation Draft to the IJB for information.

Ms Goodwin presented the report summarising progress since the IJB's June meeting. She confirmed that the consultation draft had been presented to the SPG where it had been approved for use in consultation with partners. She reported that work had also begun on an initial draft of the annual delivery plan, and she drew attention to the timeline for the next stages of the work.

Ms Goodwin, Ms Kerr and Ms Jarvis responded to questions from members on the level of contextual detail in the draft and whether this was necessary. They said that there was still time to look at this and reminded members that there would also be a summary version of the plan. They suggested the possibility of a joint development session for IJB and SPG members, and the Chair indicated that all members would support this proposal. Officers also provided additional detail on the timelines for further work and engagement within the Council's community planning team and with the wider community.

Mr Rockey commented that, to a new reader, the level of detail might be a little discouraging.

Councillor Akhtar welcomed the co-production approach as a really positive aspect as this work.

Decision

The IJB agreed:

- i. Note progress to date in relation to the review of the current IJB Strategic Plan and development of a Consultation Draft (Appendix 1 of this report).
- ii. Note the next steps in the review process, including in relation to consultation and engagement being carried out to inform further development of the Strategic Plan.

6. MIDLOTHIAN AND EAST LOTHIAN DRUGS AND ALCOHOL PARTNERSHIP (MELDAP) ANNUAL REPORTING SURVEY REPORT 2024/25

A report was submitted by the Chief Officer briefing the IJB on the MELDAP Annual Reporting Survey for 2024/25 submitted to the Scottish Government in June this year.

Martin Bonnar provided a detailed summary of the key points in his report and drew attention to various pilot projects taking place in community settings. He also sought the support of the IJB in MELDAP's community work, particularly through its Low Threshold Cafes and drop-in clinic, and with its anti-stigma work. He updated members on his discussions with Scottish Ministers on funding and, depending on progress, he may come back to seek the IJB's support in making the case for increased resources.

The Chair noted that the report had been submitted to the Scottish Government, but this was an opportunity for IJB members to consider these issues.

Councillor Akhtar suggested a further development session with MELDAP to look at the longer-term sustainability of services, and what the IJB could do to highlight funding concerns and other issues. The Chair supported this proposal.

Mr Bonnar also drew attention to a newly developed charter of rights for people with drug and alcohol issues and agreed to provide further information on this to members. He also offered to provide a link to a piece of work by the Anti-Stigma Network on language and moving away from pejorative terms.

He highlighted that the harms related to drug and alcohol issues were often linked to poverty and deprivation, and he encouraged IJB members to consider whether there were any levers for action within their individual areas of interest.

Claire Mackintosh asked to be linked into the work that MELDP was doing as it would be helpful for her own area of work. She acknowledged Mr Bonnar's comments on the use of language in anti-stigma work, around the need for action on deprivation and she stated that acute hospital admission was of very little benefit in many cases. She offered to share some of her work with Mr Bonnar.

Kalonde Kasengele welcomed the paper and echoed Dr Mackintosh's remarks, particularly around the underlying factors of poverty and deprivation and on reducing stigma.

In response to these comments, Mr Bonnar provided further detail on some of the projects to support access to treatment, to show a positive picture of recovery and encourage the concept within communities that people could get better. He also accepted Dr Mackintosh's suggestion of information sharing.

Councillor Akhtar thanked Mr Bonnar for his report and suggested that the IJB might consider what further work might be done with partners to tackle some of the underlying factors.

The Chair thanked members for a constructive and positive discussion.

Decision

The IJB agreed to note the content of the report.

8. IJB AUDITED ANNUAL ACCOUNTS FOR 2024/25

A report was submitted by the Chief Finance Officer presenting the IJB's audited Annual Accounts for 2024/25.

Mike Porteous presented report noting that the IJB had received an unqualified audit opinion from the external auditors, and he thanked colleagues within both partner bodies for their support in putting together the accounts. The auditors had made one recommendation which he had accepted and hoped to complete by the end of the year.

The Chair noted that the audited accounts had been presented to the Audit & Risk Committee earlier in the week and, if approved today by the IJB, would be signed by all relevant parties.

Councillor Akhtar thanked Mr Porteous for his work on the accounts. She commented that the IJB still faced financial challenges in delivering health and social care priorities for the people of East Lothian.

Decision

The IJB agreed to:

- i. Note the IJB's Audited Annual Accounts for 2024/25.
- ii. Note the Draft Annual External Audit Report for East Lothian IJB for 2024/25.
- iii. Note the anticipated recommendation of the IJB's Audit and Risk Committee
- iv. Approve the IJB's Annual Accounts for 2024/25 for sign off and publication.

9. IJB FINANCE REPORT

A report was submitted by the Chief Finance Officer setting out the Quarter 1 (Q1) Financial review position for the IJB; providing an update on the monitoring and delivery of efficiencies; laying out the current reserves position for the IJB; and providing an update on the Financial Planning process.

Mr Porteous presented the report highlighting the outcome of the Q1 review, the forecast overspend for the year, progress with efficiency measures, the position with reserves and work on the 5-year financial plan.

Mr Porteous responded to questions from Councillor Akhtar on the collaborative approach to address Set Aside budget pressures and the timescale for an update of the IJB's reserves policy. He also replied to a question from the Chair on the impact of the delayed Scottish Government budget announcement. He acknowledged that delaying the announcement to January 2026 would place additional pressure on both partners to prepare and agree their own budgets and funding offers to the IJB. However, with collaborative working he was confident that he would have enough information to bring a paper to the IJB's meeting in March 2026.

Mr Rockey said that whether the announcement was delayed to December or January it would still be really challenging for the Council. However, he had ongoing dialogue with Ms Wilson to ensure there would be clarity of process and the ability to deliver what was required.

Decision

The IJB agreed to:

- i. Note the financial position reported as part of the Quarter 1 Review.
- ii. Note the year-to-date delivery of efficiencies.
- iii. Note the current Reserves position for the IJB.
- iv. Note the ongoing Financial Planning process work.

Signed
Mr Andrew Cogan
Chair of the East Lothian Integration Joint Board

Meeting:

NHS Lothian Board

Meeting date:

03 December 2025

Title:

Pharmacy Practices Committee – Outcomes Report
Q3 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 Q3 2025/26.

2.2 Background

PPC Hearing Outcomes

The following hearings have taken place since 1 October 2025:

- The Rosewell hearing took place on 28 October 2025 – application granted. The interested parties have a right of appeal against the decision, we are still within the appeal period.

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](#)

Appeal Outcomes

We have been notified of the following appeal outcomes since 1 October 2025:

- 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 lodged a Judicial Review of the NAP Decision. The Courts decided that the NAP decision should stand. The process is now at an end.

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

Upcoming hearings

- We have received an application in respect of Blindwells, East Lothian. We are working towards securing a PPC hearing date for this application in Q4 2025/26 should it be required.

Issues to Note

There are currently 62 expressions of interest on the live list. Whilst there are a number of expressions of interest and to process them all will take a number of years, there are enough current pharmacies in Lothian to meet the population need at this time. We have an eye to the future in relation to population increases and housebuilding across the Lothians which may have future needs.

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

Additionally, we currently have 110 expressions of interest on the waiting list.

Efforts to secure new PPC members are ongoing.

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. 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. We have raised this with SG as something they may wish to review to better allow us to meet demand and capacity.

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.

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: Quarter 2 2025/26 - National Whistleblowing Standards Performance Report

Responsible Executive: Tom Power, Director of People & Culture

Report Author: Kerran Reeder, Whistleblowing Programme and Liaison Manager

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

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

2.2 Background

The National Whistleblowing Standards for the NHS in Scotland (the Standards) introduced in April 2021 require all Boards to produce and publish on a quarterly and annual basis a Whistleblowing Performance report, which covers the key performance indicators on which all Boards are required to report to the Independent National Whistleblowing Officer (INWO).

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

Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Q2 Performance Report (Appendix 1).

Whistleblowing Report – Q2 data

During Q2, two new Stage 2 concerns were received, in comparison to one Stage 2 concern which was received during the same period last year. No Stage 2 concerns were closed in the quarter in comparison with one stage 2 concern that was closed in the same period last year.

In Q2, there were five ongoing whistleblowing investigations, two in relation to concerns received in Q3 of the last reporting year and the three concerns received in Q4.

Timescales for undertaking an investigation continue to be challenging. As reflected in the attached quarterly performance report, timescales this quarter (on average 165 working days) are higher than last year (on average 121 working days) to conclude an investigation but less than Q1 where the average was 189 days.

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

Processes are in place to collect data from Primary Care and Local Contractors on a quarterly basis, under the requirements of the Standards, both must provide annual returns to the Board, even if to report that there were no concerns raised.

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

INWO Cases - Update

There are 4 whistleblowing cases that have been referred to the INWO. One of the cases is currently being investigated by the INWO and we await feedback from their investigations and any report. In relation to the second case, a provisional report has been shared with the Board, and we anticipate receiving the final report shortly which will then be published in due course. In the third case, discussions are ongoing with the Whistleblower and the INWO to try and resolve the concerns that have been raised and in the final case, a short decision summary was published in September 2025 and can be found [here](#).

2.3 Assessment

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

There is no specific financial resource associated with this report.

2.3.4 Risk Assessment/Management

In respect of the implementation of the Standards, there is a risk that if the standards are not promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, there is an annual communication and training plan which is implemented over the course of the year. There is no requirement for anything to be added to the Risk Register at this stage.

2.3.5 Equality and Diversity, including health inequalities

As this is an update paper on progress only there are no implications for health inequalities or general equality and diversity issues arising from this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

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

2.4 Recommendation

- **Awareness** – The Board is asked to note the content of the attached Q2 Whistleblowing Performance Report 205/26 which is in line with the requirements of the Standards and will be available on the NHS Lothian Staff pages of the Internet.
- **Assurance** – The Board is asked to agree and accept **moderate** assurance based on the evidence presented that systems and process are in place to help create a culture in NHS Lothian which ensure staff have confidence in the fairness and objectivity of the procedure through which their concerns are raised and acted upon and take **significant** assurance that the performance report meets the requirements of the Standards based on the evidence presented.

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Q2 Whistleblowing Performance Report 2025/26



Whistleblowing Performance Report

Quarter 2 July to 30 September 2025

Kerran Reeder
Whistleblowing Programme and Liaison Manager

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Whistleblowing Concerns – Quarter 2 (July - September) 2025

Context

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be:

‘open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.’

A staged process has been developed by the INWO. There are two stages of the process which are for NHS Lothian to deliver, and the INWO can act as a final, independent review stage, if required.

- Stage 1: Early resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action – 5 working days.
- Stage 2: Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response – 20 working days.

The Standards require all NHS Boards to report quarterly and annually on a set of key performance indicators (KPIs) and detailed information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
- The experience of all those involved in the whistleblowing procedure.

- Staff perceptions, awareness, and training

Areas covered by the report.

Processes are in place to gather the details of and outcomes from whistleblowing concerns raised across all NHS services to which the Standards apply. Within NHS Lothian across the four Health and Social Care Partnerships (HSCPs) any concerns raised about the delivery of a health service by the HSCPs are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Lothian.

The Director for Primary Care has specific responsibilities for concerns raised within and about primary care service provision. Mechanisms are in place to gather information from our primary care contractors and those local contracted suppliers, not contracted through National Procurement.

Q2 Performance Information July - September 2025

Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

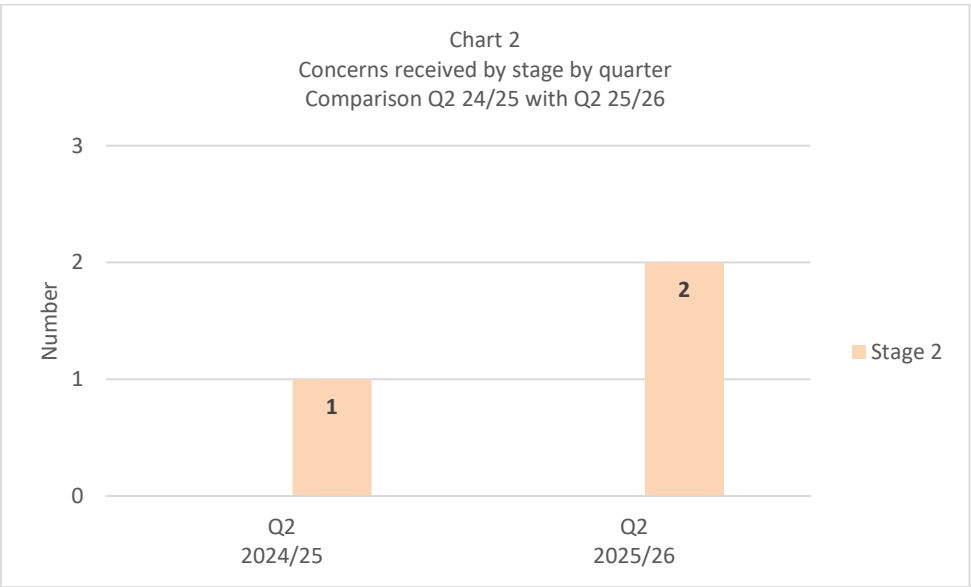
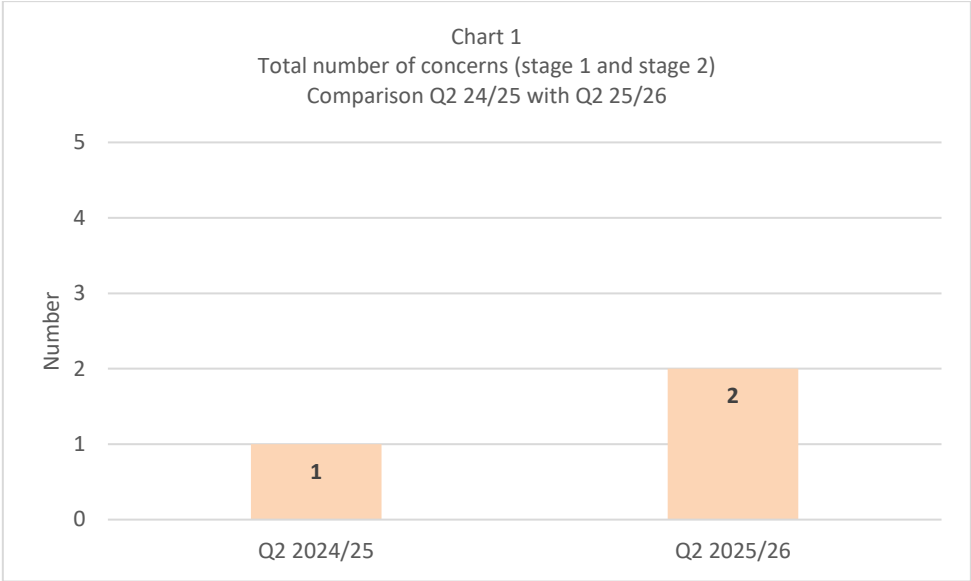
1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
6. The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

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

During Q2 2025/26 2 whistleblowing concerns were received, in comparison one whistleblowing concern was received in the same quarter during previous reporting year.

Chart 1 shows the total number of concerns received in Q2 2025/26 compared with Q2 2024/25.

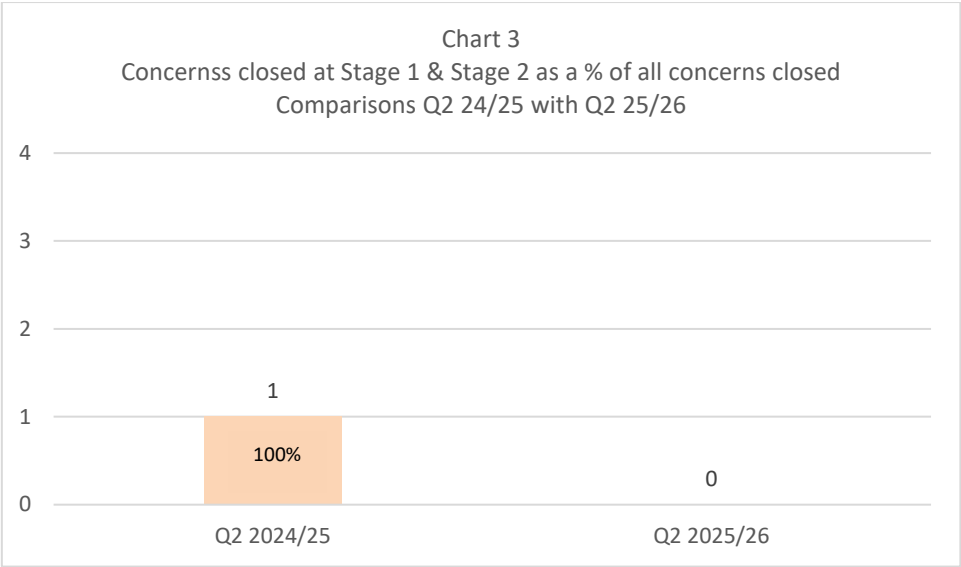
Chart 2 provides a breakdown of the number of concerns received at each stage of the whistleblowing process over the same period.



Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed.

During Q2, no stage 2 concerns have been closed. One Stage 2 concern was closed in the same period of the previous year.

Chart 3 shows the quarterly comparisons.

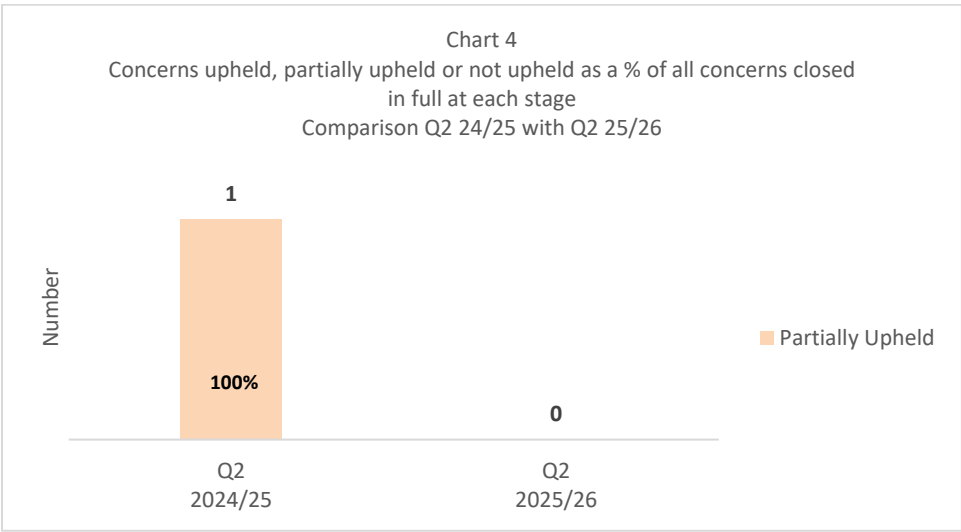


Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

The definition of a stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days. No stage 1 concerns were received in Q2 either this or last year.

The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

Chart 4 below details the outcome of the stage 2 concern that was closed during quarter 2 of the previous year, partially upheld. In comparison in the same quarter this year, no concerns were closed.

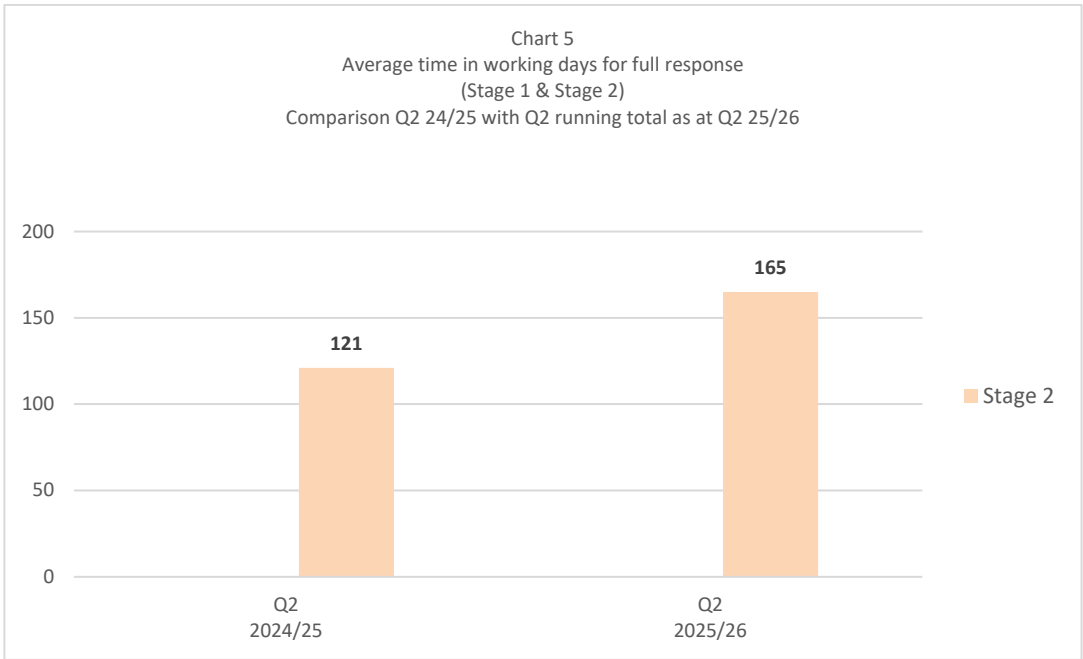


Indicator 4 - The average time in working days for a full response.

During this quarter no stage 2 concerns were closed, this compares with one stage 2 concerns being closed over the same period of the last reporting year.

No stage 1 concerns were closed during quarter 2 this reporting year.

Chart 5 below details the average number of working days to respond in full to concerns. Q2 24/25 is in comparison to a running total for concerns not yet closed as at Q2 25/26.



The duration of whistleblowing investigations is significantly influenced by the complexity of each case, which can include large volumes of data, multiple concerns, and a high number of witnesses. Additional delays often arise when investigators are changed mid-case or when time is needed to support whistleblowers in articulating their concerns. These complexities are further compounded by standard operational factors such as annual leave, illness, and limited availability of investigators due to competing priorities. The more these factors are present in a case, the longer it typically takes to complete the investigation.

Indicator 5 - Number and percentage of concerns closed in full within set timescales.

No concerns were closed in this quarter or across the reporting year within the set timescales of 5 or 20 working days. This has been attributed to the complexity of the cases being raised under the whistleblowing policy and which are currently being investigated.

Other factors out with the control of the investigators, for example periods of annual leave or more people coming forward and wishing to speak to them during their investigation, are also seen as contributing to the time taken to complete investigations.

Concerns where an extension was authorised.

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must be provided with an update on the progress of any investigation every 20 working days. Extensions to all concerns received this quarter were authorised. In all instances the whistleblowers were advised of the need to extend the timescales and continue to be kept up to date with the progress of the investigation throughout the process.

Primary Care Contractors

Primary care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In total 106 returns were received for quarter 2, details are outlined below, this compares to a total of 98 returns over the same quarter last year.

Quarter 2 2025/26				
	No	%	Stage 1	Stage 2
GP Practices	72	68%	0	0
Dental Practices	15	14%	0	0
Optometry Practices	13	12%	0	0
Community Pharmacies	6	6%	0	0

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

The figures for quarter 2 2025/26 are based on the current primary care contractor cohort of:

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

- 116 GP practices including the challenging behaviour practice
- 174 general dental practices
- 107 optometry practices including domiciliary only
- 181 community pharmacies

Other Contracted Services – Not part of the wider National Procurement Framework

Under the terms of the Standards', contracted services are only required to submit annually concern data to the board, even if to report that there were no concerns raised. On a quarterly basis the requirement is only to report to the board if concerns were raised in that quarter, if no concerns have been raised there is no need to report, although it is good practice to let the Board know.

As at the end of Q2 there were 22 locally contracted suppliers who are not contracted through National Procurement. The number of local suppliers varies throughout the year, as contracts end, and new contracts commence. Where relevant the tender document for new contracts includes information on locally contracted suppliers' responsibilities in relation to whistleblowing and the process for raising concerns. No concerns have been recorded for Q2.

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. During Q2 no anonymous concern were received.

Learning, changes or improvements to services or procedures

While the confidentiality of individual whistleblowers must be preserved, this can limit the extent to which system-wide learning and service improvements are shared. However, for each concern that is upheld or partially upheld, a documented action plan is developed to address identified shortcomings and embed learning.

These action plans are agreed upon and overseen by the Executive Director who commissioned the investigation—typically the Executive Medical Director or Executive Nurse Director. The Executive Director continues to monitor progress as actions transition from the whistleblowing process into routine business-as-usual improvement plans.

To support both local and system-wide learning, processes are now in place to capture key insights. These are shared through appropriate forums by the Executive Director responsible for the investigation, ensuring that learning is disseminated while maintaining necessary confidentiality.

Experience of individuals raising concerns

All individuals who raise concerns are invited to provide feedback on their experience of the whistleblowing process. This feedback is essential to help us identify areas for improvement and enhance the overall experience for future users.

Given the time required to complete investigations, feedback questionnaires are issued annually.

For those who raise concerns at Stage 2, there is an opportunity to have a follow-up conversation with the Non-Executive Whistleblowing Champion. This offers a supportive space to discuss their experience and contribute to ongoing improvements in the process.

Level of staff perception, awareness and training

While it is challenging to quantify staff perceptions, comprehensive guides for both managers and staff have been developed and widely disseminated.

Training in softer skills and investigative techniques—targeted at individuals who may be involved in raising or handling whistleblowing concerns—has either been delivered or is currently being rolled out. We are committed to continuously monitoring the uptake, effectiveness, and relevance of this training, with ongoing reviews and refinements as needed.

Communications continue to actively promote the importance of raising concerns within NHS Lothian, along with clear guidance on how to do so remain a key part of this strategy, with two core themes:

- **Introduction to the Standards** – aimed at new managers and those seeking a refresher.
- **Learning from Concerns** – focusing on processes and outcomes to support continuous improvement.

Whistleblowing and Speak Up

The stage 2 concerns received this quarter were all raised with a Speak Ambassador.

Work continues with the Speak Up Ambassadors to more fully understand the barriers which staff perceive to raising concerns through the line management structure.

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between Q 2 2024/25 and Q 2 2025/26.

Theme*1	Q2 24/25	Q2 25/26
Patient Care / Patient Safety	1	2
Poor Practice	0	1

Unsafe Working Conditions	0	0
Fraud	0	0
Falsifying information about performance	0	0
Breaking legal obligations	0	0
Abusing Authority	0	1

*¹ more than one theme may be applicable to a single Whistleblowing concern

Concerns raised by Division

Division	Number
Health and Social Care Partnerships	*
Acute Hospitals	*
Corporate Services	*
REAS	*
Facilities	*

*to maintain anonymity where case numbers are lower than 5 actual case numbers have not been included.

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: Board Appointments – December 2025

Responsible Executive: Board Chair

Report Author: Darren Thompson, Board Secretary

1 Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☐	Awareness	☐

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

As signalled during previous Board meetings, the Board Chair has considered the allocation of non-executive board member capacity and skills across the full breadth of the Board's primary governance committees and the Integration Joint Boards. As part of this consideration, he undertook one-to-one discussions with a range of non-executive board members, to understand key interests, capacity restrictions and needs. The proposed changes offered were informed by this process.

Board Committees

Lothian NHS Board's Standing Orders reserve certain matters to the Board, including decisions on the appointment of members to its committees.

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

- The appointment of **Peter Knight**, Non-Executive Board Member, to the Audit & Risk Committee (from 1 January 2026) and his removal from the Healthcare Governance Committee (from 31 December 2025).
- The appointment of **Elizabeth Gordon**, Non-Executive Board Member, to the Healthcare Governance Committee (from 1 January 2026) and her removal from the Audit & Risk Committee (from 31 December 2025).

Integration Joint Boards

In Line with [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) the following Non-Executive nominations to Integration Joint Board (IJB) memberships are presented for the Board's approval:

- The appointment of **George Gordon**, Non-Executive Board Member, as a Voting Member of the Midlothian IJB, for a three-year term (from 1 January 2026), and his removal from the Edinburgh IJB (from 31 December 2025).
- The appointment of **Peter Knight**, Non-Executive Board Member, as a Voting Member of the West Lothian IJB, for a three-year term (from 1 January 2026), and his removal from the Edinburgh IJB (from 31 December 2025).
- The appointment of **Andrew Fleming**, Non-Executive Board Member and Vice-Chair, as a Voting Member of the Edinburgh IJB, for a three-year term (from 1 January 2026), and his removal from the Midlothian IJB (from 31 December 2025).
- The appointment of **Ralph Roberts**, Non-Executive Board Member, as a Voting Member of the Edinburgh IJB, for a three-year term (from 1 January 2026)

Pharmacy Practices Committee

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

- The appointment of **Heather Campbell**, Non-Executive Director, as Co-Chair of the Pharmacy Practices Committee, for a three-year term, from 1 January 2026 until 31 December 2029.
- The appointment of **Martin Connor** as a Lay Member of the Pharmacy Practices Committee, for a three-year term from 1 January 2026 until 31 December 2029.
- The appointment of **Susanne Gooding** (Non-Contractor Pharmacist), to the Pharmacy Practices Committee, for a three-year term from 3 December 2025 to 2 December 2028.
- The appointment of **Brian McGregor** as a Lay Member of the Pharmacy Practices Committee, for a three-year term from 4 December 2025 to 3 December 2028.

***Note:** Appendix 1 provides a list of members appointed to the Board's primary governance committees and the NHS Lothian voting members of the Integration Joint Boards, effective from 1 January 2026 and subject to approval of the changes proposed above.*

2.2 Background

Board Committees

Appointments to the Board's Committees are recommended by the Board Chair, following appropriate consultation with the relevant Committee Chairs and the recommended appointees. Considerations include the collective skills and experience required by each Committee, as well as the resource capacity and time commitments of individual non-executives.

Integration Joint Boards

Nominations to Lothian's four Integration Joint Boards are recommended by the Board Chair, following discussions with the recommended appointees. Considerations include the collective skills and experience required by each Committee, as well as the resource capacity and time commitments of individual non-executives.

[The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) determines the membership of integration joint boards. Section 3(1b) states that the Health Board is required to nominate the number of persons as determined in accordance with paragraph (3), who, in normal circumstances, must be non-executive members of the Board.

The number of non-executive members to be nominated by the Board under Section 3(1b) is set out within each IJB's Scheme of Integration. The number is four for East Lothian, Midlothian and West Lothian and five for Edinburgh.

The Order provides that the term of office for members of integration joint boards is not to exceed three years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.

Pharmacy Practices Committee

There are specific Regulations which prescribe the membership and operation of the Pharmacy Practices Committee (PPC). It has seven members, being one NHS Non-Executive Board Member, three pharmacists, and three lay members. A Non-Executive Board Member convenes the PPC each time it meets.

For practical reasons the NHS Lothian Board has appointed several non-executive board members as co-Chairs. This approach best facilitates the ability to convene the PPC each time a hearing is required, which is driven by the submission of applications to join the Board's Pharmaceutical List.

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

2.3 Assessment

2.3.1 Quality/ Patient Care

- Not Applicable.

2.3.2 Workforce

- Not Applicable.

2.3.3 Financial

- Not Applicable.

2.3.4 Risk Assessment/Management

This report attends to actual or anticipated gaps in the membership of the Board's primary governance committees, Integration Joint Boards, and the Pharmacy Practices Committee. It is not considered that there needs to be an entry on a risk register.

Key Risks

- A Board Committee or IJB is unable to meet and transact key business due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.
- The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

2.3.5 Equality and Diversity, including health inequalities

- The statutory duties **do not apply** to the recommended decision, this report does not relate to a specific proposal which has an impact on an identifiable group of people.

2.3.6 Other impacts

- Resource Implications - This report contains proposals on the membership of the Board's primary governance committees, IJBs, and PPC. Where members are new to committee, IJB, or PPC membership, it is probable that they may require further training and development to support them in their roles. This will be addressed as part of normal business within existing resources.

2.3.7 Communication, involvement, engagement, and consultation

- This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Public involvement is not required.

2.3.8 Route to the Meeting

- There are no prior committee approvals required.

2.4 Recommendation

Decision – The Board is asked to **approve** the proposed appointments to the Board's primary governance committees, IJBs and PPC which are set out at section 2.1 above.

3 List of appendices

- Appendix 1: Proposed membership of the Board's primary governance committees and IJBs, from 1 January 2026

Appendix 1: Proposed membership of the Board’s primary governance committees and IJBs, from 1 January 2026

Membership of the Six Primary Governance Committees (from 1 January 2026)

Audit & Risk Committee 1. Jonathan Blazeby (Chair) 2. Katharina Kasper 3. Peter Knight 4. Patricia Cantley 5. Harry Cartmill	Healthcare Governance Committee 1. Andrew Cogan (Chair) 2. Andrew Fleming 3. Elizabeth Gordon 4. Amjad Khan 5. Eddie Balfour (Area Clinical Forum Chair)
Staff Governance Committee 1. Val De Souza (Chair) 2. TracyAnne Miller (Employee Director) 3. Katharina Kasper (Whistleblowing Champion) 4. John Innes 5. Elizabeth Gordon	Finance & Resources Committee 1. Ralph Roberts (Chair) 2. Philip Allenby 3. Andrew Fleming 4. George Gordon 5. Shamin Akhtar
Remuneration Committee 1. Andrew Fleming (Chair) 2. TracyAnne Miller (Employee Director) 3. Lorna Marson 4. Derek Milligan 5. Jonathan Blazeby	Strategy, Planning & Performance Committee All non-executives are members

Pharmacy Practices Committee (co-Chairs)

- Peter Knight
- John Innes
- Heather Campbell

NHS Lothian Voting Members of the Integration Joint Boards (from 1 January 2026)

City of Edinburgh (5 members) 1. Katharina Kasper (lead) 2. Philip Allenby 3. Andrew Fleming 4. Patricia Cantley 5. Ralph Roberts	East Lothian (4 members) 1. Andrew Cogan (lead) 2. Elizabeth Gordon 3. Patricia Cantley 4. Jonathan Blazeby
Midlothian (4 members) 1. Val De Souza (lead) 2. Heather Campbell 3. Amjad Khan 4. George Gordon	West Lothian (4 members) 1. John Innes (lead) 2. Amjad Khan 3. George Gordon 4. Peter Knight

The NHS Board appoints a lead member for each IJB. The position of IJB Chair and Vice-Chair rotates between the NHS Board and the relevant local authority every two years, and the lead member carries out whatever role the NHS Board has at that time. The last rotation happened in April 2025 for East Lothian, June 2025 for Edinburgh and Midlothian, and September 2025 for West Lothian.

IJB	Current NHS Board lead	Next rotation date
Edinburgh	Katharina Kasper (Vice Chair 27/06/2025)	27/06/2027
East Lothian	Andrew Cogan (Chair 01/04/2025)	01/04/2027
Midlothian	Val De Souza (Chair 27/06/2025)	27/06/2027
West Lothian	John Innes (Chair 21/09/2025)	21/09/2027

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: NHS Lothian Board and Committee Dates 2026/27 & 2027/28

Responsible Executive: Board Chair

Report Author: Darren Thompson, Board Secretary

1 Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☐	Awareness	☐

This report relates to:

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

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 schedule of future Board and Committee meeting dates requires to be provided as per section 4 of the [Lothian NHS Board Standing Orders](#).

The Board are reminded that the [schedule for 2026-2027](#) was approved by the Board in December 2024 and has since been published (appendix 1). The scheduled for 2027-2028 is now presented for Board approval (appendix 2).

2.2 Background

[Lothian NHS Board's Standing Orders](#) state: "The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates." This report is presented for that purpose.

2.3 Assessment

In preparing the schedule of Board and Committee meeting dates, the competing demands upon members' time has been considered as far as possible.

We have scheduled Board and Committee meetings across the next two years, rather than just the next financial year. This better aligns with the Board's governance and assurance reporting and provides meeting dates over a longer period, better supporting both strategic and operational planning efforts and individual diary management.

Once approved, the schedule of dates for 2027/28 will be circulated to the Board's integration partners with a request to ensure that, as far as possible, the scheduling of future IJB meetings and committees avoids any clash with NHS Lothian Board or Committee meetings.

2.3.1 Quality/ Patient Care

N/A.

2.3.2 Workforce

N/A.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

The Board or one of its committees does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.

Poor or insufficient scheduling of meetings means that the members cannot carry out their responsibilities in other roles that they may have.

The need to respond to emerging events may lead to the need for additional meetings, which not all members may be able to attend.

There is no need to add anything relating to this matter to the Corporate Risk Register.

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. This report does not relate to a specific proposal which has an impact on an identifiable group of people.

2.3.6 Other Impacts

2.3.6.1 Resource Implications

The key currency is members' time and the availability of suitable calendar slots.

2.3.7 Communication, involvement, engagement and consultation

This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Public involvement is not required.

As part of the process of developing the timetable, we have engaged committee services colleagues within the integration joint boards, and considered their published timetables of board meetings, committees and sub-groups of integration joint boards. We have also considered any appropriate Scottish Government groups for clashes.

2.3.8 Route to the Meeting

In addition to the engagement outlined about, this timetable has also been developed with input from the office of the Chair and Chief Executive and the NHS Lothian Charity. Support has been received and feedback has informed the development of the content presented in this report.

2.4 Recommendation

- **Decision** – It is recommended that the Board notes the schedule of Board and Committee meeting dates for 2026/27 and approves the scheduled of Board and Committee meeting dates for 2027/28.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Agreed list of NHS Lothian Board and Committee Dates 2026-27.
- **Appendix 2:** Proposed list of NHS Lothian Board and Committee Dates 2027-28.

Appendix 1

NHS Lothian Board and Committee Dates 2026/27

As agreed by Board on 4th December 2024

Lothian NHS Board

9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
22 April 2026	09 April 2026
24 June 2026*	11 June 2026 Annual Accounts from ARC Deadline 17 June 2026
12 August 2026	30 July 2026
07 October 2026	24 September 2026
02 December 2026*	19 November 2026
03 February 2027	20 January 2027

* 10.30am start due to preceding NHS Lothian Charity Board of Trustees meeting

Strategy, Planning & Performance Committee

9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
13 May 2026	29 April 2026
02 September 2026	19 August 2026
11 November 2026	28 October 2026
20 January 2027	07 January 2027
17 March 2027	03 March 2027

Finance & Resources Committee

9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
10 June 2026	27 May 2026
19 August 2026	05 August 2026
21 October 2026	07 October 2026
16 December 2026	02 December 2026
10 February 2027	27 January 2027
24 March 2027	10 March 2027

Healthcare Governance Committee

1:00pm – 4:00pm

Meeting Date	Paper Submission Deadline
19 May 2026	05 May 2026
21 July 2026	07 July 2026
22 September 2026	08 September 2026
20 October 2026	06 October 2026
17 November 2026	03 November 2026
26 January 2027	12 January 2027
16 March 2027	02 March 2027

STAFF GOVERNANCE COMMITTEE**9.30am – 1:00pm**

Meeting Date	Paper Submission Deadline
27 May 2026	13 May 2026
29 July 2026	15 July 2026
23 September 2026	09 September 2026
09 December 2026	25 November 2026
10 March 2027	25 February 2027

AUDIT & RISK COMMITTEE**9:30am – 12:30pm**

Meeting Date	Paper Submission Deadline
13 April 2026	30 March 2026
15 June 2026	01 June 2026
10 August 2026	27 July 2026
16 November 2026	02 November 2026
15 February 2027	01 February 2027

REMUNERATION COMMITTEE**2:00pm – 4:00pm**

Meeting Date	Paper Submission Deadline
27 April 2026	13 April 2026
20 July 2026	06 July 2026
05 October 2026	21 September 2026
07 December 2026	23 November 2026
22 February 2027	08 February 2027

LOTHIAN PARTNERSHIP FORUM**12:00pm – 3:00pm**
(Pre-Meetings @ 10.00am)

Meeting Date	Paper Submission Deadline
20 April 2026	06 April 2026
29 June 2026	15 June 2026
24 August 2026	10 August 2026
26 October 2026	12 October 2026
14 December 2026	30 November 2026
08 February 2027	25 January 2027

Appendix 2

NHS Lothian Board and Committee Dates 2027/28

For Agreement by Board on 03 December 2025

Lothian NHS Board

9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
21 April 2027	08 April 2027
23 June 2027*	10 June 2027
11 August 2027	29 July 2027
06 October 2027	23 September 2027
01 December 2027*	18 November 2027
02 February 2028	19 January 2028
19 April 2028	06 April 2028
21 June 2028*	08 June 2028
09 August 2028	27 July 2028
04 October 2028	21 September 2028
06 December 2028*	23 November 2028

* 10.30am start due to preceding NHS Lothian Charity Board of Trustees meeting

Strategy, Planning & Performance Committee

9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
12 May 2027	28 April 2027
08 September 2027	25 August 2027
10 November 2027	27 October 2027
19 January 2028	05 January 2028
15 March 2028	01 March 2028
10 May 2028	26 April 2028
06 September 2028	23 August 2028
08 November 2028	25 October 2028

Finance & Resources Committee

9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
09 June 2027	26 May 2027
18 August 2027	04 August 2027
20 October 2027	06 October 2027
15 December 2027	01 December 2027
09 February 2028	26 January 2028
22 March 2028	08 March 2028
07 June 2028	24 May 2028
16 August 2028	02 August 2028
18 October 2028	04 October 2028
13 December 2028	29 November 2028

STAFF GOVERNANCE COMMITTEE**9.30am – 1:00pm**

Meeting Date	Paper Submission Deadline
26 May 2027	12 May 2027
28 July 2027	14 July 2027
22 September 2027	08 September 2027
08 December 2027	24 November 2027
08 March 2028	23 February 2028
24 May 2028	10 May 2028
26 July 2028	12 July 2028
20 September 2028	06 September 2028
06 December 2028	22 November 2028

HEALTHCARE GOVERNANCE COMMITTEE**1:00pm – 4:00pm**

Meeting Date	Paper Submission Deadline
18 May 2027	04 May 2027
20 July 2027	06 July 2027
21 September 2027	07 September 2027
19 October 2027	05 October 2027
16 November 2027	02 November 2027
25 January 2028	11 January 2028
14 March 2028	29 February 2028
16 May 2028	02 May 2028
18 July 2028	04 July 2028
19 September 2028	05 September 2028
17 October 2028	03 October 2028
15 November 2028	01 November 2028

AUDIT & RISK COMMITTEE**9:30am – 12:30pm**

Meeting Date	Paper Submission Deadline
12 April 2027	29 March 2027
14 June 2027	31 May 2027
09 August 2027	26 July 2027
15 November 2027	01 November 2027
14 February 2028	31 January 2028
10 April 2028	27 March 2028
12 June 2028	29 May 2028
07 August 2028	24 July 2028
13 November 2028	30 October 2028

REMUNERATION COMMITTEE**2:00pm – 4:00pm**

Meeting Date	Paper Submission Deadline
05 April 2027	22 March 2027
19 July 2027	05 July 2027
04 October 2027	20 September 2027
06 December 2027	22 November 2027
21 February 2028	07 February 2028
03 April 2028	20 March 2028
17 July 2028	03 July 2028
02 October 2028	18 September 2028
04 December 2028	20 November 2028

LOTHIAN PARTNERSHIP FORUM**12:00pm – 3:00pm***(Pre-Meetings @ 10.00am)*

Meeting Date	Paper Submission Deadline
19 April 2027	05 April 2027
28 June 2027	14 June 2027
23 August 2027	09 August 2027
25 October 2027	11 October 2027
13 December 2027	29 November 2027
07 February 2028	24 January 2028
17 April 2028	03 April 2028
26 June 2028	12 June 2028
21 August 2028	10 June 2028
23 October 2028	09 October 2028
11 December 2028	27 November 2028

NHS Lothian Charity Meeting Dates

2027/28

NHS Lothian Charity, Board of Trustees

1:00pm – 3:00pm

2027/2028

Meeting Date	Paper Submission Deadline
23 June 2027*	09 June 2027
08 September 2027	26 August 2027
01 December 2027*	18 November 2027
01 March 2028	16 February 2028
21 June 2028*	07 June 2028
06 September 2028	24 August 2028
06 December 2028*	23 November 2028

*** 9am start, preceding the NHS Lothian Board meeting**

NHS Lothian Charity, Charitable Funds Committee

1:00pm – 3:00pm

2027/2028

Meeting Date	Paper Submission Deadline
08 June 2027	25 May 2027
10 August 2027	27 July 2027
02 November 2027	19 October 2027
01 February 2028	18 January 2028
06 June 2028	23 May 2028
08 August 2028	25 July 2028
31 October 2028	17 October 2028

Version 2 – to be agreed by Board 03/12/25

Meeting: NHS Lothian Board

Meeting date: 03 December 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 – December 2025**

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.

Most recently, the Board Chief Executives' discussions have included:

- Actions required to deliver the NHS Scotland "Digital Front Door" and identifying relevant lead individuals within each Board;
- Collaborative discussion of the Prostate Cancer pathway, identifying variations, considering workforce issues and diagnostic planning;
- The Charter of Rights for People Affected by Substance Misuse, published in 2024, and the need to disseminate and embed this within all boards;
- Considering requirements for implementation of the Multi-Agency Public Protection System (MAPPS) and ensuring engagement from all boards with the Health MAPPS Implementation Network;
- Individual and collective contributions required to deliver the NHS Scotland Operational Improvement Plan;
- Challenges relating to Custody Healthcare and consideration of a new draft Memorandum of Understanding between the Scottish Prison Service, territorial health boards and IJBs; and
- Reviewing current regional planning structures in preparation for implementing revised sub-national planning arrangements, in line with [DL\(2025\)25](#) and the associated Ministerial Direction.

2. Sub-National Planning: Cooperation and Planning Directions 2025

Following a Parliamentary Statement on 13 November by the Cabinet Secretary for Health and Social Care, a Ministerial Direction titled "The Cooperation and Planning Directions 2025" was issued, alongside a Director's Letter (DL (2025) 25). Both documents are available [here](#). I believe this provides an important opportunity to better align the collective efforts and ambitions of NHS boards in order to achieve progress, particularly on some immediate key priorities such as digital care, emergency access standards, and on orthopaedic elective services.

As the lead Board for the East Region Strategic Planning and Delivery Committee (SPDC), NHS Lothian has a critical part to play. Currently, both the Chair and I are closely engaged with developing the new arrangements, working with our counterparts amongst the East Region boards, to support population level planning decisions and the alignment of priorities and resources wherever possible. I expect that this approach, in time, will help to maximise capacity and service delivery for the benefit of patients, support our ambitions for innovation, and deliver greater alignments towards the delivery of our shared system goals.

Board members will note that this is an item for discussion on the Board's agenda today and I look forward to further discussion on how we can engage and make the most of this opportunity. The new SPDCs are being established at pace, and we expect an "Implementation Handbook" to be forthcoming, which will provide more detail on how the SPDCs will operate alongside boards and support our collective efforts.

3. Resident Doctor Ballot on Industrial Action

An industrial action ballot for resident doctors in Scotland opened on 14 November and will run until 19 December. BMA Scotland has taken this action in response to a pay dispute with the Scottish Government. The outcome of the ballot will determine whether resident doctors in Scotland will engage in strike action. If a mandate for strike action is delivered, this would be expected to be in place from early January 2026 but could be enacted any time within a six-month period.

Any subsequent industrial action has the potential to significantly disrupt services, including elective procedures and outpatient care, and to hinder progress in reducing waiting times.

Whilst the outcome of the ballot will not be known until later this month, we are undertaking appropriate steps in preparation for any potential disruption. The Corporate Management Team has initiated the Board's industrial action contingency planning processes, which include risk assessing each service potentially affected and putting in place appropriate mitigating measures to maintain patient safety and essential services. These arrangements are being overseen jointly by the Executive Medical Director and the Director of People & Culture.

4. Royal Edinburgh Hospital (REH), Adult Mental Health Safe Delivery of Care Report: November 2025

Following an unannounced visit to the REH on 17-19 June 2025, Healthcare Improvement Scotland (HIS) published a Safe Delivery of Care Report on 13 November 2025. The Report is available on the [HIS website](#), alongside our Action Plan, which was developed in response to the findings.

The inspection of the REH covered a range of areas and wards and the Report sets out six areas of good practice, four recommendations and 21 requirements. NHS Lothian is taking immediate steps to ensure that all requirements listed in the Report are addressed and that necessary improvements are implemented. These steps are evidenced in the published Action Plan.

Both the Report and the corresponding Action Plan were received by the Board's Healthcare Governance Committee on 18 November, to offer assurance that the required work is already underway. This will return to the Committee at the next meeting to report on progress and offer further assurance. Assurance will be reported to the Board subsequently, in the usual manner.

5. Royal Hospital for Children and Young People (RHCYP), Melville Inpatient Unit, Joint HIS/MWC Report

Following an unannounced visit to the Melville Unit on 12-16 May 2025, the Mental Welfare Commission and Healthcare Improvement Scotland published a joint inspection report on 23 October. This is available on the [MWC website](#).

The inspection of the Melville Unit resulted in 14 areas of good practice, two recommendations and 14 requirements. NHS Lothian is taking steps to address these requirements, and a robust improvement plan is already well underway, with many actions completed or in progress.

This work in response to the Report is additional to a wide range of continuing improvements that were already being made by the CAMHS teams at the Melville Unit to enhance safe, high-quality and effective care for young people.

Progress against the Action Plan and ongoing assurance will be reported at the Board's Healthcare Governance Committee, with subsequent assurance reported to the Board in the usual manner.

6. Chief Executive's Town Hall meeting at the Royal Edinburgh Hospital

In the latest of the continuing series of 'Town Hall' meetings being held across NHS Lothian sites I was delighted to meet with colleagues at the Royal Edinburgh Hospital on 19 November. These Q and A sessions provide an opportunity for colleagues to raise issues of concern or ideas for improvement with me and equally help me understand what is on the minds of staff in different sites and services. We met in *The Hive*, where our third sector partners SAMH run a highly valued café and entertainment space for patients. This session was well attended by staff from a variety of job families and roles. We enjoyed an interesting and constructive discussion covering a range of topics including change management, placement activities and skills development for people whose stay in hospital may be lengthy and the potential need for a medical education facility on site.

7. Ministerial Annual Review 2024/25

I was delighted to take part in our Annual Ministerial Review, alongside the Board Chair, on 10 November and I very much appreciated the attendance of many of our non-executive board members, alongside members of the public. The event was recorded for the benefit of anyone who was unable to attend on the day and the footage is available on the [NHS Lothian website](#).

This event provided a welcome opportunity for direct engagement between ministers or Scottish Government officials and groups of our key stakeholders, including patients and carers, the Lothian Area Clinical Forum and the Lothian Partnership Forum. It also provided an opportunity for the Board Chair, during the Public Session, to highlight both the successes achieved and challenges faced as a Board over the previous year, but also to provide a reminder of our longstanding strategic aims and our plans for the future to achieve these.

As in previous years, the event culminated in a private session, during which the Chair and I were able to engage in more detail with Scottish Government officials about some of our ongoing challenges.

The Board can expect to receive a letter from the Minister in due course which will provide a formal record of the event and of the key matters discussed throughout the day. Once received, this will be docked formally at a public Board meeting for awareness and discussion, before being published on the website.

8. Scottish Health Awards 2025

I would like to acknowledge the outstanding contributions of all our NHS Lothian colleagues who were recognised recently at the Scottish Health Awards 2025 ceremony, which took place on 6 November. Four of our staff took home the following accolades on the night:

- **Midwife Award – Lucy Duns**, Community Midwife
- **Healthcare Scientist Award – Laura Jess**, Head of Paediatric Respiratory and Sleep Physiology
- **Allied Health Professional Award – Claire Yerramasu**, Physiotherapist and Advanced Practitioner (Midlothian Community Respiratory Team)
- **Leader of the Year Award (joint winner) – Steven Swanson**, Senior Biomedical Scientist and Team Leader (Western General Hospital)

These winners were joined by other colleagues who were extremely worthy finalists within their respective categories:

- Support Worker Award – Sophie Wardrop, Pharmacy Support Worker
- Innovation Award – FND Specialist Practitioner Team
- Integrated Care Award – Laura Jeffrey, Team Lead, Adult Complex and Exceptional Needs Service
- Healthcare Scientist Award - Samantha Stredwick, Jody Forster, and Dr Ruth Brotherstone

Further information on each winner's individual contribution is available [here](#). I know the Board will join me in congratulating all our winners and finalists on their well-earned success.

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: Maternity Services - Healthcare Improvement Scotland Safe Delivery of Care Report and Action Plan

Responsible Executive: Tracey Gillies, Executive Medical Director

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	☐

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

Maternity services at the Royal Infirmary of Edinburgh (RIE) were visited in June 2025 by Healthcare Improvement Scotland (HIS) and a report published in October 2025, along with this HIS escalated their concerns about the pace of progress to Scottish Government which resulted in NHS Lothian being escalated to Stage 3 (enhanced monitoring and support) of the NHS Scotland Support and Intervention Framework. This paper provides a summary to the board of the actions currently underway, the oversight of those and an opportunity for discussion and questions in a public setting. The HIS report and associated action plan are provided as Appendix 1 & 2.

2.2 Background

Maternity service provision and the experiences and outcomes for women and babies have and remain the subject of a range of inquiries and concerns across the UK. HIS have a set of standards for the provision of acute care that they inspect boards against and a set of standards specific to maternity care that are still in development.

There is an extensive programme of UK level benchmarked data considering the outcomes for both mothers and babies in which NHS Lothian participates fully, published annually (MBRRACE: Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries and the National Maternity Audit Programme (NMAP) and National Neonatal Audit Programme (NNAP)).

Although across Lothian and the UK, the birth rate is falling, increased maternal age and comorbidity mean that service complexity is increasing with more women needing additional antenatal care and more births involving additional interventions.

Prior to the HIS inspection additional work was underway in maternity services at both RIE and St John's based on three areas:

1. Quality Improvement work- to ensure that the areas where the adverse event review process had shown opportunity to understand better the contributory factors in adverse events and to focus the quality improvement work on these, adverse events with outcomes that showed avoidable harm were themed across 2023-24 and the SPSP perinatal programme in board adjusted accordingly to align effort in these topics.
2. Responding to concerns and focus groups with midwives: concerns were raised with HIS in 2024 concerning midwifery staffing levels, support and the rotational programme. Actions had been identified, and work was underway to address these, with the external work on culture commissioned and shared widely. An extensive update provided to HIS and a visit made by them to assess this in March 2025.
3. Concerns raised under the whistleblowing standards had been raised, investigated and the majority of concerns upheld between February and August 2024, resulting in an action plan, with reporting in the usual way.

The Healthcheck process, brought in by the Executive Nurse Director to review establishments across nursing and midwifery, in line with the Health and Care Staffing (Scotland) (2019) legislation. This was based on current activity and acuity and identified that there was a gap in the establishment across the department with prioritisation agreed which focussed on Triage and Labour Ward staffing at RIE, together with key support roles.

Additional resource to address this was supported through management action in January 2025.

2.3 Assessment

There is a legitimate and correct public expectation that everything possible will be done to ensure the safest possible outcomes for mothers and babies, with a meaningful focus on the family's experience of care. The HIS inspection report of October 2025 identifies the areas where it considers NHS Lothian falls short of the standards they expect and sets out 26 requirements and two recommendations to improve the standard of care. NHS Lothian has accepted these in full and is working through the actions necessary to address these in the published action plan, along with the earlier action plans underway.

The settings for consideration and progress against all three action plans have been reset to provide clearer routes for oversight by the Chief Executive. This is provided in schematic form at Appendix 3.

A formal update will be brought to the board in June 2026.

2.3.1 Quality/ Patient Care

The MBRRACE report for both mother and baby outcomes does not show NHS Lothian to be an outlier (2023—24 data). Detailed quality improvement work is underway considering maternal physiology (MEWS), triage, induction of labour and perineal tears (the 2023 outlier rate for tears is now back in control). Work has reached steady state in urgency of birth and fetal wellbeing. There is ongoing quality improvement work in neonatal care, focussing on delayed cord clamping and early breast feeding for the most premature babies. These are all components in the HIS SPSP perinatal programme and there is additional international benchmarking of neonatal outcomes.

2.3.2 Workforce

The non-registered and registered workforce have been enhanced in response to identified challenges from the Healthcheck work and known prospective challenges. Recruitment processes have been progressed, from both overseas and UK sources. The outturn from local HEIs has provided the bulk of the recruitment activity between September 2025 and January 2026. Orientation and induction to UK practice has been put in place for international recruits. Consequently it is taking time to achieve meaningful impact across all areas. This recruitment has addressed the additional resource required to mitigate the impact of the reduced working week, effective from April 2026 and predicted attrition.

A Midwifery Professional Leadership Group has been established. This group has progressed a number of workstreams including the development of a hybrid staffing model in response to concerns and focus groups held with midwives. The revised rotational programme for midwives has been implemented in partnership with staff side organisations and in full consultation with the staff group.

The service management team and executives recognise that the availability of the right number of staff with the requisite skills and training is essential to improve the experience of staff in the workplace and a prerequisite to changing the culture within the service.

There are compounding factors affecting the availability of staff including higher than average maternity leave and sickness absence rates.

The summary position regarding workforce has been shared with colleagues in the service and in partnership and the recruitment plan is included as Appendix 4.

Stable staffing models and consistent consideration of concerns raised will be important to fully realise an improved Speak Up culture and the wider cultural improvement programme.

Multidisciplinary simulation-based training is recognised as important and effective in maternity services and for the provision of this to be increased, the right numbers of staff need to be available.

2.3.3 Financial

An additional £1.5 million in recurring funding has been allocated to support increased maternity staffing and is incorporated into the NHS Lothian Financial Plan for 2025/26 and future years.

In addition, short-term management actions have been implemented on a non-recurring basis to optimise midwifery and medical staffing models.

Any additional investments required to support implementation of actions aligned to the maternity improvement plan will be considered and approved through the established Financial Planning process.

2.3.4 Risk Assessment/Management

A new risk has been brought forward to the corporate risk register covering maternity services. It is proposed that matters relating to patient care and outcomes report to Healthcare Governance committee and matters relating to staff experience and the workplace report to the Staff Governance committee.

2.3.5 Equality and Diversity, including health inequalities

This paper is for discussion and does not require a decision.

2.3.6 Other impacts

N/A.

2.3.7 Communication, involvement, engagement and consultation

Maternity Voices Partnership is the group where there is regular engagement between service users and the service management team. Additionally, there have been detailed and ongoing efforts made to capture service user experience as part of the quality improvement work in triage.

2.3.8 Route to the Meeting

The content of this paper 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.

- PSEAG, 21 November 2025
- Maternity Services SLWG, 19 November 2025

2.4 Recommendation

The board is asked to consider the approach set out to address the escalation precipitated by the HIS inspection report and to agree the oversight by the two governance committees as set out in the paper. An update will be brought to the board in June 2026.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, HIS RIE Maternity Services Report October 2025
- Appendix 2, HIS RIE Maternity Improvement Action Plan October 2025
- Appendix 3, Maternity Improvement Executive Oversight & Governance
- Appendix 4, Maternity Recruitment Plan Nov 25

Unannounced Inspection Report

Maternity Services Safe Delivery of Care Inspection

Royal Infirmary of Edinburgh

NHS Lothian

23–24 June 2025

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Published October 2025

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. In response to Healthcare Improvement Scotland's Neonatal Mortality review in 2024, Healthcare Improvement Scotland made a commitment to expanding our safe delivery of care inspection approach to include inpatient maternity services. The methodology was adapted to minimise the impact of our inspections on staff delivering care to women, birthing people and families. Our inspection teams carry out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland [Quality Assurance Framework](#). Further information about the methodology for maternity services safe delivery of care inspections can be found on our [website](#).

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

Whilst this report uses the term 'women' the inspection team acknowledge the importance of including all people who give birth.

About the hospital we inspected

The Royal Infirmary of Edinburgh is a major acute teaching hospital located on the Edinburgh BioQuarter. With a 24-hour accident and emergency department, it provides a full range of acute medical, surgical and specialist services including maternity services, which supports 5,000 births annually for families from across Lothian.

About this inspection

We carried out an unannounced maternity services inspection to the Royal Infirmary of Edinburgh, NHS Lothian on Monday 23 and Tuesday 24 June 2025 using our safe delivery of care inspection methodology. We inspected the following areas:

- labour ward
- maternity triage
- ward 119 combined antenatal and postnatal care
- ward 211 postnatal care

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with women such as during mealtimes
- spoke with women, visitors and ward staff, and
- accessed womens health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Lothian to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On 22 July 2025, we held a virtual discussion session with key members of NHS Lothian staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Lothian and in particular all staff at the Royal Infirmary of Edinburgh for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

Throughout the inspection we observed staff working hard to provide compassionate and responsive care in very challenging circumstances. The multidisciplinary team within maternity services spoke highly of the clinical working relationship. We observed good teamwork and innovation within the maternity triage department, this

included extended members of the multidisciplinary team including obstetricians, midwives and the healthcare support team.

In some areas staff were complimentary and described their line manager as supportive. However, the majority of the multidisciplinary team we spoke with expressed feeling frustrated at staffing levels which they believe left areas short staffed and staff unsupported. Staff told us this presented a safety risk for women, babies and families within their care which they raised on multiple occasions with managers.

The majority of the staff we spoke with shared their concerns and feelings of being overwhelmed, described feeling unsupported and believed they were not being listened to. Staff informed inspectors this has impacted staff confidence to escalate staffing concerns due to lack of feedback and resolution when concerns are raised.

We observed delays to the induction of labour process of up to 29 hours and other delays to women who required ongoing care within the labour ward due to lack of staff availability, capacity and increased acuity.

Staff we spoke with described suboptimal skill mix, low staffing levels and high acuity resulting in challenges in providing and maintaining one-to-one care for women within the labour ward. Staff also described staffing impacting on timely care such as delays in undertaking maternity early warning score (MEWS) observations or escalation of clinical concerns.

Women told us of mixed experiences within Royal Infirmary of Edinburgh maternity services. In some areas women were highly complimentary of the care they experienced, describing it as exceptional; however, other women described their experience leaving them feeling alone and vulnerable. Whilst some women were complimentary of their care, they also informed inspectors of poor communication, leaving them feeling uninformed and with no 'voice' in their care.

Our inspection has highlighted gaps in incident reporting and what appears to be a reluctance to submit incident reports with staff describing a culture of mistrust. These are concerning issues that may have significant impact on the learning from adverse events within the system, reducing opportunities to improve safety.

During the course of this inspection, Healthcare Improvement Scotland escalated serious concerns with NHS Lothian through the Healthcare Improvement Scotland and Scottish Government Operating Framework. These concerns related to culture, oversight of patient safety and staff wellbeing within Royal Infirmary of Edinburgh maternity services. The findings from our inspection are aligned with Healthcare Improvement Scotland's Responding to Concerns process and outcome.

Other areas for improvement have been identified within maternity services within Royal Infirmary of Edinburgh. These include fire safety requirements, safe storage of cleaning products and required improvements to the environment.

What action we expect the NHS board to take after our inspection

This inspection resulted in five areas of good practice, two recommendations and 26 requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on women, birthing people and families using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Lothian to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: <http://www.healthcareimprovementscotland.scot>

Areas of good practice

The unannounced inspection to the Royal Infirmary of Edinburgh resulted in five areas of good practice.

Domain 1	
1	Maternity triage is carried out by a dedicated midwife utilising a standardised telephone triage template and maintaining oversight of women attending the unit through this process (see page 20).
2	Maternity triage have a system in place to capture women attending the department for care which provides system oversight and situational awareness within the department (see page 20).
3	NHS Lothian support an equity, diversity and inclusion working group to improve the multiprofessional care, experience and outcomes for women and their babies (see page 20).

Domain 6	
4	NHS Lothian have an established maternity voices partnership to support the co-production of maternity services (see page 38).
5	NHS Lothian support parents to stay overnight supporting the family unit (see page 38).

Recommendations

The unannounced inspection to the Royal Infirmary of Edinburgh resulted in two recommendations.

Domain 1

1	NHS Lothian should improve bereavement training compliance rates for all staff providing bereavement care to families (see page 20).
2	NHS Lothian should adopt a process to support staff to identify bereaved families when returning for ongoing care (see page 20).

Requirements

The unannounced inspection to the Royal Infirmary of Edinburgh resulted in 26 requirements.

Domain 1

1	NHS Lothian must ensure effective processes are in place to ensure the safe management and care for women including but not limited to: (i) when delays to ongoing care occur (ii) women require diverted or redirected to other maternity units for ongoing care (see page 20). This will support compliance with: Health and Social Care Standards (2017) Criteria 1.13, 1.14 and 1.19.
2	NHS Lothian must ensure that all women have access to a call bell within maternity triage rooms (see page 20). This will support compliance with: Health and Social Care Standards (2017) Criterion 3.17.
3	NHS Lothian must improve communication with women, this includes but is not limited to when delays to the induction of labour process (see page 21). This will support compliance with: Healthcare Improvement Scotland Quality Assurance Framework (2022) criterion 2.5. and Health and Social Care Standards (2017) Criteria 2.1, 2.3, 2.6 and 2.8.
4	NHS Lothian must ensure systems and processes are in place to monitor and support a consistent approach to the provision of transitional care within the postnatal ward (see page 21). This will support compliance with: Best start: A five year forward plan for Maternity and Neonatal care in Scotland, Healthcare Improvement Scotland Quality Assurance Framework (2022) Criterion 1.5 and Health and Social Care Standards (2017) Criteria 1.19, 1.20 and 4.11.

5	NHS Lothian must ensure improvement in ethnicity completeness data for all women and birthing people booking for perinatal care (see page 21). This will support compliance with: Healthcare Improvement Scotland Quality Assurance Framework (2022) Criteria 2.4 and 2.6.
6	NHS Lothian must ensure access to interpretation services for all women and families accessing care (see page 21). This will support compliance with: Health and Social Care Standards (2017) Criteria 2.8, 2.9 and 2.10.

Domain 2

7	NHS Lothian must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety (see page 26). This will support compliance with: Healthcare Improvement Scotland Quality Assurance Framework (2022) Criterion 2.1.
8	NHS Lothian must take steps to improve wellbeing initiatives available to staff by promoting a workplace environment which offers support to both the mental and physical health of staff (see page 26). This will support compliance with: Healthcare Improvement Scotland Quality Framework (2018) Criterion 2.1. and Health and Care (Staffing) (Scotland) Act 2019.
9	NHS Lothian must ensure timescales of significant adverse events reviews are achieved, to support and improve the quality and safety of care. This should be aligned with the timeframes suggested in guidance (see page 26). This will support compliance with: Healthcare Improvement Scotland A national framework for reviewing and learning from adverse events in NHS Scotland and Healthcare Improvement Scotland Quality Framework (2018) Criterion 2.5.
10	NHS Lothian must take steps to improve governance and oversight to ensure all adverse events are reliably reported; and improve feedback to staff on incidents raised through the incident reporting system (see page 26). This will support compliance with: Healthcare Improvement Scotland A national framework for reviewing and learning from adverse events in NHS Scotland and Healthcare Improvement Scotland Quality Framework (2018) Criterion 2.5.

Domain 4.1

- 11** NHS Lothian must ensure effective senior management oversight and support, to ensure the fundamentals of care are provided and reduce the risks for women, their babies and staff at times of extreme pressure within maternity services (see page 31).

This will support compliance with: Health and Social Care Standards (2017) criterion 4.23 and Healthcare Improvement Scotland Quality Assurance Framework (2022) criteria 2.3, 2.6 and 5.5.

- 12** NHS Lothian must ensure the development of a culture which promotes and supports staff psychological safety (see page 31).

This will support compliance with: Healthcare Improvement Scotland Quality Assurance Framework (2022) Criteria 2.1.

- 13** NHS Lothian must ensure venous thromboembolism guidance and risk assessments in place are aligned to support staff during the risk assessment of venous thromboembolism (see page 31).

This will support compliance with Quality Assurance Framework (2022) Criteria 2.6.

- 14** NHS Lothian must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessments such as the maternity early warning system (MEWS) (see page 31).

This will support compliance with: Social Care Standards (2017) criteria 1.2, 1.3, 2.12, 4.1, 4.11 and 4.14 and Healthcare Improvement Scotland Quality Assurance Framework (2022) and relevant codes of practice of regulated healthcare practice of regulated healthcare professions.

- 15** NHS Lothian must ensure systems and processes are in place to support the choices made by women. This includes but is not limited to women's feeding intention (see page 31).

This will support compliance with: Health and Social Care Standards (2017) criteria 1.19, 1.20, 2.1, 2.2 3.15 and 3.17.

- 16** NHS Lothian must ensure the healthcare-built environment is effectively maintained to allow decontamination and ensure potential risks to patients and staff safety are effectively identified and mitigated (see page 31).

This will support compliance with: National Infection Prevention and Control Standards (2022) and Infection Prevention and Control Standards.

17	NHS Lothian must ensure the appropriate management and monitoring is in place to ensure the safe storage of medicines (see page 31). This will support with compliance with Royal Pharmaceutical Society on the Administration and storage of Medicines in Healthcare Settings (2019) and Nursing and Midwifery Council (NMC) The code (2018).
18	NHS Lothian must ensure compliance with SICPS this includes but is not limited to: a. hand hygiene b. linen management c. sharps management (see page 32). This will support compliance with National Infection Prevention and Control Standards (2022).
19	NHS Lothian must ensure all fire actions and improvements identified within fire safety risk assessments are addressed (see page 32). This will support compliance with: Fire Safety (Scotland) Regulations (2006).

Domain 4.3

20	NHS Lothian must ensure that clear and robust systems and processes are in place, including guidance and support for staff, to allow consistent assessment and capture of real-time staffing risk across all professional clinical groups. Assessments should consider skill mix of available staff, dependency and complexity of patients to support staff to confidently apply and record professional judgement in relation to required staffing when declaring “safe to start.” (see page 36). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
21	NHS Lothian must ensure that maternity and obstetric services are appropriately and effectively staffed in order to reduce delays to care, preserve patient safety and support staff wellbeing (see page 36). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
22	NHS Lothian must ensure the necessary governance, leadership and oversight is in place to ensure international midwifery and medical graduates are supported to achieve the necessary competencies to assure the safe delivery of care. (see page 36). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 and Health and Social Care Standards (2017) criteria 3.14, and 3.19.

23	NHS Lothian must ensure that there are clear, consistent systems and processes in place to support management of any identified staffing risks within maternity services. This includes accurate recording of any escalation, mitigation/inability to mitigate, communication of outcomes with all relevant clinical teams and any disagreements with decisions made (see page 36). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
24	NHS Lothian must ensure a supportive and inclusive working environment for staff which supports staff to raise concern with systems and processes in place to ensure that these concerns are responded to and appropriately addressed (see page 36). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019, guiding principles 12IA.
25	NHS Lothian must have robust systems and processes in place to ensure that all staff are appropriately trained to carry out their role. This includes protected learning time, monitoring of training completion and consideration of skills and experience when redeploying staff (see page 36). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 and Health and Social Care Standards (2017) criteria 3.14, 3.15 and 3.19.
26	NHS Lothian must ensure that there are systems and processes in place to safeguard all clinical leaders within maternity services being able to access appropriate protected leadership time in order to fulfil their leadership and management responsibilities such as oversight of quality of care and provision of support for staff. This will include consistent monitoring and recording of when and why this is sacrificed as part mitigation for staffing shortfalls and/or increased service demand (see page 36). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 and Health and Social Care Standards (2017) criteria 3.14, 3.15 and 3.19.

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

We observed good teamwork and innovation within the maternity triage department. This included extended members of the multidisciplinary team including obstetricians, midwives and the healthcare support team. However, we observed delays to the induction of labour process and other delays to women who

required ongoing care within the labour ward due to staff availability and increased acuity.

The vision for maternity services in Scotland was set out in 2017 by Scottish Government within The Best Start: A five-year forward plan for maternity and neonatal care in Scotland. Further information can be read [here](#).

At the time of inspection maternity services within Royal Infirmary of Edinburgh were experiencing pressures, like many of NHS Scotland services, such as reduced staff availability and increased patient acuity.

Maternity triage is a specialised assessment area which provides 24 hours a day, seven days a week unscheduled (emergency) care to women during pregnancy and within the postnatal period. Maternity triage within Royal Infirmary of Edinburgh provides care to pregnant women from 12 weeks of pregnancy until birth and from birth to six weeks postnatal. The department has access to 10 beds with six single rooms available for review of any attendees.

Obstetric emergencies and concerns over the wellbeing of the unborn baby are time sensitive, requiring a systematic approach which identifies women of the highest clinical priority to improve outcomes. There is currently no national standardisation of maternity triage system available. However, the Royal College of Obstetricians and Gynaecologists good practice paper on maternity triage, and the National Institute for Health and Care guidance recommend each board develops their own guidance based on an evaluated system. Further information can be found [here](#). The Birmingham Symptom Specific Obstetric Triage System (BSOTS) is an evaluated system that assesses and prioritises pregnant and recently postnatal women with unexpected problems or concerns. The aim of the system is to improve safety, efficiency and communication. Maternity triage within Royal Infirmary of Edinburgh adopted Birmingham Symptom Specific Obstetric Triage System in August 2021.

Maternity triage within Royal Infirmary of Edinburgh is accessed following a telephone assessment carried out by midwives, allowing maternity staff oversight of women attending the service. Best practice described by the Royal College of Obstetricians and Gynaecologists recommends telephone triage is undertaken by a midwife dedicated to and experienced in triaging calls for all or part of their shift. During inspection inspectors observed telephone triage being undertaken by an allocated midwife within a private area utilising a standardised telephone triage template. Outcomes of telephone triage can include signposting of women to other available care such as their community midwife, general practitioner, telephone advice or admission to the maternity unit for review. The Royal College of Obstetricians and Gynaecologists recommends recording details of all women who have been asked to attend maternity triage departments and that the urgency and timeframe for attendance is explained to the woman during the telephone triage. During inspection when women were asked to attend the triage department, inspectors observed an

area for staff to document expected attendees. This enabled staff to maintain oversight of the women expected to attend the department and allowing welfare checks to be undertaken where necessary.

The triage service is located on the ground floor of the Simpsons Centre for Reproductive Health and during inspection we observed good use of signage to direct the public and staff to the area. On admission to a maternity triage unit best practice guidance from the Royal College of Obstetricians and Gynaecologists recommends a prompt and brief assessment is carried out to assess the clinical urgency by which women should be reviewed. Inspectors observed the use of a “triage board” which captured women attending the department for care and was observed in use providing system oversight and situational awareness for midwifery, obstetric and clinical support staff. This included location of women, time of arrival, time of initial triage, outcome of initial assessment and an ongoing care summary.

Within maternity triage there is a requirement for all staff working in the department to be trained within the use of the triage system. There is a desire within the midwifery team to complete this training although staff described limitations to this such as current staffing issues preventing attendance at training and substantive members of the triage team being prioritized for the training. However, at times of staffing pressures staff are sent to work within the area regardless of training, which staff describe as challenging. Senior managers informed us where staff have not completed training, they will only be redeployed on a temporary basis to provide ongoing midwifery care and will not be involved in the initial triage of women.

At the time of inspection, we observed the time from admission to initial triage assessment varied between five to 15 minutes. During periods of high acuity, we observed systems and teamwork utilised to ensure all women admitted met the recommended good practice of initial triage within 15 minutes of arriving in the department. On inspection we observed a quality improvement board displayed within the department which detailed compliance with triage within 15 minutes of arrival in the department as occurring for 84% of women over the last four weeks. However, feedback from both staff and women experiencing care within the department described a delay when obstetric review was required. The department currently has dedicated medical staff between the hours of 10:30 and 18:00. Out with these hours, obstetric review is provided by the obstetric registrar covering labour ward and staff discussed how the competing demands for the obstetric registrar could result in long waits for obstetric review within the triage department. Feedback from women during inspection described delays of between seven and 15 hours for obstetric review within the triage department following initial triage assessment.

We asked NHS Lothian to provide us with any incident reports submitted by staff for the six months prior to this inspection in relation to patient safety. From incident reports submitted from maternity triage we note some staff have completed incident reports when delay in first triage, delay in medical review and delay in transfer to

labour ward occur. This is to allow oversight and improvement work to be undertaken. Review of the incident reports highlights that delays to care was within the top five reasons for staff to submit a patient incident form. Within data submitted we observed from November 2024 to May 2025 that delays to care occurred for the majority of women attending maternity triage within Royal Infirmary of Edinburgh. During discussions with senior managers, they told us that the unit coordinator has oversight of these delays, to maintain situational awareness and escalation at staffing and safety huddles for senior managers. A requirement has been given to support improvement in this area.

Staff informed inspectors in an aim to maintain situational awareness and support staff during periods of high capacity and acuity, the team had introduced safety huddles within the department every two hours, which involved the multidisciplinary team including the maternity unit coordinator.

At the time of inspection, the neonatal unit was closed to further admissions due to capacity within the department. When this happens, transfer of women may be required to another maternity unit to ensure the safe delivery of care to both women and unborn babies. We observed areas of good practice where the multidisciplinary team requested oversight and discussion of any women attending triage with suspected preterm labour in an aim to maintain situational awareness and to plan for transfer of care where required. We observed initial triage of women who were attending the maternity triage department for suspected preterm labour occurring within 15 minutes however, senior obstetric review had not been undertaken despite some women being in the department for up to six hours.

On discussion with staff, they described the process of diverting women to other maternity units as very stressful and at times a challenging process. Staff described an escalation pathway which involves the maternity unit coordinator for oversight to highlight women who may require diversion to another unit. We observed discussion and oversight of the care of these women at safety huddles during inspection. However, at the time of inspection NHS Lothian did not have a divert policy in place. Lack of an approved process to support staff decision making when assessing the suitability of women for transfer to another maternity unit may result in an inconsistent approach which could result in adverse outcomes for both women and their babies. Senior managers told us work is underway to produce guidance to support staff to maintain the safe delivery of care for women requiring transfer to another maternity unit. A requirement has been given to support improvement in this area.

The nurse call system should be available within all bed spaces to allow occupants the opportunity to request support or call for help when required. During inspection it was observed that five single rooms within maternity triage had no call bell system available, however an emergency call system was in place for staff to summon assistance during an emergency. These rooms are utilised to undertake clinical

assessment and whilst most women are ambulant and self-caring, there are times during clinical assessments, such as during fetal monitoring or ill health, which may reduce the opportunity to summon assistance independently. During inspection some women described being left alone in a triage room for long periods of time following their initial assessment and they were unable to call for help due to the lack of call bells available. One woman described being in pain with no call system available which resulted in her not being able to request analgesia. Another woman described her experience as isolating as she was in the department on her own with no way to access help if required.

Due to the potential impact on the safe delivery of care, we asked NHS Lothian for any risk assessments undertaken in this area however, at the time of inspection no risk assessment had been completed. Senior managers responded promptly by providing evidence of a risk assessment carried out following onsite inspection. The risk assessment detailed mitigations being put in place to limit risk such as regular staff walk rounds of the rooms and advising the person accompanying women to call for assistance when required. However, although this may mitigate some risk, at times of high acuity or limited staffing, the impact on the safe delivery of care remains. A requirement has previously been given to NHS Lothian within safe delivery of care inspections regarding the availability of nurse call bells within the emergency department of Royal Infirmary of Edinburgh. A requirement has been given to support improvement in this area.

The labour ward within Royal Infirmary of Edinburgh is situated on the first floor and is signposted from the main hospital entrances and through the entrance at Simpson Centre for Reproductive Health. There are 13 birth rooms and a three bedded high dependency area with two labour ward recovery beds and two theatre beds available within the ward. During inspection the ward was calm with good visibility of staff and clinical leadership, however, at the time of inspection, we observed delays to the induction of labour process of up to 29 hours.

Induction of labour is a practice that is undertaken to artificially induce labour; this can be in response to concerns with the mothers or unborn baby's health. Delays to the induction of labour process are associated with increased risk of adverse maternal and perinatal outcomes. NHS Lothian offer an induction of labour leaflet and video which informs women that delays to the procedure may occur and the process for women to follow if they have any concerns. We observed delays to induction being escalated by senior charge midwives at the service and site safety huddle for senior management oversight. NHS Lothian have an established induction of labour safety tool in place to risk assess and escalate delays to senior hospital managers. We observed mitigations to reduce the risks associated with an extended delay including assessment of maternal and fetal wellbeing with a full antenatal assessment of women, and electronic fetal monitoring (cardiotocography) for the unborn baby. However, staff training compliance with cardiotocography training may reduce the reliability of this mitigation. Review of cardiotocography training demonstrated compliance rates of

38.5% for consultant obstetricians, 33.3% for obstetric trainees and 16.8% compliance rate for midwives for the one year training element. Compliance for fetal monitoring training for the two-year element demonstrated 46.2% for consultant obstetricians, 63% for obstetric trainees and 51.6% for midwives.

Within information requested as part of the inspection, we observed delays to care, such as delays to the induction of labour, resulting in women being transferred between Royal Infirmary of Edinburgh and St John's Hospital. This occurred in times of high capacity and reduced staffing and was described as being offered to women attending for a planned caesarean section, induction of labour and women presenting in spontaneous labour within the triage department. We requested guidance and risk assessments which support staff to ensure the safe delivery of care is achieved for these women and their unborn babies and any information given to women when this may occur. However, in addition to the absence of any divert policy or guidance we were informed there were no risk assessments carried out or in place to support redirection for care between Royal Infirmary of Edinburgh and St John's Hospital. Oversight of redirection of care is currently being monitored through audit work to understand the reasons for the redirection of women. We observed the induction of labour leaflet highlights redirection of care may be offered to women during the process. In review of incident reports, no adverse events highlighted redirection of care resulting in an adverse event. A requirement has been given to support improvement in this area.

Women we spoke with undergoing the induction of labour process described a lack of communication resulted in them feeling they did not know what was happening with their ongoing care. We discussed this with senior managers who told us of an induction of labour coordinator role, which was recently introduced in July 2025. This is being trialled in an aim to improve oversight, patient experience and patient safety.

Senior managers explained in the event of delays in admission to the labour ward, women were either admitted to the antenatal ward for continued monitoring and care oversight or remained within the triage department until care could be transferred. However, women we spoke with told us delays were poorly communicated resulting in them feeling anxious. From evidence received, we observed the number one reason for complaints within Royal Infirmary of Edinburgh maternity service were attributed to lack of communication and extended waiting times. A requirement has been given to support improvement in this area.

Antenatal and postnatal care provision within Royal Infirmary of Edinburgh is based over two wards. During inspection we did not have the opportunity to observe the provision of transitional care within the postnatal area. Transitional care units offer additional support to babies above normal neonatal care with the aim to prevent separation of mum and baby and unnecessary admissions to the neonatal unit. The vision for maternity services across Scotland set within The Best Start: A five-year forward plan for maternity and neonatal care in Scotland, is one in which parents and

babies are offered truly family centred and compassionate care. We raised this with senior managers who provided information on neonatal transitional care within the postnatal ward which was introduced in January 2018 and supports babies born above 35 weeks gestation with a birth weight over 1.8 kg to remain within the postnatal ward with oversight from the neonatal unit. However, senior managers reported, at times, it can be challenging to secure necessary support from medical staff for transitional care babies on the postnatal ward, as their workload may limit availability. A requirement has been given to support improvement in this area.

The National Bereavement Care Pathway Scotland is a project funded and developed by Scottish Government in partnership with Sands, the stillbirth and neonatal death charity, with the aim of standardising and improving the quality of bereavement care for the families of Scotland. Further information can be found [here](#). During our inspection we observed a dedicated family room for bereaved families within the antenatal ward. NHS Lothian have an assigned bereavement lead who also undertakes the role of the perinatal mental health lead. NHS Lothian have carried out a self-assessment on their alignment with the nine bereavement care pathway standards; from this assessment NHS Lothian report they are achieving seven of the nine standards recommended. Evidence supplied by the board highlighted bereavement training opportunities for staff at both local and national level. However, staff compliance rates supplied demonstrated only 9% of midwives and 6% of obstetricians have completed bereavement training. NHS Lothian have attributed this to current staffing resource and have a recommendation within their self-assessment plan to attempt to improve compliance. Staff bereavement training is a recognised standard recommended by the National Bereavement Care Pathway. A recommendation has been given to support improvement in this area.

Staff we spoke with told us there was no system in place to support staff to identify and signpost families returning to the maternity service for care following a bereavement, resulting in difficult and upsetting conversations. We observed evidence of staff reporting this through incident reports received as part of the inspection. We raised this with senior managers who informed us of the current process to highlight bereaved families to professionals in the antenatal and inpatient setting. A recommendation has been given to support improvement in this area.

The impact of inequalities within maternity services has been highlighted through national reports such as saving mother's lives, improving care ([MBRRACE-UK 2024](#)). All women and their families deserve safe, kind and accessible care throughout their pregnancy journey. NHS Lothian support an equity, diversity and inclusion working group to improve the multiprofessional care, experience and outcomes for women and their babies. Within evidence we observed the group facilitates collaboration of professionals, service users and members of relevant charities such as [KWISA](#). We observed recent collaboration has resulted in the publication of the [Nothing About Us Without Us Report 2024](#), an "initiative which aims to end inequalities in maternal health outcomes and experience for ethnic minority women of African Caribbean

heritage living in Scotland”. Within evidence provided we observed several incident reports highlighted barriers to communication due to the lack of available access of interpreters for women where English was not their first language. A requirement has been given to support improvement in this area.

Ethnicity data is vital information in pregnancy as it helps to identify and address inequalities in maternal and perinatal adverse outcomes. Ethnicity data reviewed through NHS Lothians latest perinatal mortality review report demonstrated compliance of 85.2% data completeness in relation to maternal ethnicity with the national average for completeness at 97% within the report. Senior managers described challenges within the electronic patient record impacting data completeness and explained NHS Lothian’s information technology team are working to address and improve ethnicity data collection. A requirement has been given to support improvement in this area.

Areas of good practice

Domain 1	
1	Maternity triage is carried out by a dedicated midwife utilising a standardised telephone triage template and maintaining oversight of women attending the unit through this process.
2	Maternity triage have a system in place to capture women attending the department for care which provides system oversight and situational awareness within the department.
3	NHS Lothian support an equity, diversity and inclusion working group to improve the multiprofessional care, experience and outcomes for women and their babies.

Recommendations

Domain 1	
1	NHS Lothian should improve bereavement training compliance rates for all staff providing bereavement care to families.
2	NHS Lothian should adopt a process to support staff to identify bereaved families when returning for ongoing care.

Requirements

Domain 1	
1	NHS Lothian must ensure effective processes are in place to ensure the safe management and care for women including but not limited to: (i) when delays to ongoing care occur (ii) women require diverted or redirected to other maternity units for ongoing care.
2	NHS Lothian must ensure that all women have access to a call bell within maternity triage rooms.

3	NHS Lothian must improve communication with women, this includes but is not limited to when delays to the induction of labour process.
4	NHS Lothian must ensure systems and processes are in place to monitor and support a consistent approach to the provision of transitional care within the postnatal ward.
5	NHS Lothian must ensure improvement in ethnicity completeness data for all women and birthing people booking for perinatal care.
6	NHS Lothian must ensure access to interpretation services for all women and families accessing care.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

During inspection we observed positive working relationships within the clinical teams however, many staff described challenges in the wider team dynamics. The majority of staff we spoke with described a negative culture, with lack of visible senior management, and expressed concern regarding patient and staff safety within maternity services.

Psychological safety and organisational culture have been highlighted as a key factor impacting the safe delivery of care within maternity services and have been evidenced through recent national reports into reviews of maternity care including Kirkup (2015) and Ockenden (2022). Psychological safety is the ability of all staff groups to feel free to speak up, ask questions, report errors, raise concerns and ask for feedback without fear of the consequences and being judged.

Within maternity triage we observed a positive culture where staff told us they have observed improvements regarding leadership, culture and improved oversight within the department with escalation pathways available and activated as required. To support the safe delivery of care within maternity services, full system working and oversight is essential. We did observe positive working relationships within the clinical teams however, many staff described challenges in the wider team dynamics. This included different teams and wards operating independently with limited communication and collaboration, with staff describing a lack of mutual respect between teams. We highlighted this in feedback to senior managers during inspection who acknowledged our findings were also raised through a recent culture survey undertaken within the service. In review of incident reports, we observed delays and errors in care delivery because of poor communication between different care areas resulting in omissions of care such as missed medication and care observations.

Many staff we spoke with were very emotional and tearful and described being constantly understaffed and feeling undervalued. Staff highlighted a disconnect and lack of trust between maternity staff and the senior leadership team but reported positive working relationships between midwifery, obstetric and anaesthetic

colleagues. Many midwives we spoke with described a punitive culture where they experienced a lack of professionalism by some members of the senior midwifery leadership team. When errors did occur, many midwives described a culture where mistakes were met with criticism rather than constructive feedback or support which they believed contributed to a poor culture within the service. Staff also described a lack of response from senior managers when escalation of staffing and patient safety concerns occurred.

Newly qualified midwives reported little to no support within their preceptorship depending on the department they work in. Staff we spoke with told us that the new cohort of newly qualified midwives received two weeks supernumerary shifts (up to six clinical shifts) and once they completed this supernumerary period, they would then be expected to provide supervision and preceptorship to other newly qualified midwives during their supernumerary period. Staff told us they felt they did not have the necessary experience to provide this level of supervision so soon after completing their own supernumerary period. In discussion with senior managers, they informed us of the use of a preceptorship programme to support newly qualified midwives. The programme includes a named preceptor and the use of a “clinical skills passport” which encourages individual learning and progress. In the current cohort of 57 newly qualified midwives employed from 2023 to 2024, a compliance rate of 87% attendance rate at the prescribed study days was demonstrated.

Some student midwives we spoke with expressed concerns about a lack of adequate support during their training, particularly in clinical placements, describing little or no support. They reported feeling isolated and at times under prepared, often having to make decisions they felt they did not yet have the experience to make about women and babies due to limited supervision and available support from qualified staff. They spoke about the practice of “see one, do one” and described feeling pressure to ‘just get on with it’. In the review of incident reports, we observed evidence of medication errors occurring involving student midwives where skill mix and acuity in the ward or care areas were described as being suboptimal at the time of the incident.

In contrast, foundation year doctors we spoke with described being supported in their role and whilst they acknowledged short staffing impacted delivery of care such as delays to medical reviews, they advised they could escalate concerns with confidence, however, described their seniors as being under a great deal of pressure due to staffing shortages. We raised serious concerns regarding culture within Royal Infirmary of Edinburgh maternity services with NHS Lothian Executive team.

Following concerns regarding the safe delivery of care raised through multiple sources including a whistleblowing investigation, NHS Lothian told us that they commissioned an external cultural review as part of a focused improvement plan. The improvement plan launched in September 2024 focusing on culture, leadership and managerial governance. The culture survey report was produced in April 2025. Many of the cultural concerns identified within the report were evident at the time of the onsite

inspection. An example of this is the fractured team working observed whilst onsite and within incident reports which the culture report describes as “pockets of good teamwork” and “fragmented working”.

We were provided with information regarding work being undertaken around improving culture within the maternity services. This included staff engagement sessions described as “townhall events” in an aim to begin the journey to improve culture. We observed the planned introduction of culture ambassadors who are employees and managers trained to promote culture initiatives and improvement. Senior managers provided information aimed to improve leadership and engagement and create a culture of psychological safety over the next year. This included the creation of a new culture charter which will be co-created by senior managers and clinical staff.

Whilst we acknowledge a change in culture will take significant time before a true improvement is felt by staff, engagement of staff and visibility and commitment of senior leaders is essential to support meaningful improvement. A requirement has been given to support improvement in this area.

Staff we spoke with were aware of aspects of the culture and quality improvement actions being undertaken within the service. However, many described not being included in the improvement journey therefore reporting little hope for true improvement. Staff described an overwhelming feeling of helplessness, frustration and worry for not only patient, but staff safety. In discussion with senior managers, we were advised of the use of a wellbeing facilitator within women’s services. The wellbeing facilitator champions access to health and wellbeing tools such as yoga, hydration advice and menopause management and has an option for online access to staff. However, during inspection, staff were unaware of any initiatives to support their wellbeing and unable to describe how they would access wellbeing support with some staff believing it would be seen as them ‘being difficult’ if they were to ask. Following review of evidence and discussion with senior managers, we are not assured the NHS Lothian staff health and wellbeing measures in place are sufficient to support individual staff and ensure that their concerns are able to be raised, responded to and appropriately addressed. A requirement has been given to support improvement in this area.

Senior midwifery and senior obstetric leadership are fundamental to the delivery of safe care. During the onsite inspection senior managers informed us of current changes within the senior midwifery team. This can impact on effective leadership and oversight of service delivery and support for staff. Staff described recent changes to management structures has reduced the availability of senior staff, resulting in staff describing being unaware of their line for escalation when concerns arise. At the time of onsite inspection we raised this with senior managers and during our virtual discussion we were informed of a senior interim midwifery manager role put in place following inspection to provide continuity and guidance to staff. Within evidence we

observed a staff bulletin utilised to inform staff of changes to the management structure. The obstetric team advised us there was no current vacancies within their senior management team at the time of inspection.

The national perinatal mortality review tool is a national tool designed to standardise review and learning following the death of a baby. NHS Lothian utilise the tool for review of all stillbirths and neonatal deaths. NHS Lothian engage families in the significant adverse events and perinatal mortality review process by assigning a key contact to the family. Where appropriate, this role is undertaken by the community midwife known to the family to ensure the families experience forms part of the review process and learning. However, in evidence we observed there are often delays in reviews when adverse events occurred. An example of this was observed within the perinatal mortality reviews where the reviews of the death of a baby were delayed by up to one year. This delay can impact significantly on the mental health and grieving journey of the family involved and delays systematic learning and improvement within the service. Current guidance within Healthcare Improvement Scotland is that significant adverse event reviews should be complete within 140 working days. Senior managers acknowledged the current delays with significant adverse event reviews and described immediate actions which includes a rapid review of any significant adverse events. This ensures any immediate patient safety concerns are identified and mitigations can be put in place. NHS Lothian maintain communication with families affected by adverse events using “keeping in touch letters” which they described were sent to families impacted by adverse events every three months until the review is completed. A requirement has been given to support improvement in this area.

The consistent reporting and learning from adverse events are essential in assuring systematic learning, quality improvement and patient safety within a service. The learning from adverse events national framework highlights all adverse incidents should be reviewed. The level of the review will be determined by the category of the event and is based on the impact of harm, with the most serious requiring a significant adverse events review. Staff we spoke with described perceived barriers to submitting incident reports when patient safety incidents or adverse events occurred such as systems pressures including lack of staffing and punitive culture within the service. Staff also described a lack of feedback and support following adverse events. Due to a lack of positive change or learning when things go wrong, there is a loss of trust among staff, resulting in a reluctance to submit incident reports.

Within the incident reports reviewed, we observed an inconsistency between available national data which did not correlate with incident reports submitted by staff. An example of this is NHS Lothian’s instance of obstetric anal sphincter injury which has been above national average since September 2024. Obstetric anal sphincter injury can significantly impact a woman’s physical and emotional wellbeing and can lead to long term complications such as faecal incontinence, pain and psychological distress.

In response to this NHS Lothian introduced a care bundle of interventions in an aim to improve outcomes related to obstetric anal sphincter injury which demonstrated improvement, however incidents of the injury sustained within NHS Lothian remains above national average. From incident reports submitted we observed obstetric anal sphincter injury reports submitted are significantly lower than expected in comparison to national data available which is supplied by NHS Lothian. This would suggest that not all instances of this injury are being reported within the incident reporting system to support senior managers oversight, local learning and improvements in patient safety.

We discussed this with senior managers who told us they were aware of staff perception that they required permission to submit incident reports when adverse events occurred. To support improvement, senior managers described actions underway to improve this such as staff engagement sessions with senior leaders to promote a standardised approach to the submission of incident reports when adverse events occurred.

We were also provided with copies of staff newsletters to support staff learning. This included written information on when and how to submit incident forms following an adverse event, topics to “demystify adverse events reviews” and sharing learning from adverse event reviews including “focus of the month”. The newsletter also included dates of up-and-coming care review meetings encouraging staff to attend and participate in local reviews of care following an adverse event. NHS Lothian have an incident trigger list of adverse events which require staff to submit an incident report. However, from this trigger list we also observed further missed opportunities for oversight and improvement. An example of this can be observed in the reporting and oversight of post-partum haemorrhage within NHS Lothian. Major obstetric haemorrhage is a critical condition defined as significant blood loss in the antenatal, intrapartum and postnatal period and is generally defined as blood loss exceeding 1.5 litres. However, NHS Lothian trigger list requests an incident form is completed when major obstetric haemorrhage exceeds 2.5 litres which impacts on the potential learning and improvement which may be achieved prior to severe major obstetric haemorrhage occurring. The Scottish Patient Safety Programme (SPSP) Perinatal Programme recommend oversight of all postpartum haemorrhage which occurs from 1.5 litres and above in an aim to reduce morbidity and mortality related to maternal haemorrhage following childbirth.

We also observed submission of retrospective incident reports following a number of stillbirths of babies occurring up to 11 days after death was diagnosed. Our inspection has highlighted gaps in incident reporting with staff describing a reluctance to submit incident reports due to perceived repercussions and a culture of mistrust. These are concerning issues that may have significant impact on the learning from adverse events within the system, reducing opportunities to improve safety. NHS Lothian have previously received a requirement relating to incident reporting in the Royal Infirmary

of Edinburgh Acute inspection report 2023. A requirement has been given to support improvement in this area.

Requirements

Domain 2	
7	NHS Lothian must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety.
8	NHS Lothian must take steps to improve wellbeing initiatives available to staff by promoting a workplace environment which offers support to both the mental and physical health of staff.
9	NHS Lothian must ensure timescales of significant adverse events reviews are achieved, to support and improve the quality and safety of care. This should be aligned with the timeframes suggested in guidance
10	NHS Lothian must take steps to improve governance and oversight to ensure all adverse events are reliably reported; and improve feedback to staff on incidents raised through the incident reporting system.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

All areas inspected were calm and well organised with staff working hard to support the safe delivery of care. However, staff raised concerns in relation to delays in escalation of clinical concern due to the lack of available staff and skill mix.

Quality improvement aims to make a difference to women by improving safety, effectiveness and experience of care. We asked for evidence of data oversight and quality improvement initiatives to improve patient safety and experiences within the maternity services. In discussion with inspectors some staff described being aware of ongoing quality improvement projects within maternity services however, many staff described poor communication with the teams leading these initiatives with regard to the aims and goals of the improvement work. We highlighted this to senior managers who described a variety of methods they had utilised to communicate the current improvement work being undertaken to staff. This includes quality improvement huddles, emails to staff and newsletters highlighting improvement work in progress.

The Scottish maternity early warning score (MEWS) is a bedside screening tool which supports observation of physiological parameters such as blood pressure and heart rate. The aim of this is to improve the recognition of pregnant and postnatal women at risk of clinical deterioration, facilitating early intervention to improve outcomes.

During inspection we observed only 13% of the MEWS charts reviewed by inspectors had all the essential observations completed. There were also significant delays in

repeat observations being carried out despite the frequency of repeated observation required being clearly defined. Inspectors also observed instances where actions had not been taken in line with the NHS Lothian MEWS chart escalation pathway. In one instance an inspector raised concerns with staff members in relation to delayed escalation of a woman's care where the MEWS score indicated a potential deterioration in the woman's clinical condition. The concern was raised immediately with the midwife in charge of the area, who ensured this was rectified.

Within evidence reviewed, we observed that NHS Lothian maternity service has undertaken audits of their MEWS chart compliance. This demonstrated areas for improvements, such as frequency of MEWS recordings, escalation and communication. NHS Lothian has taken some steps to address their low compliance rates, with the introduction of focused improvement work, incorporating audit, quality improvement huddles, staff feedback and training. However, the audit highlighted that only 55% of women had received the appropriate escalation based on their MEWS scores. In review of the last six months incident reports, we observed that delays in escalation of care have resulted in significant adverse outcomes for women. A requirement has been given to support improvement in this area.

Delays in escalation of deteriorating clinical condition were raised by most staff in most clinical areas during inspection. Staff described delays to escalating clinical concerns were multifactorial and included staff availability, staff skill mix and the experience and availability of multiprofessional training in the management of deteriorating women. Staff described an environment where staffing numbers varied vastly on a shift-to-shift basis, impacting on clinical care. At times there was no staff to undertake care needs and limited availability of midwifery and obstetric staff resulted in delays in response to the escalation of clinical care and concerns. We highlighted these concerns to senior managers at the time of inspection.

As part of evidence, we requested the NHS Lothian escalation policy to be followed at times of staffing concern and patient safety concern. However, the escalation guidance provided was directed at senior charge midwife and unit coordinator level of escalation. It is not clear what guidance is available to clinical staff providing care within the unit. Communication is key in all clinical areas where there may be multiple handovers of care in short periods of time or during emergency situations as this helps to maintain situational awareness. During inspection we observed initiatives to share learning and improve communication. Within triage, a fact of the week board within the staff base was utilised to communicate new information with staff reporting this was updated regularly. Inspectors were invited to attend newly introduced quality improvement huddles in triage and labour ward. They observed written summaries of the information presented at the huddle displayed on the quality improvement board for staff who were unable to attend.

Situation, Background, Assessment, Recommendation and Decisions (SBAR-D) handover tools have been recognised as an effective way to optimise communication

of critical information in the aim to reduce the risk of an adverse event and improve safety. Within NHS Lothian the situation, background, assessment, recommendation and decision tool is utilised during escalation and transition of care. However, staff described the inconsistent use of the standardised communication tools with communication being highlighted as an area for improvement through several serious adverse events reviews. NHS Lothian's reducing avoidable harm and quality improvement programme has highlighted nine areas of priority for improvement which include both MEWS and communication improvement work. In summer this year senior managers focused resources to improve the units compliance with MEWS. A requirement has been given to support improvement in this area.

Mother and babies: reducing risk through audits and confidential enquiries across the UK ([MBRRACE-UK](#)) aim to improve outcomes for women and babies through learning from national audit. The 2024 report demonstrated the leading cause for maternal death in the UK being attributed to venous thromboembolism. Learning from the report highlighted a need for continuous evidence-based risk assessment throughout pregnancy and following birth. Within incident reports provided by NHS Lothian we observed that errors regarding venous thromboembolism risk assessments and medication was the second leading cause for a patient safety incident report to be submitted by staff in the six months prior to our inspection. Through the review of evidence, we observed an issue in interpretation of guidance and electronic risk assessment tool which resulted in delays to medication, incorrect prophylactic treatment or some women receiving venous thromboembolism prophylaxis when it was not indicated. NHS Lothian provided us with their 'Thromboprophylaxis during pregnancy and puerperium' guideline which utilises national guidance to support risk assessment of women. At the time of inspection, we observed senior staff raising awareness of thromboembolism risk assessment at staff handovers and safety huddles. A requirement has been given to support improvement in this area.

Electronic care records are designed to enhance accessibility and information sharing, supporting the safe delivery of care. Part of the 2017 best start vision for maternity care recommended a Scottish electronic maternity record was developed. Whilst NHS Lothian utilise electronic patient care records for documentation through the maternity care journey, this does not align with the electronic record used predominantly across NHS Scotland. Senior staff described this as challenging and as a barrier to information sharing, particularly as NHS Lothian is one of three neonatal intensive care units for Scotland, therefore many women and babies transfer in and out the unit during times of complex care needs. In discussion with senior managers we were advised that a review of the electronic system used in NHS Lothian was currently being undertaken. During our onsite inspection we did not have the opportunity to review the electronic patient records. We asked NHS Lothian to provide evidence of processes in place to audit documentation and discussed with senior managers current oversight for improvement. Senior managers described an improvement focus to streamline all documentation audits currently underway within the service to ensure all learning identified through audit is applied to practice. Within

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evidence reviewed clinical governance papers highlighted documentation as an area for improvement. A requirement has been given to support improvement in this area.

During inspection we observed mealtimes were well organised, and staff were aware of women's dietary requirements. However, women and families we spoke with described a lack of feeding support for their newborn baby, describing that this left them feeling anxious, alone and worried for their baby's wellbeing. Some women told us their experience of lack of support may result in them changing their chosen feeding method. Within incident reports provided, we observed a few staff reporting a lack of feeding support. We requested NHS Lothians most recent UNICEF baby friendly reassessment report which detailed accreditation with the condition of further audit work being undertaken. In discussion with senior managers, they explained that infant feeding support had been impacted as they are no longer able to use volunteers within the organisation. Senior managers told us midwives are available to support families with their feeding intention. However, this approach does not appear to consider staffing pressures or skill mix within the midwifery team as described throughout this report. A requirement has been given to support improvement in this area.

Evidence of wear and tear throughout the hospital environment was observed during inspection including flooring with gaps where seals had come loose and holes in the floor. Domestic staff reported the current condition of the flooring impacted on the cleaning process for these areas. The senior charge midwife for the area was aware of concerns relating to the condition of the environment and was able to describe the system for reporting environmental issues. In evidence reviewed, we observed plans from the beginning of 2025 identified improvement was required to increase maternity services infection prevention and control oversight and assurance. Senior managers also explained that due to the nature of the labour ward and the challenges in relocating this area has resulted in difficulty maintaining the environment. A requirement has been given to support improvement in this area.

Care equipment can be easily contaminated and a source of transferring infection if equipment has not been effectively cleaned. During inspection the majority of patient care equipment was clean and ready for use. Storage issues within clinical areas resulted in equipment being stored in corridors within wards, however this did not appear to cause any obstruction or impact on the safe delivery of care.

We observed medication cupboards were unlocked in some areas and could have been accessed by women, children or members of the public. This is not in line with the Royal Pharmaceutical Society Professional guidance on the safe and secure handling of medicines (updated 2024) and The Code by the Nursing and Midwifery Council. Inspectors raised this with the senior charge midwife for the area who rectified this immediately. A requirement has been given to support improvement in this area.

Hand hygiene is an important part of standard infection control precautions to minimise the risk of infection. Other standard infection prevention and control precautions include patient placement, the use of personal protective equipment (such as gloves and aprons), management of the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Hand hygiene involves '5 moments' when hand hygiene should be performed. These are prior to touching a patient, prior to performing a procedure, after a procedure or body fluid exposure risk, after touching a patient or after touching a patient's surroundings. During inspection we observed that there were occasions where staff missed opportunities to clean their hands including before and after contact with patients. A requirement has been given to support improvement in this area.

Personal protective equipment includes items such as disposable aprons and gloves. During our inspection we observed that staff used this appropriately and that there were sufficient supplies of personal protective equipment available throughout the clinical areas inspected.

Clean linen should be stored in a linen cupboard with the door closed or an appropriate identified covered trolley to minimise the risk of contamination. Inspectors observed that in some areas the covers on clean linen storage trollies were not always in place. This is not in line with the national infection prevention and control manual. A requirement has been given to support improvement in this area.

Inspectors observed that in most areas chlorine-based cleaning products were not stored securely, resulting in a risk that it may be accessed by women, children and members of the public. This is not in line with The Control of Substances Hazardous to Health (COSHH) Regulations 2002 which stipulate that these products must be kept in a secure area such as a locked cupboard. We raised this with senior managers at the time of inspection; a requirement has been given to support improvement in this area.

The national infection prevention and control manual recommends cleaning products should be freshly made and discarded after 24 hours. However, inspectors observed that bottles were not marked with the date and time of when chlorine-based cleaning products were reconstituted. This would make it difficult for staff to know when the cleaning solution should be discarded.

We observed poor compliance with sharps management in all areas, such as sharps containers not having temporary closures in place and incorrect labelling of sharps boxes. The use of the temporary closure prevents needles or other sharp objects protruding from the boxes or falling out of the container if it is dropped. A requirement has been given to support improvement in this area.

During inspection we spoke with staff regarding water flushing regimes. Water flushing regimes support the prevention of the build-up of bacteria within the water system. On discussion with staff, inspectors were informed water flushing within Royal

Infirmary of Edinburgh was undertaken by domestic staff. Evidence provided demonstrated that water flushing was being carried out in line with guidance.

Senior managers informed us staff compliance with fire safety training was 84%. During our onsite inspection we observed that some fire doors were not fully functioning, and the safe storage of medical gases was not being adhered to. We raised this at the time of inspection with the senior charge midwife for the area and observed within evidence this has been highlighted as high risk within previous risk assessments and no mitigations have been put in place. NHS Scotland Fire code SHTM 86: 'Fire Risk Assessment' states that hospitals and other healthcare premises with sleeping accommodation should have a yearly fire safety review. We observed fire risk assessments which were a year out of date. We raised this with senior managers who undertook an updated fire risk assessment following our onsite inspection. However, we observed within evidence further fire risk assessments which were up to three years out of date and contained outstanding action plans. We discussed this with senior managers who told us maternity services collaborate with NHS Lothians fire safety advisor to ensure the environment is maintained in line with fire regulations. A requirement has been given to support improvement in this area.

Requirements

Domain 4.1	
11	NHS Lothian must ensure effective senior management oversight and support, to ensure the fundamentals of care are provided and reduce the risks for women, their babies and staff at times of extreme pressure within maternity services.
12	NHS Lothian must ensure the development of a culture which promotes and supports staff psychological safety.
13	NHS Lothian must ensure venous thromboembolism guidance and risk assessments in place are aligned to support staff during the risk assessment of venous thromboembolism.
14	NHS Lothian must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessments such as the maternity early warning system (MEWS).
15	NHS Lothian must ensure systems and processes are in place to support the choices made by women. This includes but is not limited to women’s feeding intention.
16	NHS Lothian must ensure the healthcare-built environment is effectively maintained to allow decontamination and ensure potential risks to patients and staff safety are effectively identified and mitigated.
17	NHS Lothian must ensure the appropriate management and monitoring is in place to ensure the safe storage of medicines.

18	NHS Lothian must ensure compliance with SICPS this includes but is not limited to: a. hand hygiene b. linen management c. sharps management.
19	NHS Lothian must ensure all fire actions and improvements identified within fire safety risk assessments are addressed.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Staff raised concerns with inspectors regarding the fluctuation of staffing levels and staffing skill mix impacting on the ability to provide safe maternity care and maintain patient safety. Staff told us the culture within the service has impacted confidence to escalate staffing concerns due to lack of feedback and resolution when staffing concerns do arise.

During inspection we had the opportunity to attend the staffing oversight and acuity safety huddle. The safety huddle included the senior management team such as service managers, director of midwifery, women’s services associate medical director, clinical midwifery manager for community midwifery and senior charge midwives and included a cross-site approach, however the opportunity was not taken to discuss the community midwifery service safe to start position. This may impact on the awareness and oversight across the system as inpatient and community services can have a direct impact on each other, such as the transfer of women between both services, particularly in emergency situations. The safety huddles occur twice daily with supplementary huddles organised at times of high acuity.

From January 2025 women’s services within NHS Lothian introduced an electronic staffing system which monitors real-time staffing levels in relation to care needs and service capacity. This utilises a colour system of green, amber, red and purple, with purple areas having the highest shortfall of staff and increased system pressures impacting on the safe delivery of care for both women and babies. This staffing system enables informed decisions to be made when deploying staff to help mitigate risk and considers the acuity of the women and babies versus available staffing numbers allowing for professional judgement to be made in terms of required staffing. However, we were concerned NHS Lothian did not appear to take account of all potential safety risks. For example, there was no discussion around midwifery skill mix and whilst other clinical groups were present at the staffing and safety huddle there was no oversight of obstetric or anaesthetic staffing within the safety tool utilised to determine the safe to start position of the service. We observed what appeared to be a lack of psychological safety within the safety huddle discussions. We also observed one area within the service which declared purple status however, there was lack of communication and mitigation of the risks for the clinical area affected or the impact

on the safe delivery of care. We raised this at the time of inspection with senior managers. A requirement has been given to support improvement in this area.

We were able to observe how maternity services fed into the wider hospital safety huddle. The hospital safety huddles occur twice a day and were attended by members of the multidisciplinary team including nursing, midwifery, allied health professionals, hospital discharge team and facilities colleagues. The wider hospital safety huddle supports site wide situational awareness, including patient flow, patient safety concerns, review of staffing and identifying wards or areas at risk due to reduced staffing levels. We observed evidence of maternity services staffing, acuity, capacity and safety concerns raised.

During safety huddles we observed attendance of the staff bank team in an aim to support and address emerging staffing concerns with submission of requests for staff for areas highlighted as a priority for supplementary staffing. We were also advised of the proactive engagement of the staff bank team during roster planning which ensures shortfalls of staffing are advertised to supplementary staffing up to six weeks prior to the staffing shortfall.

Maternity services are high risk environments with unpredictable transition between low and high acuity. Maternity services within NHS Lothian introduced the role of the maternity unit coordinator in May 2024 to improve situational awareness and staff described this as a positive introduction in the aim to improve patient safety. However, introduction of the role resulted in the reduction of available band 7 midwives within the labour ward. Prior to the unit coordinator role, two band 7 midwives were available within the labour ward, one to support clinical practice and the other to maintain situational awareness for the area. Staff described this reduction in senior clinical midwifery leadership as impacting on the ability to escalate concerns due to competing demands placed on the band 7 midwife. From incident reports reviewed, we observed at times of reduced available staffing the role of unit coordinator may be impacted on, resulting in one band 7 midwife to facilitate both the charge midwife for labour ward and the unit coordinator role. This resulted in challenges maintaining situational awareness and the ability to provide support for staff across the unit. Within incident reports reviewed we observed this impacted on delays to reviews when women demonstrated deterioration in clinical observations, oversight of appropriate staffing throughout maternity services and staff breaks.

Furthermore, staff described the current fluctuations in staffing and skill mix prevented them providing the standard of care women and families deserved and professionally supporting members of the team when challenges arose. We observed in evidence fluctuations in staffing resulting in reduced availability of midwives by up to 50% on some shifts. We observed delays to one-to-one care provision were in the top five reasons for staff to submit incident reports within Royal Infirmary of Edinburgh maternity services with staffing concerns highlighted as the main or

contributing factor. A requirement has been given to support improvement in this area.

Although there were no staffing incident reports submitted which related directly to staffing issues regarding obstetric or anaesthetic staff, during inspection the obstetric team informed us of current gaps in the middle grade obstetric registrar rota. This resulted in consultant obstetricians backfilling these gaps whilst also maintaining their own work capacity. On discussion with senior managers and within the provision of evidence we were made aware NHS Lothian have a workforce paper highlighting staffing pressures in the obstetric team. This is moving through NHS Lothian governance processes to seek executive support for additional resource to support resident doctor rotas, out of hours obstetric cover and increase senior decision makers presence in key areas of the service. Senior managers informed us of a recent investment in staffing with an additional 25 whole time equivalent staff. This includes frontline midwifery, predominantly newly qualified band 5 midwives and healthcare support staff. The investment has also resulted in successful employment of international midwifery and medical graduates within maternity services.

Internationally graduated professionals play a significant and valued role in supporting NHS Scotland. However, transition into a role within an NHS board requires senior professional leadership and structured oversight to facilitate opportunity to align with the necessary professional body requirements such as the Nursing and Midwifery Council and the General Medical Council.

At the time of inspection, staff told us of concerns they had raised following assessment through preceptorship frameworks and necessary transition supports relating to international midwifery graduates. These concerns relate to practical skills, risk assessments, and familiarity of escalation processes and different local and national guidelines.

We asked senior managers for evidence of training provided for international midwifery graduates and how they have been supported to transition into NHS Lothian. However, senior managers explained there has been no provision of a bespoke programme of induction, orientation or pastoral care for international midwifery graduates. Instead they are supported through the preceptorship programme for newly qualified midwives.

Within evidence we observed the induction programme undertaken to support integration of international medical graduates within NHS Lothian. However, it appears there is a gap within NHS Lothian's systems and processes as to how to consistently implement, monitor and evaluate the support and wellbeing offered to these staff groups. NHS Lothian need to be able to demonstrate the arrangements, with necessary governance, leadership and oversight, which assure international midwifery and medical graduates within maternity services they are supported to

achieve the necessary competencies and standard of care. A requirement has been given to support improvement in this area.

To support safe delivery of care within maternity service during staff shortfalls, staff described frequently being moved to different wards to work part or all their shift. Staff having the right skills and knowledge within their area of practice is essential in the safe delivery of care. On inspection and discussion with senior managers, we asked how staff are supported to maintain skills and knowledge to enable transition safely between areas of maternity services. Staff appraisals are essential to assessing and supporting staff performance, resulting in a positive work culture. In evidence received we observed obstetric staff could demonstrate 100% compliance rate with appraisals. However, evidence submitted demonstrated variation in compliance of midwifery staff appraisals of between 19-50% compliance rate. A requirement has been given to support improvement in this area.

In 2018 the Scottish Government published the core mandatory training requirements for midwives and obstetricians. This required each NHS board to establish training around fetal heart monitoring, obstetric emergencies and neonatal resuscitation. During inspection, staff told us about mandatory training being cancelled due to staffing levels and acuity within the service. Evidence received demonstrated a compliance rate of 69.2% of consultants, 66.7% of obstetric trainees and 37.2% of midwives had undertaken practical obstetric multiprofessional training (PROMPT). Cardiotocography training compliance rates were highlighted and discussed in domain one of this report. Within evidence reviewed, neonatal resuscitation compliance rates for midwives were 49.6% within the yearly requirement and only 49.6% compliance rate for the four yearly neonatal resuscitation requirement. Staff also informed inspectors they did not have protected work time to complete online education resulting in this being carried out mostly in their own time. The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives ([Nursing and Midwifery Council 2018](#)) and the Good medical practice document ([General Medical Council 2024](#)) state the importance of undertaking and maintaining continuous professional development to preserve patient safety and to practice effectively. Wider national reports on the provision of safe maternity care over the last decade such as Ockenden ([2022](#)), Each baby counts ([RCOG 2019](#)) and Kirkup ([2015](#)) have highlighted the essential safety features of teams working and training together to improve outcomes for families. A requirement has been given to support improvement in this area.

Each senior charge midwife is responsible for a midwifery team. This includes quality and performance management, HR requirements, roster management, ensuring training is up to date and wellbeing support for their team. Time to lead is a legislative requirement under the Health and Care (Staffing) (Scotland) Act (2019). This is to enable clinical leaders to provide and oversee the delivery of safe, high quality and person-centred healthcare. We were told that senior charge midwives have allocated managerial and supervisory roles, which would potentially help support improvements in staff wellbeing as well as the implementation of improvement initiatives. However,

we were told they are often required to take a clinical caseload as mitigation for staffing shortfalls. This impacts on their capacity to complete their leadership and management responsibilities. A requirement has been given to support improvement in this area.

Requirements

Domain 4.3	
20	NHS Lothian must ensure that clear and robust systems and processes are in place, including guidance and support for staff, to allow consistent assessment and capture of real-time staffing risk across all professional clinical groups. Assessments should consider skill mix of available staff, dependency and complexity of patients to support staff to confidently apply and record professional judgement in relation to required staffing when declaring “safe to start.”
21	NHS Lothian must ensure that maternity and obstetric services are appropriately and effectively staffed in order to reduce delays to care, preserve patient safety and support staff wellbeing.
22	NHS Lothian must ensure the necessary governance, leadership and oversight is in place to ensure international midwifery and medical graduates are supported to achieve the necessary competencies to assure the safe delivery of care.
23	NHS Lothian must ensure that there are clear, consistent systems and processes in place to support management of any identified staffing risks within maternity services. This includes accurate recording of any escalation, mitigation/inability to mitigate, communication of outcomes with all relevant clinical teams and any disagreements with decisions made.
24	NHS Lothian must ensure a supportive and inclusive working environment for staff which supports staff to raise concern with systems and processes in place to ensure that these concerns are responded to and appropriately addressed.
25	NHS Lothian must have robust systems and processes in place to ensure that all staff are appropriately trained to carry out their role. This includes protected learning time, monitoring of training completion and consideration of skills and experience when redeploying staff.
26	NHS Lothian must ensure that there are systems and processes in place to safeguard all clinical leaders within maternity services being able to access appropriate protected leadership time in order to fulfil their leadership and management responsibilities such as oversight of quality of care and provision of support for staff. This will include consistent monitoring and recording of when and why this is sacrificed as part mitigation for staffing shortfalls and/or increased service demand.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

We observed women and their families being treated with dignity, compassion and kindness. However, feedback from women during onsite inspection was mixed.

All interactions observed during inspection between women, babies and families were positive and respectful. We observed staff working hard to provide respectful and compassionate care. However, during onsite inspection women told us of mixed experiences within Royal Infirmary of Edinburgh maternity services. In some areas women were highly complimentary of the care they experienced describing it as exceptional; however, other women described their experience leaving them feeling alone and vulnerable. Whilst some women were complimentary of their care, they also informed inspectors of poor communication leaving them feeling uninformed with no 'voice' in their care.

NHS Lothian have a long-standing commitment to maternity services liaison which was established in 1984, this transitioned into the maternity voice partnership which was established in 2021. The national maternity voices partnership supports the co-production of maternity services ensuring the "voices of all women including those from diverse backgrounds" are heard and utilised to plan, design and improve maternity services. The partnership meets every two months where parents and representatives of parent's support groups meet with midwifery, obstetric and service managers in an aim to improve maternity services. Recent work undertaken by the maternity voice partnership in NHS Lothian includes a survey to improve informed consent for women and birthing people through their maternity journey. In collaboration with the maternity voice partnership a maternity care survey has been designed to actively request feedback from families who have recently experienced maternity care within NHS Lothian. This aims to improve the experience of others.

We observed evidence of family centred care within the postnatal ward where parents had the option to stay overnight, supporting the family unit. However, the availability of resources such as beds and chairs limited this option.

We observed an initiative within maternity triage where all women attending were given a QR code on discharge requesting feedback from their visit. In response to the feedback received, a wordle was created to inform staff with a "you said we did" poster displayed within triage to communicate to women improvements made following their feedback.

Areas of good practice

Domain 6	
4	NHS Lothian have an established maternity voices partnership to support the co-production of maternity services.
5	NHS Lothian support parents to stay overnight supporting the family unit.

Appendix 1 - List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- [Antenatal care](#) (NICE, August 2021)
- [CMO\(2018\)18 - Core mandatory update training for midwives and obstetricians](#) (Scottish Government, December 2018)
- [Delivering Together for a Stronger Nursing & Midwifery Workforce](#) (Scottish Government, March 2025)
- [Fire \(Scotland\) Act 2005](#) (Fire Scotland Act, Acts of the Scottish Parliament, 2005)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Generic Medical Records Keeping Standards](#) (Royal College of Physicians, October 2015)
- [Guidance — NHS Scotland Staff Governance](#) (NHS Scotland, June 2024)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards](#) (Healthcare Improvement Scotland, 2022)
- [Intrapartum care](#) (NICE guideline, September 2023)
- [Maternity Triage](#) (RCOG Maternity Triage good practice paper, December 2023)
- [MBRRACE-UK](#) (Maternal, Newborn and Infant Clinical Outcome Review Programme, 2024)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, June 2023)
- [NMC Record keeping: Guidance for nurses and midwives](#) (NMC, August 2012)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government:](#) (Healthcare Improvement Scotland, November 2022)
- [Person-centred care - NMC](#) (The Nursing and Midwifery Council, December 2020)
- [Prevention and management of pressure ulcers standards](#) (Healthcare Improvement Scotland, October 2020)

- [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (Royal Pharmaceutical Society and Royal College of Nursing, January 2024)
- [Recommendations | Postnatal care | Guidance | NICE](#) (NICE, April 2021)
- [Scottish Patient Safety Programme \(SPSP\)](#) (Healthcare Improvement Scotland)
- [The best start: five-year plan for maternity and neonatal care - gov.scot](#) (Scottish Government, January 2017)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)
- [The UNCRC Act - UNCRC \(Incorporation\) \(Scotland\) Act 2024](#) (Scottish Government, September 2024)
- [The Quality Assurance System \(healthcareimprovementscotland.scot\)](#) (Healthcare Improvement Scotland, September 2022)

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Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Maternity Services safe delivery of care inspection

Royal Infirmary of Edinburgh, NHS Lothian

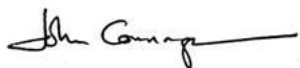
23 – 24 June 2025

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature:



Full Name:

Professor John Connaghan

Date:

3 October 2025

NHS board Chief Executive

Signature:



Full Name:

Professor Caroline Hiscox

Date:

3 October 2025

File Name: 23 – 24 June 2025 20251002_HIS_ERI Maternity_Action Plan_v5-FINAL Royal Infirmary of Edinburgh, NHS Lothian v1.0	Version: 1.0	Date: 03/10/2025
Produced by: HIS/NHS Lothian	Page: Page 1 of 15	Review Date: - 29/01/2026
Circulation type (internal/external): Internal and external		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendation Domain 1-1	Mandate bereavement training for all midwifery staff.	31/10/25	Director of Midwifery	NHS Lothian is undertaking a comprehensive review of bereavement care and support, including governance structures.	
Recommendation Domain 1-2	We will enhance the identification of families who have experienced bereavement in the past by introducing a discreet, bespoke sticker system.	31/10/25	Director of Midwifery		
Requirement Domain 1-1	Improve MEWS compliance and escalation to 95% by 31/03/26 (this is our improvement aim).	Ongoing	Associate Medical Director/Director of Midwifery	- Actively participating in the SPSP perinatal programme to improve MEWS compliance and escalation. - MEWS audit and data is reviewed at weekly huddles held in all clinical areas.	
	Ensure that all women are reviewed within 15 minutes of attending OTA. Improve clinical review times in line with appropriate BSOTS defined timescales.	31/03/26	Associate Medical Director	- In 2025 we have seen a positive shift in the numbers of women who are triaged within 15 minutes. - Staffing investment in place to support improvement work and safety. - Weekly review of data at the Triage huddle.	

	Identify variation contributing to long waits for women on an Induction of Labour pathway.	31/12/25	Associate Medical Director	- IOL is in the Quality Planning Stage of our Quality Improvement Work to identify improvement aims. - In the interim an IOL coordinator post was created to support planning and managing IOL activity and contributing to the quality planning work underway.	
	NHS Lothian Maternity Divert SOP created and implemented.	05/09/25	Service Director	Divert SOP created in collaboration with staff in August 2025.	Complete
Requirement Domain 1-2	Call bell system installed in RIE OTA.	01/10/25	Service Director	Call bell system in place.	Complete
Requirement Domain 1-3	Develop a video for women about our IOL process and share via our website and through Maternity Voices Partnership (MVP) meetings.	01/09/25	Director of Midwifery	- We have developed and shared an IOL video in collaboration with our MVP where the process is explained. - All Midwifery Unit Coordinators are aware and can signpost staff to the resources available for women.	Complete
Requirement Domain 1-4	Review the appropriateness of SOPs for Transitional Care across the system.	30/11/25	Associate Medical Director		

Requirement Domain 1-5	The service will aim to improve the data collection process for ethnicity by: 1. issuing a communication to all community midwives to remind staff of the importance of recording ethnicity information. 2. reviewing the options available on our electronic patient record system for recording ethnicity to ensure we minimise the number of 'unknown' answers.	31/03/26	Director of Midwifery	• This point has been highlighted and discussed at clinical management service meetings in 2025. • Performance reports changed from monthly to weekly to support timely review of any 'unknown' ethnicity entries.	
Requirement Domain 1-6	Embed routine checks to ensure face to face interpretation needs are identified and met at key maternity touchpoints - booking and labour. Reinforce the process whereby midwives can escalate concerns if virtual interpretation is unsuitable out with booking appointments and labour. Use the SG racialised health inequalities toolkit as a benchmark. Provide updated guidance to staff on when and how to access interpretation services.	31/01/26	Director of Midwifery	• The NHS Lothian Interpretation and Translation Service is available 5 days / week for booking of interpreters, out of hours the Board's main switchboard can make contact with agency suppliers. • An assessment against the Scottish Government Racialised Health Inequalities Action Plan, Interpretation toolkit and Evidence and Data Resource in May 2025 identified that provision of face to face/digital solutions is in line with the recommendations.	

Requirement Domain 2-7	To help create a psychologically safe environment for all staff we will:		Service Director		
	1. Support the development of our leadership team.	Ongoing		The service has taken several actions to support attendance cultural renewal workshops during summer 2025. We will look to employ similar solutions to increase attendance at training courses or workshops where possible.	
	2. Improve rates of PDP completion for all staff to ensure their own development needs and ambitions are recognized and recorded.	Ongoing		Individual members of the leadership and management team have already attended developmental opportunities around leadership and communication.	
	3. We will continue to encourage our staff to record all incidents and “near miss” situations through Datix.	Ongoing/ Monthly		OD sessions for Women's CMT have already taken place, with further sessions being planned. A core component of these sessions is how to develop a culture of compassionate leadership and creating psychological safety among teams.	
	4. Continue to highlight opportunities to escalate concerns through NHS Lothian's Speak Up service.	03/10/25		Datix reported and Speak Up service are advertised at each monthly staff engagement session.	
	5. Co-creation and implementation of a Culture Charter for Women's Services building on the NHS Lothian Values, supported by training and awareness raising.	31/03/26		Women's services planned a week-long event as part of the National Speak Up Campaign running between 29th September - 3rd October 2025. This includes scheduled face to face contact opportunities between management/leadership and staff.	
	6. We will recruit a cohort of cultural ambassadors who will work with our senior management team to create a new culture charter.	31/10/25		Project launched as part of the Women's Services staff Townhall meetings in May 2025 where we shared the findings of the external culture survey.	Complete

				Delivered 30 culture renewal sessions in July – August 2025 to prime staff about our upcoming process to recruit cultural ambassadors who can support us to renew our internal workplace cultural values.	
Requirement Domain 2-8	Improve staff wellbeing opportunities as per the Staff Engagement & Experience Delivery Plan 2024-2026 (also see other actions as per requirement 2-7).	31/03/26	Service Director	WS's Equality, Diversity and Inclusion group.	
	Ensure robust local arrangements for provision of midwifery staff breaks across all areas.	31/11/25	Director of Midwifery	- January - March 2025 action as part of the Safe Staffing 60-day improvement programme. - Audited staff breaks compliance across nursing and midwifery at the RIE Women's Services. - Mixed success with instilling a robust data recording system. - Project re-started in summer 2025 by developing an SOP for facilitating and recording time off in lieu (TOIL) for staff when not possible to facilitate timely breaks.	
Requirement Domain 2-9	Improve timelines for completion of reviews of all SAEs by 10%.	31/01/26	Associate Medical Director	- Increased numbers of lead reviewers by organising extra training dates in 2025. - Review commissioning and approval processes to identify opportunities to streamline and reduce timescales. - Review tasks and roles required for aspects of the process to optimise use of clinical expertise.	

Requirement Domain 2-10	We will encourage our staff to record all incidents and “near miss” situations through Datix, and if needed to escalate reporting their concerns through NHS Lothian's Speak Up service.	Ongoing	Service Director	- Datix reported and Speak Up service are advertised at each monthly staff engagement session. - Women's services planned a week-long event as part of the National Speak Up Campaign running between 29th September - 3rd October 2025.	
	Introduce a governance process to monitor adherence to reporting guidelines for all incidents highlighted.	31/10/25	Director of Midwifery		
	Adopt the HIS learning summary document.	31/01/26	Director of Midwifery		

Requirement Domain 4.1-11	To ensure efficient senior management and oversight is provided we will:				
	1. Strengthen the Realtime escalation protocol.	01/08/25	Service Director	Women's Services adapted the NHS Lothian standard PREP Stat reporting tool for use at daily safety huddles.	Complete
	2. NHS Lothian Maternity Divert SOP created and implemented.	05/09/25	Service Director	Tool goes through continuous improvement to better reflect service status and increase focus on reporting of patients of concern.	
	3. We will clarify and strengthen the Midwifery Unit Coordinator role description and will strengthen the rota for this role to ensure consistent 24/7 cover.	Ongoing	Director of Midwifery	Service also adapts the timing of the meeting in response to staff feedback. Originally the meeting was scheduled at 8am and 4pm, current meeting iteration is scheduled at 8:45am and 3pm.	
	4. The service will review the current out of hours on-call rota to ensure it is fit for purpose and safely staffed by appropriately trained senior staff members.	30/06/25	Service Director	- Divert SOP created and implemented in collaboration with staff in September 2025. - We are currently reviewing the MUC role to ensure the scope is clearly defined and accurately reflects its responsibilities. This will help improve understanding, alignment, and transparency across teams. - On-call rota SLWG established on 05-08-25 including professional midwifery / operational management / employee relations and partnership input. - Review of other on-call SOPs across NHSL and midwifery services. - Clarifying the infra-structure required to support the preferred model.	Complete

				Developing a range of options for consideration in determining the requirements for the on-call rota e.g. clinically or managerially delivered.	
Requirement Domain 4.1-12	Covered under Requirement 2-7 above.				
Requirement Domain 4.1-13	Review current VTE guidance and risk assessments to ensure alignment.	31/01/26	Associate Medical Director/ Director of Midwifery		
Requirement Domain 4.1-14	Create a streamlined process for auditing patient records.	31/03/26	Director of Midwifery	We have appointed a lead nurse for Quality Improvement and Standards to support governance improvement work.	

Requirement Domain 4.1-15	NHS Lothian will implement the new Scottish Government Maternity Care pathways, and as part of this work we will review our internal processes to ensure supportive conversations are facilitated for all patients at all stages of pregnancy.	31/03/26	Director of Midwifery	- The service developed a Framework to support choices outside guideline as a response to our staff raising concerns related to high-risk patients who were choosing to give birth at home. - We have established a roundtable discussion series with local doulas to address current tensions in working practices and enhance collaboration between doulas and community teams. - The Maternity Voices Partnership collaborated with the service to launch the BRAIN sticker. This is a tool available in fifteen languages which guides women towards giving full informed consent.	
Requirement Domain 4.1-16	NHS Lothian to continue the Lifecycle programme of environment improvements as planned. Remind staff about the process of escalation for environmental concerns.	31/12/27 31/10/25	Service Director Service Director	- Improvement work started with our inpatient antenatal and postnatal work in June 2025. - The first stage on Ward 211 was completed on time in August 2025. - Work is currently ongoing in Ward 119 which is due to complete by end of 2025. - Scoping works focus on options for Labour Ward recognising challenges of decanting. Works will need to be completed before December 2027 when NHSL will receive handover of the building from PFI partners.	

Requirement Domain 4.1-17	Remind staff to prioritise monthly walk rounds to monitor compliance with safe storage of medicines and ensure that any identified gaps are addressed immediately.	31/10/25	Director of Midwifery	- We participate in the wider Lothian Medicines Management Audit Meeting. - We launched the Women's Services Care Assurance Oversight Group in April 2025 to provide a forum for oversight and escalation.	
Requirement Domain 4.1-18	Remind staff to prioritise monthly walk rounds to monitor compliance with SICPs.	31/10/25	Director of Midwifery	We launched the Women's Services Care Assurance Oversight Group in April 2025 to provide a forum for oversight and escalation.	
Requirement Domain 4.1-19	All maternity specific fire safety actions to be reviewed in line with the general Royal Infirmary of Edinburgh fire action plan and ensure follow up actions are completed.	31/12/25	Service Director		

Requirement Domain 4.3-20	In order to ensure consistent assessment, capture, and mitigation of real time staffing risks, we will:				Complete
	1. Strengthen the Realtime escalation Protocol. 2. NHS Lothian Women's Services will implement the use of Safe Care as part of the twice daily safety huddle.	01/08/25 31/10/25	Service Director Director of Midwifery	- Women's Services adapted the NHS Lothian standard PREP Stat reporting tool for use at daily safety huddles. - Tool goes through continuous improvement to better reflect service status and increase focus on reporting of patients of concern. - Service also adapts the timing of the meeting in response to staff feedback. Originally the meeting was scheduled at 8am and 4pm, current meeting iteration is scheduled at 8:45am and 3pm. - All charge midwives and clinical midwifery managers received training in the use of Safe Care as part of the August and September Midwifery Care Assurance Standards meeting series. Additional training available for midwifery staff is offered through our SafeCare lead. - Staff will start using SafeCare more consistently, so that information specific to each clinical area can be incorporated in daily safety huddles.	

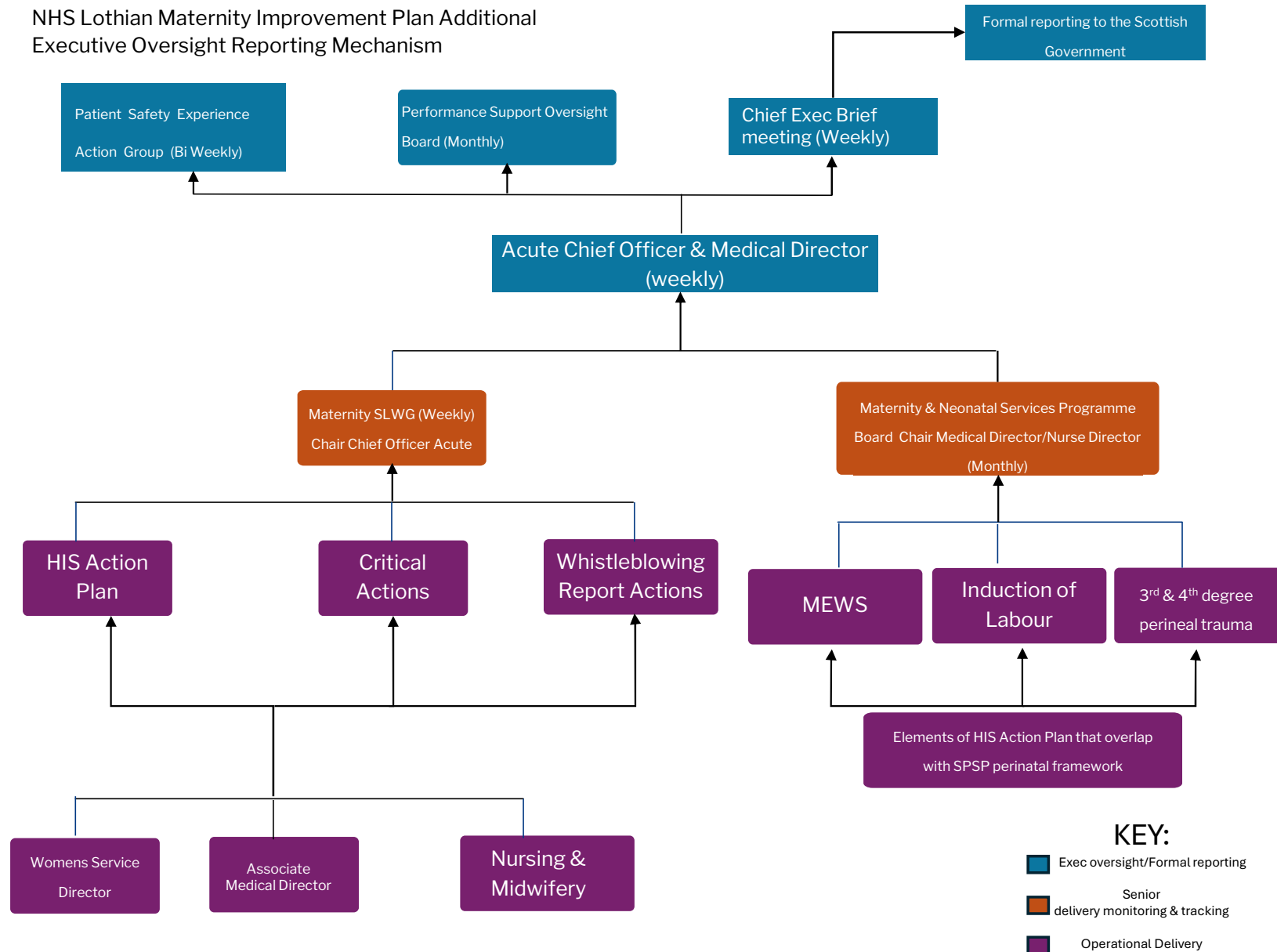
Requirement Domain 4.3-21	To ensure that maternity and obstetric services are appropriately and effectively staffed, we will:			NHS Lothian invested an additional £1.5 mil resource to improve midwifery staffing in January 2025.	
	1. Review the medical model/ Triage Workforce.	01/12/25	Associate Medical Director		
	2. Scope the development of an Advanced Midwifery Practitioner model.	31/03/26	Nurse Director (Acute)		
	3. Review the rotational model for Midwives.	10/11/25	Nurse Director (Corporate)	We have reviewed the midwifery rotational model using a co-production approach and agreed on a structure comprising core staff alongside a proportion of rotational posts.	
	4. Introduce a weekly prospective review of staffing levels across all areas.	31/10/25	Director of Midwifery		
Requirement Domain 4.3-22	Establish a programme of support for newly recruited internationally trained midwives in consultation with Edinburgh Napier University.	01/09/25	Director of Midwifery	We have designed and set up a bespoke enhanced programme of support for internationally trained midwives, including a module with Edinburgh Napier University.	Complete
	Ensure all international medical graduates continue to be included in the wider NHS Lothian training programme for internationally trained doctors.	Ongoing	Associate Medical Director	Resident doctors committee created Aug 25 with reps from all tiers including IMG reps.	Complete

Requirement Domain 4.3-23	See Requirement 4.3-20: Strengthen the Realtime escalation protocol. See Requirement 4.3-21: Introduce a weekly prospective review of staffing levels across all areas.				
Requirement Domain 4.3-24	See Requirements 2-7 and 2-12.				
Requirement Domain 4.3-25	To ensure staff are appropriately trained to conduct their roles we will: 1. Ensure protected learning time for Staff. 2. Establish a robust system for recording training requirements. 3. Develop a program to ensure maintenance of key skills to support safe workforce deployment.	31/03/26	Director of Midwifery/ Associate Medical Director	• Mandatory training compliance data will be reported monthly at the Women's services CMT.	

Requirement Domain 4.3-26	Support staff to use eRoster functionality to accurately evidence dedicated leadership time and changes to role allocation. Utilise the daily safety huddle to document the rationale for changes to role allocation.	31/10/25	Director of Midwifery		

Appendix 3

NHS Lothian Maternity Improvement Plan Additional Executive Oversight Reporting Mechanism



Maternity Recruitment Plan & Mitigating Actions

ID	Date	Area Impacted	Action	Lead	RMW WTE	NR WTE	Medical WTE	Service WTE	Impact & Objective	Status	Update
RP 1	Nov-24	Labour Ward	Recruit NR staff for LW to deliver established numbers	Director of Midwifery	0	8.43			To increase to 3 NR staff on every shift	In post	
RP 2	Jan-25	Triage	Increase RMW and NR WTE through through additional £1.5m investment committed to Jan 25.	Director of Midwifery	1.61	6.84			To support an additional late shift for Reg MW. Recruited to. To support Non-Reg to go from 1 Non Reg to 2 Non Reg 24/7. Supported through additional £1.5m investment committed to Jan 25.	Partially recruited	19/11/25 UPDATE - Non reg posts not recruited to – with teams for actioning – both admin and clinical posts. MW post recruited to but rotation and core post allocation means short term gap here – resolution expected January.
RP 3	Jan-25	Labour Ward	Increase RMW a WTE through through additional £1.5m investment committed to Jan 25.	Director of Midwifery	16.82	0			To support an increase from 7 to 10 LW MWs on every shift, with 1 HDU MW each shift and 2 theatre MW Mon-Friday. Funding was also put in to support backfill for trainee HDU MW (1WTE) Supported through additional £1.5m investment committed to Jan 25.	Recruited.	19/11/25 UPDATE -The majority of this recruitment is the Internationally trained MWs. They now have a designated B7 coordinating their development. Exams next week and working now on competencies. Staff positive about success for this group and most wish to be core staff in LW
RP 4	Jan-25	Clinical Educators	Substantiate with additional investment Clinical Educator resource.	Director of Midwifery	1.15	0			Education team are pivotal to support staff education and training but also providing support daily and working alongside our new starts. 2022, 2023 and 2025 funded investment from 2022-2025 was substantiated with additional investment. Making staff substantive enabled us to backfill the gaps left by these secondments (total funded est 4.42) Supported through additional £1.5m investment committed to Jan 25.	In post	19/11/25 UPDATE - Now in post
RP 5	Jan-25	LACAS	Recruit LACAS Lead Nurse / Midwife	Director of Midwifery	1	0			Oversee the implementation of LACAS standards across Women's services and drive forward improvement in key areas of patient safety and experience	In post	19/11/25 UPDATE - Now in post – this was appointed to a Registered Nurse not a Midwife
RP 6	Jan-25	Risk Team	Develop a sustainable model for the risk management across the service	Director of Midwifery	2	0			Improve communications with families, support compassionate timely responses to complaints, investigation of SAE's and feedback. Clear evidence of learning from complaints and SAERs.	Not in post	19/11/2025 UPDATE - New roles, work underway to describe new model, management structure and then JDs. Recruitment to commence in Q4

RP 7	Apr-25	Maternity	Assess impact of RWW and ensure additional WTE recruited to mitigate across maternity.	Director of Midwifery	21.42	0			To support predicted impact of the reduced working week and leavers. This covers Maternity, NNU and Gynae.	In progress	19/11/25 UPDATE - These are NQM appointments and are coming into post between now and the end of Feb.
RP 8	Sep-25	Maternity	Assess skill mix balance requirements taking into account level of new staff and internatinally trained midwivesand ensure recruitmemt to meet requirements.	Director of Midwifery	19	0			Suffiiently support the skill mix balance during induction and training of new staff including the internationally trained MWs.	Partially recruited	19/11/2025 UPDATE - 6 of the 10 exp MWs recruited and ongoing adverts planned to recruit to the further 4 exp MWs and new community gaps.
RP 9	Oct-25	Maternity	Recruit additional Newly Qualified Midwives currently on stand by list	Director of Midwifery	13	0			To provide support across the system to manage leavers and maternity leave gaps. Posts offered.	Partially recruited	19/11/25 UPDATE - 6 of the 13 have accepted posts. Action: review applicant lists and go out to next 10 to identify if they are still looking for posts
RP 10	Oct-25	Maternity	Review of Band 7 roles across SJH and RIE Labour wards to identify need for change and develop proposal if required.	Service Director	N/A	N/A			Ensure robust senior presence is consistently available to support clinical decision making, staff development and safe staffing redeployment both in and out-of-hours at RIE and SJH Labour Wards	In progress	19/11/2025 UPDATE - Service Director raised proposal to invest additional resources into Band 7 midwifery line to deliver: a)A pan-Lothian Unit Clinical Coordinator based at the Royal Infirmary of Edinburgh 24/7 b)A second Band 7 senior clinical decision maker in St. John's Maternity Unit out of hours c)A team lead for the Clinical Education Team SLWG supportive of direction but requires full governance sign off through W&Cs and Acute SMT in addition to identification of funding source - meeting with finance required prior to taking proposal through required governance.
RP 11	Oct-25	Maternity	Recruitment Oversight Group to be established w/c 21/11/25 which will develop and monitor recruitment tracker against plan.	Service Director	TBC	TBC			Ensure management of overall recruitment plan.	Closed	19/11/2025 UPDATE - Group established and tracker and reporting in development
RP 12	Nov-25	Maternity	Review Band 3 and 4 MCA posts across the department	Director of Midwifery	TBC	TBC			Ensure development of the non-registered workforce and succession planning	In progress	19/11/2025 UPDATE - establishment gaps to be discussed at recruitment meeting 20/11/25
RP 13	Nov-25	Maternity	Explore options to utilise students on part time contracts like other areas in Acute.	Acute Nurse Director	TBC	TBC			To optimise recruitment, support skill mix and improvement work.	In progress	19/11/2025 UPDATE -Agreed at SLWG on 19/11/25 to mitigate gaps

RP 14	Nov-25	Maternity	Explore block booking of additional agency staff from now till the end of January 26 to offset staffing gaps and supernumerary status.	Nurse Director Corporate Nursing	N/A	N/A	N/A	N/A	Offset staffing gaps and supernumerary status in the interm period	In progress	19/11/2025 UPDATE -Agreed at SLWG on 19/11/25 to mitigate gaps
RP 15	Nov-25	Maternity	Improve support for staff who are not at work and provide tailored, meaningful support that meets specific needs.	Acute Nurse Director	N/A	N/A	N/A	N/A	Improve absence %	In progress	19/11/2025 UPDATE -working closely with Partnership and ER colleagues to develop.
RP 16	Nov-25	Maternity	Ensure regular communications to staff updating on current position and providing regular summaries going forward.	Acute Nurse Director	N/A	N/A	N/A	N/A	Improve engagement and staff understanding of progress against recruitment plan.	Complete	19/11/2025 UPDATE -integrated in overall communication plan
RP 17	Nov-25	Triage	Recruitment of additional consultant, specialty and resident doctors	Associate Medical Director			4		Support timely medical review of patients in Triage with a focus on the out of hours period	In progress	19.11.2025 Update: 1x Specialty Doctor with recruitment, 2x Resident Doctors with Financial Manpower, 1 WTE Consultant with Financial Manpower
RP 18	Nov-25	Womens	Recruitment of a dedicated General Manager for Women's services	Service Director				1	Provide dedicated leadership and oversight for Women's services	In progress	19.11.25 UPDATE Interim appointment in place with interview for the substantive appointment taking place w/c 7th December
RP 19											
RP 20											
RP 21											

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: Implementation of Sub-National Planning:
Co-operation and Planning Directions 2025

Responsible Executive: Colin Briggs, Director of Strategic Planning

Report Author: As Above

1 Purpose

To ask the Board to note the publication of DL(2025)25 and its implications.

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

DL(2025)25 was published on 14th November 2025. It includes a Ministerial Direction to Health Boards to collaborate on the development of joint plans on key priorities and this has implications for NHSL.

2.2 Background

The Strategy, Planning, and Performance Committee received briefing from the Chief Executive and Director of Strategic Planning on the likely contents of DL(2025)25 at its meeting of 13th November 2025. In this briefing it was noted that the publication of the DL was the next step in policy development from the Scottish Government.

In November 2024, the Scottish Government issued DL(2024)31, discussed at the Board in December 2024, with a focus on more planning at the population level. In January 2025 the First Minister launched the Service Renewal Framework, which was published alongside the Population Health Framework and Public Sector Reform Strategy in June 2025. All three emphasised the need for closer collaborative working between Scotland's large number of public sector bodies and focussing on a smaller number of priorities in so doing.

DL(2025) establishes two new Subnational Planning and Delivery Committees (SPDC), East and West. NHSL will be part of SPDC-East, with the Chair and Chief Executive of NHSL as lead Chair and Chief Executive, respectively. These SPDCs will be expected to focus on the construction of a plan focussing on five key deliverables;

- Delivering orthopaedic services compliant with national Treatment Time Guarantees by the end of the next Scottish Spending Review (2029)
- Delivering improved Emergency Healthcare Services by the end of the next Spending Review
- Progressing national programmes for the delivery of a “digital front door”
- Maximising opportunities to align “business systems” functions, such as finance, procurement, human resources, digital, etc.
- An aligned financial plan with an emphasis on returning the system to balance

These plans have to be submitted to the Scottish Government by 31st March 2026 and each Board is expected to align its planning – and implementation – to the development and consequent delivery of these plans. Plans are to focus on increasing sustainability, increasing quality, and reducing unwarranted variation.

DL(2025)25 is clear that there is no change to accountabilities for each board for clinical, staff, or financial governance.

Each SPDC will include the chair and chief executive of each constituent board, and the recruitment of lead officers for key functions is underway. The latter are expected to be postholders in constituent boards and to undertake these leadership roles over and above their substantive role.

The provisions of DL(2025)25 draw on both the 1978 NHS Act (Scotland) and the 2014 Public Bodies (Joint Working) (Scotland) Act and therefore carry the force of law.

SPCD-East will include NHS Borders, NHS Fife, NHS Grampian, NHS Lothian, NHS Orkney, NHS Shetland, and NHS Tayside. This will cover between 2.4m and 2.5m population, employ upwards of 75,000 staff, and have a total budget of c. £7.1bn.

2.3 Assessment

NHS Lothian is relatively unusual in the Scottish context, as it plans, commissions, and delivers a full range of services healthcare services. It is also unusual in that it is currently in a financially-balanced position and has a full suite of planning processes to underpin both of these elements. These derive, at least in part, from the size of the population NHSL services, with only NHS Greater Glasgow and Clyde in a comparable position. This means that these two boards already operate at a “population” level for planning and are not reliant on other Boards for support for over 95% of the healthcare they provide. The organisation is therefore well-placed to engage meaningfully in the work with other health boards.

NHSL also has much to learn and benefit from in this collaboration, with its performance challenges well-known to the Board.

This process may require additional input from key members of the NHSL leadership team, and this was noted as a risk to the organisation at the discussion at SPPC. However, it should be noted that several senior members of the leadership team already undertake national leadership roles – the Chief Executive is Chair of NHS Scotland’s Board Chief Executives Group, with the Director of Finance, Director of People and Culture, and Director of Public Health undertaking similar roles for their professional groupings. The Executive Medical Director is a past Chair of the Scottish Association of Medical Directors and the Director of Strategic Planning similarly for the Directors of Planning. The Director of Strategic Planning also carries the role of Director of Regional Planning for the South-East. There is therefore both experience of roles and proven ability to undertake extended duties within the leadership team.

The process will undoubtedly present challenges for the organisation and to this end a close alignment with the Blueprint for Good Governance will be required at all levels.

2.3.1 Quality/ Patient Care

The intent of this work is expressly to improve the quality of patient care.

2.3.2 Workforce

The work mandated in DL(2025)25 is intended to improve the sustainability of NHS Scotland’s services.

2.3.3 Financial

NHSL is in a reasonably-stable financial position, but as noted above, this is unusual in the NHS Scotland context currently.

2.3.4 Risk Assessment/Management

There are no implications for the Board’s corporate risk register.

2.3.5 Equality and Diversity, including health inequalities

At this stage no ECRIA has been undertaken, but all proposals made in line with DL(2025)25 will require a process of assessment.

2.3.6 Other impacts

As noted, there is the potential for additional workload for some members of the leadership team.

2.3.7 Communication, involvement, engagement and consultation

The Board is responding here to Scottish Government policy.

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.

Strategy, Planning, and Performance Committee, 13th November 2025

2.4 Recommendation

The Board is recommended to **discuss** and **note** the implications of the report.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - DL(2025)25 – “Implementation of sub-national planning: co-operation and planning directions 2025”



Dear Colleagues

IMPLEMENTATION OF SUB-NATIONAL PLANNING: CO-OPERATION AND PLANNING DIRECTIONS 2025

Purpose

1. This letter accompanies the Co-operation and Planning Directions 2025 (the Directions), given under section 2(5) of the National Health Service (Scotland) Act 1978 (the 1978 Act), section 11(2) of the Patient Rights (Scotland) Act 2011 (the 2011 Act) and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), which come into force on **13 November 2025**.
2. This letter, including the Guidance attached at **Annex A**, has been developed to support the implementation of the Directions. A copy of the Directions is attached at **Annex B**.
3. In order to comply with the Directions, Health Boards are encouraged to organise themselves in to two collaborative sub-national structures - Scotland East and Scotland West - through which they co-operate with each other in the planning and delivery of the objectives specified in the schedule to the Directions. These objectives deliver key aspects of the [Health and Social Care Service Renewal Framework \(2025–2035\)](#), the [Population Health Framework](#), as well as wider ambitions related to public sector reform.
4. Following discussion, Scotland East and Scotland West will each be supported by a Sub-National Planning and Delivery Committee (SPDC), whose membership is representative of the respective Health Boards.
5. In anticipation of the Directions and the Guidance, Health Boards have also agreed that the SPDC for the East will be chaired by the Chair of NHS Lothian and for the West will be chaired by the Chair of NHS Greater Glasgow and Clyde, with the respective Chief Executives playing a lead role in establishing and co-ordinating the SPDCs and supporting them in their work.

DL(2025)25

13 November 2025

Addressees

For action
NHS Board Chief
Executives
NHS Board Chairs

For information
Directors of Finance
Directors of Planning
Directors of HR
IJB Chairs/Chief Officers

Enquiries to:
Directorate of Chief
Operating Officer

E-mail:
healthplanning@gov.scot



Context

6. Scotland's health service faces sustained pressures from rising demand, workforce challenges and financial constraints. To address these, services must be planned at a scale that supports consistency, safety and value.
7. The Directions support a move from organisation level planning to population-based planning, building on **DL(2024)08** ([Framework Document for NHS Boards](#)) and **DL(2024)31** ([A Renewed Approach to Population Based Planning Across NHS Scotland](#)). The previous guidance on Regional Planning, HDL(2004)46, is superceded.

Co-operation and Planning

8. The Directions require Health Boards to (i) meet a specific objective (relating to the MyCare.scot service) and (ii) develop and submit plans detailing how certain other objectives (relating to the Treatment Time Guarantee for orthopaedic elective services; emergency healthcare services; Once for Scotland approach to Business Systems and the MyCare.scot service) will be achieved.
9. As detailed in the Directions, Health Boards must co-operate with each other (as provided for by section 12J of the 1978 Act) when exercising certain functions and otherwise, in complying with the Directions, consider entering into section 12K agreements with other Health Boards.
10. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27 and submitted to the COO with support from the NHS Scotland Finance Delivery Unit (FDU). Further detail is contained in Annex A. This will also support a shift back to balance across all areas and services.

Sub-National Plans

11. The plans referred to in paragraph 2(1)(b) and (c) of the Directions (the Plans) must:
- (a) describe how capacity, workforce and infrastructure will be deployed;
 - (b) set measurable improvement trajectories; and,
 - (c) identify governance and assurance arrangements to monitor delivery and outcomes.
12. Health Boards are expected to work with SPDCs to ensure appropriate alignment of planning resources and expertise across Scotland East and Scotland West in support of these new sub-national structures, as well as coherence and alignment with community health and nationally commissioned health services.
13. Clinical leadership will be integral to the development and implementation of the Plans, providing advice and ensuring that safe, effective and evidenced-based clinical models of care are developed.

Accountability and Assurance

14. Each Health Board remains responsible and accountable for the proper exercise of all its statutory functions.
15. Statutory commissioning responsibilities remain unchanged and Health Boards are encouraged to explore entering into Section 12K agreements with each other, in complying with the Directions.
16. A quarterly sub-national performance report should be submitted to Ministers on behalf of Scotland East and Scotland West. These reports would form part of the national assurance arrangements to reflect the collective impact of joint planning and delivery.
17. Health Boards within Scotland East and Scotland West should make every effort to resolve disagreements relating to the development or implementation of their Plans through their respective SPDCs.
18. Failure to comply with the Directions may result in escalation under the NHS Scotland Support and Intervention Framework.

Action Required

19. Scotland East and Scotland West should now move immediately to establish the necessary support arrangements to implement the Directions and the development of Plans.
20. Once finalised and agreed, a single Plan should be submitted by the Chair of each SPDC to the COO by 31 March or 30 June 2026¹, for Ministerial approval, with quarterly reporting (see paragraph 16 above) following thereafter. A series of deadlines for drafts of the Plans will be agreed between the COO and the Health Boards.
21. Further Directions may be issued should these sub-national arrangements mature, and additional objectives are identified.

Yours sincerely



Christine McLaughlin

NHS Scotland Chief Operating Officer/Deputy Chief Executive

¹ The deadline for submitting Plans for Part 2 objectives is 31 March 2026. The deadline for submitting Plans for Part 3 objectives is 30 June 2026.

IMPLEMENTING THE CO-OPERATION AND PLANNING DIRECTION 2025: GUIDANCE FOR HEALTH BOARDS

Context

1. Over recent years, the Scottish Government has reinforced its expectation that health services move from organisation-level planning to true population-based planning - placing the health and wellbeing of defined populations at the centre of service design and delivery. In the DL(2024)08 '[Framework Document for NHS Boards](#)' the Scottish Government emphasised the need for collaborative planning arrangements that transcend traditional organisational boundaries and focus on cross-system delivery of care.
2. This was further developed in DL(2024)31 '[A Renewed Approach to Population Based Planning Across NHS Scotland](#)', which required Health Boards to work jointly in the development of sub-national plans, improve alignment with integration authorities and strengthen assurance arrangements through the national improvement architecture.
3. The Directions and this Guidance mark a significant shift from organisation-level planning to a model that places the health and wellbeing of defined populations at the centre of service design. It is a key enabler of the [Health and Social Care Service Renewal Framework \(2025–2035\)](#), the [Population Health Framework](#), and the [Programme for Government 2025–26](#). These frameworks collectively call for a transformation in how services are planned and delivered — emphasising prevention, equity and care that is person-centred and delivered closer to home.
4. This new approach strengthens accountability for population-based planning, improves service equity and supports the transformation of Scotland's health and care system. It recognises that while Health Boards remain legally responsible and accountable for their statutory functions, the scale and complexity of modern health services means that collaboration on a sub-national basis is essential to achieve optimum outcomes. A Scotland East and Scotland West model would provide an immediate mechanism to give effect to those expectations, supporting Health Boards to act at the appropriate scale for planning while preserving local accountability and responsiveness.
5. Scotland East and Scotland West should work collaboratively to ensure equitable access to services based on population need, under a Once for Scotland model. These two new structures will replace the existing three-area regional planning groupings and will strengthen delivery now and build the foundations for the long-term sustainability of NHS Scotland.
6. National and place-based planning will continue under current arrangements.
7. SPDCs should work closely with Health Boards, Special Health Boards, the Common Services Agency and Healthcare Improvement Scotland to ensure effective development and delivery of the Plans.

Guidance

8. This Guidance supports implementation of the Co-operation and Planning Directions 2025 given under Section 2(5) of the National Health Service (Scotland) Act 1978, Section 11(2) of the Patient Rights (Scotland) Act 2011 and Section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014. It explains expectations for collaborative sub-national planning through the Scotland East and Scotland West sub-national structures and provides recommended implementation options to assist planning at pace to deliver sustainable, safe, and effective health care services.

Definitions

9. For this Guidance:

- Chief Operating Officer (COO) means the NHS Scotland Chief Operating Officer.
- The Plans mean the Plans provided for at paragraph 2(1)(b) and (c) of the Directions.
- Sub-National Planning and Delivery Committees (SPDCs) means the committees Scotland East and Scotland West could each establish to lead strategic planning.
- Scotland East means a sub-national structure consisting of NHS Borders, NHS Fife, NHS Grampian, NHS Lothian, NHS Orkney, NHS Shetland, and NHS Tayside.
- Scotland West means a sub-national structure consisting of NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Highland, NHS Lanarkshire, and NHS Western Isles.

Priority Objectives and Sub-National Plans

10. The Directions set out the priority objectives. The Plans should set out how the objectives specified in the first column of the tables at Parts 2 and 3 of the schedule to the Directions will be achieved along with target milestones.

11. Paragraph 2(2) of the Directions specify that the Plans must:

- (a) describe how capacity, workforce and infrastructure will be deployed;
- (b) set measurable improvement trajectories; and,
- (c) identify governance and assurance arrangements to monitor delivery and outcomes.

Governance and Delivery Arrangements

National Oversight

12. The COO will put in place arrangements which will provide single national oversight of Scotland East and Scotland West.

Community Health and Nationally Commissioned Services

13. The Directions and this Guidance do not in any way alter the statutory functions of Health Boards and integration authorities. In complying with the Directions and considering this Guidance, Health Boards should remain mindful of the need to ensure coherence and alignment with the provision of community health services and nationally commissioned health services.

Financial Planning

14. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27, with support from the NHS Scotland Finance Delivery Unit (FDU), and submitted to Ministers. This would allow review of the consolidated position, common pressures and for areas of overspend to be identified. Areas of recurring overspend could be triangulated with workforce planning and service planning to move towards a sustainable model.

15. There is no change to the Scottish Public Finance Model and all Health Boards have a statutory responsibility to achieve financial balance on an annual basis. By year three of this approach (i.e. financial year 2028-29), we expect that these sub-national structures will result in significant reductions to certain Health Boards' deficits. This will be discussed with individual Health Boards, as appropriate, in line with the relevant stage for finance within the NHS Scotland Support and Intervention Framework.

Support and Contact

16. Questions about the Directions, draft plans or reporting should be sent to healthplanning@gov.scot.

DIRECTIONS

NATIONAL HEALTH SERVICE SCOTLAND

The Co-operation and Planning Directions 2025

The Scottish Ministers give the following Directions in exercise of the powers conferred by section 2(5) of the National Health Service (Scotland) Act 1978¹, section 11(2) of the Patient Rights (Scotland) Act 2011² and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014³ and all other powers enabling them to do so.

Citation, commencement and interpretation

1. (1) These Directions may be referred to as the Co-operation and Planning Directions 2025 and come into force as soon as they are made.

- (2) These Directions are given to every Health Board.

- (3) In these Directions—

“the 1978 Act” means the National Health Service (Scotland) Act 1978;

“the 2014 Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“delegated function” means any function that a Health Board has been directed to carry out by an integration authority under section 26 of the 2014 Act;

“Health Board” means a Health Board constituted by an order under section 2(1)(a) of the 1978 Act;

“Part 1 objective” means the objective specified in Part 1 of the schedule;

“Part 2 objective” means an objective specified in the first column of the table at Part 2 of the schedule;

“Part 3 objective” means an objective specified in the first column of the table at Part 3 of the schedule;

¹ 1978 c. 29. Section 2(5) was amended by the National Health Service and Community Care Act 1990 (c.19) and the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (asp 3).

² 2011 asp 5.

³ 2014 asp 9.

“relevant date” means the date, relative to a Part 2 or Part 3 objective, specified in the corresponding entry in the second column of the table at Part 2 or Part 3 of the schedule;

“retained function” means any function carried out by a Health Board which is not a delegated function.

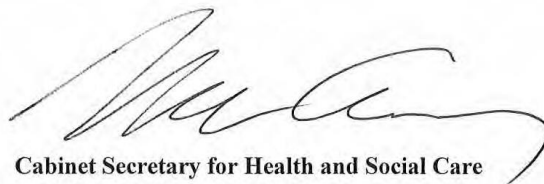
Co-operation and Planning with other Health Boards

2 (1) The Scottish Ministers direct Health Boards—

- (a) to achieve the Part 1 objective by 31 March 2026;
- (b) to develop and submit a plan or plans by 31 March 2026 detailing how each Part 2 objective will be achieved by the relevant date;
- (c) to develop and submit a plan or plans by 30 June 2026 detailing how each Part 3 objective will be achieved by the relevant date;
- (d) to co-operate with other Health Boards, as provided for by section 12J of the 1978 Act, when exercising retained functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph;
- (e) to consider entering into and where considered appropriate to do seek to enter into, agreements with other Health Boards, as provided for by section 12K of the 1978 Act, when exercising retained and delegated functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph.

(2) The plans referred to in sub-paragraph (1)(b) and (c) above must—

- (a) describe how capacity, workforce and infrastructure will be deployed;
- (b) set measurable improvement trajectories;
- (c) identify governance and assurance arrangements to monitor delivery and outcomes.



Cabinet Secretary for Health and Social Care

St Andrew's House
Edinburgh
13 November 2025

SCHEDULE

PART 1

MyCare.scot service

Organisational readiness, including local change processes, for implementation of the required interfaces and ways of working to enable the lawful sharing of personal information and delivery of digital services for the Digital Front Door Programme⁴.

PART 2

Column 1: Objective	Column 2: Relevant date
<i>Treatment Time Guarantee for Orthopaedic Elective Care Services</i> The treatment time guarantee provided for in the Patient Rights (Scotland) Act 2011⁵ and the Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012⁶ will be met in respect of all patients requiring orthopaedic elective care services. Once the treatment time guarantee has been met, services will continue to be provided to these patients in such a manner that high-quality and safe care is ensured.	31 March 2029
<i>Emergency Healthcare Services</i> Implementation of the recommendations contained in the Four Hour Emergency Access Standard: Expert Working Group Recommendations Report dated October 2024⁷. Otherwise, providing high-quality, financially sustainable emergency healthcare services, to a safe standard so that everyone gets the emergency healthcare they need in the right place, at the right time. This will involve the development of optimal models for flow navigation and virtual services so that emergency healthcare services meet the needs of local populations.	31 March 2029

⁴ [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

⁵ 2011 asp 5.

⁶ S.S.I. 2012/110.

⁷ [A&E performance - Four Hour Emergency Access Standard: Expert Working Group recommendations report - gov.scot](#)

<i>Once for Scotland approach to Business Systems</i> Full implementation of a “Once for Scotland” approach to business systems in a manner which ensures effective programme delivery, governance and assurance, including— • investment of the appropriate level of resources necessary to fully deliver programme outcomes; • an appropriate scheme of delegation which ensures swift but well governed programme delivery; • effective engagement with stakeholders thus building support among stakeholder group; • regular assurance reviews.	1 October 2028

PART 3

<i>Column 1: Objective</i>	<i>Column 2: Relevant date</i>
<i>MyCare.scot service</i> Provide the necessary support to the Digital Front Door Programme to enable the rollout of digital communications and the opening up of required systems in line with the full national roadmap which is expected to be published in March 2026⁸.	31 December 2027
<i>MyCare.scot service</i> Provide the necessary support and integration to enable the provision of an enhanced service featuring continuous enhancements and is further developed based on feedback and co-design.	31 December 2030

⁸ A high-level summary of the road map is published at [Health and social care app - MyCare.scot: national rollout - high-level summary - gov.scot](#).

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: Agenda for Change Reform – Implementation of 36 Hour Reduced Working Week

Responsible Executive: Tom Power, Director of People & Culture

Report Author: Ruth Kelly, Deputy Director of People & Culture

1 Purpose

This report is presented for:

Assurance	☐	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 Executive (named above) in advance of the meeting.

2.1 Situation

Consistent with the agreement reached by Scottish Government and Trade Unions in respect of the Agenda for Change (AfC) 2023/24 pay award, all Health Boards must implement a further reduction of the working week (RWW) from 37 to 36 hours from 1 April 2026 for colleagues on AfC terms and conditions. Despite gathering a significant amount of data from services regarding the approach they will take, the risks this creates, and proposed mitigations, some uncertainty remains about our ability to implement the required reduction without near-term performance, finance or staff experience impacts. This paper outlines the work ongoing with the CMT to confirm arrangements that will manage these concurrent risks to as low a level as reasonably practical and seek to maximise the opportunity for change and transformation that this reform presents.

2.2 Background

A reduction in the working week from 37.5 to 36 hours is one of three reforms confirmed on 1 March 2024 by the Cabinet Secretary designed to modernise the NHS Scotland AfC system, the others being a review of band 5 Nursing roles to support re-grading to band 6 where appropriate, and the introduction of Protected Learning Time (PLT) for all AfC staff. The first 30-minute reduction was introduced from 1 April 2024. In NHS Lothian, as in most territorial boards this was primarily by absorbing the reduction in to existing working patterns, with a small number of exceptions where backfill funding - totalling £6.1m - was provided. On 18 February 2025, PCS (AFC) 2025/1 advised that the further 1-hour reduction is to be implemented from 1 April 2026, following feedback from Boards that the remaining reduction should be implemented in one rather than two iterations.

After resumption of the Board's RWW Implementation group in March, from May – September work was done to gather, cleanse and analyse data from Services about how they envisaged implementing this further reduction, the different types and level of risk this presents, and the degree to which they felt backfill is necessary to mitigate the impacts. An initial update was provided to CMT on 26th August, which highlighted the extent of the work still required for decisions on how to address the service, financial and workforce risks created by this loss of capacity. The Staff Governance Committee (SGC) were updated on this as part of standard AfC Reform updates in May, July and September.

As well as a summary review by People & Culture Directorate colleagues of Services' returns, a more detailed analysis of these and the potential financial impacts was undertaken by Lothian Analytical Services (LAS) supported by members of the Finance Team. Both informed a further update to CMT on 23rd September and the Board Implementation Plan agreed with the Lothian Partnership Forum on 30th September. This plan described the further steps to be taken between October and December 2025 to agree specific parameters for Service level implementation arrangements - including determining where backfill requests should be supported - that will balance and manage the concurrent risks to as low a level as reasonably practical in the short-term and maximise the opportunity for change and transformation that this presents.

Alongside the above, following discussion with the Executive Group, following CMT review the SGC supported in September the wording of a corporate risk relating to the RWW aspect of the AfC Reforms. This was endorsed by the NHS Lothian Board in October, and the SGC is to receive its first formal update on 15th December. The anticipated content of that update is reflected in this paper, in so far as is possible pending CMT approval on 2nd December of parameters for the local allocation of associated national funding.

2.3 Assessment

PCS (AFC) 2025/1 advised that all NHS Scotland Boards should develop by 1st October 2025 full and final Implementation Plans agreed by the Area Partnership Forum (APF) which ensure that all Agenda for Change staff will be able to transfer to a 36-hour working week on 1 April 2026. Little detail was included on what should be contained in the plan. However, the DG Health & Social Care and Chief Executive NHS Scotland communicated to Board Chief Executives on 5 August that they 'must set out how all staff will transition to a 36 hour full-time working week (pro-rata for part time staff)...[and] managers and staff should work together locally within the established parameters [for the initial reduction of the working week by 30 mins] to find solutions which meet the needs of individual services.'

Despite the above, there is no single solution to addressing the impacts arising from the reduction in plain time working capacity that comes from reducing the working week to 36 hours (which totals 4% of WTE when added to the first 30-minute reduction). The impacts fall differently across service areas, and whilst the lack sufficient funding to address lost capacity is a key consideration, even if funding were available well known workforce supply challenges, both locally and nationally, challenge Health Boards' ability to replace like for like. Further, the potential for increased use of digital technologies to enhance productive capacity suggests that seeking replacement workforce should where possible be a measure of last resort rather than our default position.

Involvement in the national Employers Reference Group (ERG) established by MSG indicate that these factors are applicable across all territorial health Boards. Accordingly, the Implementation Plan for NHS Lothian agreed by the Lothian Partnership Forum attached as Appendix 2 was submitted on the basis that:

- We accept that Agenda for Change staff have a contractual entitlement to move to 36 hours or pro-rata equivalent from 1st August 2026.
- We recognise the approaches that are available to introduce the 36-hour week, and we know which services have indicated they can implement using one of these approaches without the need for funding support, and which have indicated they cannot without this.
- We have been able to quantify what we believe the potential requirement for backfill funding to be, but this requires further professional validation and a decision on the applicability of prioritisation criteria.
- Uncertainty on the national funding position, and potential that previously unacceptable approaches to reducing hours may now be deemed acceptable by national staff side mean we cannot complete this work yet.
- We have identified a three-stage process to December 2025 that will deliver this as part of implementation, subject to confirmation of the funding available and its status, and approaches that can be used as the basis for local partnership agreements on how to reduce hours.

This is reflected in the further work undertaken locally and through the ERG to obtain as much clarity as possible before final decisions are taken corporately on how available funding may be used, and by Services working to agree in Partnership the precise method of implementation. Progress is reflected in the following sections and will inform final recommendations to CMT on 2nd December for how backfill funding should be allocated.

2.3.1 Quality/ Patient Care

Whilst the initial data capture exercise asked Services to rate the anticipated impacts across all NHS Scotland risk categories, the detailed analytical work by LAS and Finance focussed on care delivery and clinical quality and safety. This has also been the basis for the further review by the professional leads for Nursing, AHPs and Healthcare Science during September and October of the risks identified by services across these clinical job families, with Directors of Pharmacy and Psychology also considering those for the Other Therapeutic job family, and the Director of Estates and Facilities for Support Services.

These perspectives informed a dedicated half-day CMT workshop on 31st October and will be reflected in the final proposals presented to CMT on 2nd December about how available funding should be used. In conjunction with the Director of Digital, the CMT workshop also considered how use by NHS Lothian of the national partnership with Microsoft could offer alternatives to replacement staffing, particularly but not only for those services deemed to be lower risk adopters of the RWW.

2.3.2 Workforce

Consistent with the aim of the AfC Reforms having a positive impact on staff experience and wellbeing, it is intended that the further RWW should have a positive impact on work-life balance for staff as they will be working reduced core hours. However, in some areas it is recognised that where the RWW would have a negative impact on service delivery, including additional staff being unavailable even where funding is available, staff may need to continue working the additional time and therefore not benefit fully from the reduction.

This perspective has informed work through the national ERG to try and influence greater flexibility at national level in the approaches that can be taken locally to implementing the further reduction. At the time of writing, it is hoped that an updated Circular will be issued following a meeting of the Scottish Terms and Conditions Committee (STAC) on 26th November that will support this local flexibility, recognising that staff in Services are best placed to indicate what helps to support their work-life balance.

2.3.3 Financial

An allocation of £150m was provided to Boards in 2025/26 for introduction of the AfC reforms, of which NHS Lothian's share is £22m. This is understood to be recurrent and being baselined from 2025/26. It is subject to ongoing national work by Directors of Finance and Scottish Government to model possible scenarios which could lead to a total envelope of £300m, of which NHS Lothian's share would be £45m. However, this is provided in relation to the total costs of *all three strands* of the AfC reforms. Of these, there is significant uncertainty about the amount required to cover the costs of the Band 5 Nursing Review (backdated to 1 April 2023) and mitigate any capacity gaps created by PLT.

In NHS Lothian, £6.1m was allocated for staffing backfill in respect of the first 30-minute reduction, meaning that a starting assumption is that c.£18.3m (3x) will be required from 1 April 2026 for these services if nothing changes. Finance estimate this could increase to £41m if all those services indicating that backfill is required were to be allocated funding, with the total rising to £78m if the 72% success rate for Band 5-6 regrading requests to date is applied to all Band 5 Nurses. Even if these figures are revised down on the basis that only high and very-high risk services will be considered for backfill funding, the reduction from £41m to a current estimate of £32m (including the first 30-minute reduction) indicates that requests for backfill from those services are likely to exceed available funding.

In the short term, there are limited alternatives to backfill for those services where the reduction in capacity would have significant adverse impacts on service delivery, quality and safety. This includes recognising the impacts that not providing backfill for services assessed as medium risk could have on those linked services rated as high and very high risk. Nonetheless, an approach is required to reduce this further, particularly if the reforms are to be a catalyst for redesign and transformation. Therefore, it is expected that funding will be provided only to high and very high risk services on a time limited basis (12 or 24m linked to degree of risk) to encourage a focus on developing alternative approaches, but with the opportunity to recruit permanently to try and shore up their staffing position.

2.3.4 Risk Assessment/Management

As endorsed by the Board in September, an Agenda for Change Reform risk is to be added to the Corporate Risk Register, with a view to ensuring this has appropriate visibility and shared ownership across CMT. The SGC will be the Board Committee responsible for monitoring the risk and the Healthcare Governance Committee for any related clinical risks. The above sections describe the approaches being taken in the pre-implementation phase to identifying and responding to risk, noting that this needs to be carefully balanced across service, finance and workforce.

2.3.5 Equality and Diversity, including health inequalities

As the AfC Reform relates to nationally prescribed contractual changes, it is not currently deemed necessary to undertake an EQIA. However, this will be required if changes to service delivery arise through implementation of the reform.

2.3.6 Other impacts

Alongside the consideration of quality and safety by the professional leads for clinical job families, the Director of Public Health has also considered the returns through a prevention lens. This reflects the organisation's strategic commitment to prevention, and the importance of ensuring that prioritisation based on clinical service and quality and safety risks do not inadvertently exclude areas where the loss of capacity will have a significant detrimental effect on prevention.

At the time of writing, this review has identified a number of services where the mitigations proposed do not provide the DPH with assurance that the risk rating is correct. This will be followed up with the respective lead officers and an estimate of the potential cost implications if no alternative can be defined for these services will be included in the materials being prepared for CMT discussion on 2nd December.

2.3.7 Communication, involvement, engagement and consultation

The primary method of communication with staff and managers is Speed Read for any key messages that need to be shared in relation to Agenda for Change Reform. Intranet pages will be updated to host information relating to the further reduction in the working week. This will ensure that all relevant information and updates can be found in a single place.

Communication has already commenced with those Services where it is clear from work to date that backfill funding is not required, or the opportunity to request it will not be provided. This is to enable them to progress with implementation planning in Partnership without further delay. Similarly, for those very high-risk clinical areas, providing an indication that

recruitment should be progressed has been agreed by Executive Group and confirmed by CMT pending 2nd December review of final recommendations to minimise the risk of recruitment delays.

2.3.8 Route to the Meeting

The issues in this paper have been previously considered by the following groups as part of its development.

- RWW Implementation Group – Various
- Agenda for Change Programme Board – 16 September 2025
- Corporate Management Team – 26 August, 23 September, 31 October 2025
- Staff Governance Committee – 15 September 2025

2.4 Recommendations

- **Note** and **discuss** the above and attached Implementation Plan, and the approach being taken to trying to manage concurrent risks to as low a level as reasonably practical.
- **Note** that the outcomes of the 2nd December CMT review of final RWW backfill funding recommendations will be shared verbally.

3 List of appendices

Appendix 1 – Board Implementation Plan

NHS Lothian

INTRODUCTION OF THE 36 HOUR REDUCED WORKING WEEK

IMPLEMENTATION PLAN – OCTOBER 2025

1. Introduction

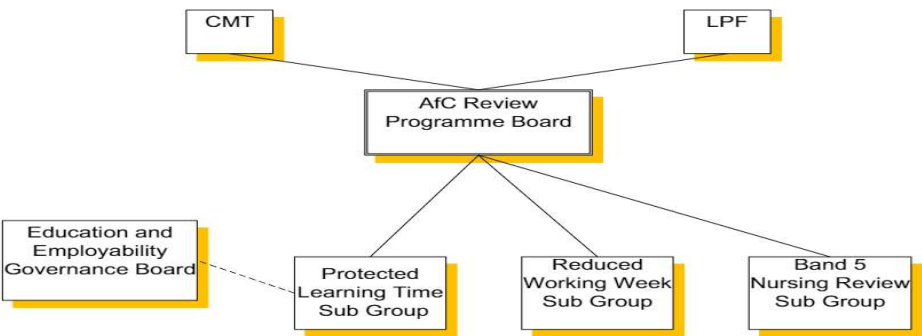
All Health Boards must agree in Partnership an implementation plan for the further reduction of the working week from 37 to 36 hours (or pro-rata equivalent for part-time staff), effective 1st April 2026, for colleagues on Agenda for Change (AfC) terms and conditions. In NHS Lothian, this affects approximately 25,600 individuals delivering 23,000 WTE based on a 37-hour working week.

This plan sets out: the findings from the work undertaken in NHS Lothian to date; the range of approaches agreed in Partnership by which colleagues will be enabled to reduce their hours; and the work to be completed between 1st October 2025 and 30th March 2026 to enable the reduction in a way that manages the associated short-term risks to as low a level as reasonably practical.

This plan is presented in a context where some uncertainty remains regarding the availability of funding and the acceptability at national level of approaches to enabling colleagues to reduce their hours that were deemed unacceptable when the first 30-minute reduction was implemented. Developments in both respects will materially influence the approaches taken in some Service areas, and we recognise that both finance and workforce supply mean that alternatives need to be actively explored.

2. Governance arrangements

The governance structure in place in NHS Lothian, to support the implementation of the Agenda for Change Reforms including the Reduced Working Week (RWW) is shown below. In addition, for assurance purposes, a report is presented at each meeting of the Staff Governance Committee providing an update on progress with implementation and any areas of concern.



Also attached as Appendix 1 is the Project Plan agreed with the Corporate Management Team (CMT) and the Lothian Partnership Forum (LPF) in June 2025 to support the implementation of the RWW from 1 April 2026.

3. Planning Parameters - People

As a result of the national agreement, with effect from 1st April 2026 all staff working full time on AfC terms and conditions have a contractual entitlement to reduce their working week to 36 hours (or pro rata equivalent for part-time staff). The intent of the reform is to support improved work-life balance for these colleagues, with the benefits this can bring for health and wellbeing.

There are several means by which the reduction can be achieved for individuals:

- Removing an hour from the working week at a given point in time each week
- Removing a proportion of time from each working day, making an hour per week
- For shift workers allowing the time to be accumulated per 4-week roster period (or longer depending on the length of each roster period) and taken from the roster/shift pattern where it is mutually agreed and on a pre-planned basis.
- Accruing the time over a fixed duration, and taking it as a block of time (e.g. 4 hours every 4 weeks) where a formal flexi-time system is in place

It is likely that the majority, if not all staff, on a roster / in a service will adopt the same approach to reducing their hours. The approach needs to be agreed in Partnership at a service level. In a system the size of NHS Lothian and the HSCPs, this is most practically achieved using parameters agreed in Partnership at a Board wide level, which are informed by national guidance.

For part-time staff, there may be scope to allow retention of current hours, if a work pattern has already been chosen that supports work-life balance, and they choose to take up this option rather than being directed to do so. However, this can only be considered as part of individual service mitigation plans, given the additional cost of retaining current part time hours due to the higher hourly rate from 1st April 2026.

We also understand that there may be greater support than previously from national staff side organisations for local flexibility in how the reduction is implemented, if this is beneficial to staff and agreed in partnership. However, this has not been formalised.

4. Planning Parameters - Organisation

Including the 30-minute reduction in 2024/25, implementing the RWW equates to a 4% reduction in “plain time” staffing capacity. The impacts will not be felt evenly across services due to both the differing nature of work, current resourcing levels, their respective financial positions and staffing availability. However, it is expected this will create the following risks:

Service – A reduction in service output and / or quality, if reduced capacity cannot be replaced.

Financial – An increased use of premium pay rates or securing of additional staffing / procurement and deployment of technology

Workforce – A lack of available new recruits in areas where substitution is required, with staff migrating from or to other Board areas

Employee relations – Where staff do not feel implementation has offered the wellbeing benefits intended, possibly due to the above.

As part of our planning approach, a range of associated risks have been analysed to help NHS Lothian determine what corporate mitigation strategies need to be in place. These will determine the parameters for making choices at service level about how the RWW is to be implemented safely and effectively using the options in Section 3, managing risk to as low a level as reasonably practical.

5. Methodology

Our approach, agreed in Partnership, has been to ask services to consider the following:

- a. What is the level of risk from the RWW in terms of quality/safety, finance and workforce availability?
- b. Is intervention external to your service required to deliver RWW without *significant* adverse impact to service output / quality?
- c. If it is, what form does this take:
 - I. Additional investment in staffing
 - II. Additional investment in technology
 - III. Organisational change
- d. How achievable are each of the above in the timescale concerned, taking in to account the other risks set out above?
- e. If they are not deliverable, what is the anticipated consequence in terms of service output and / or quality?

The remainder of this document sets out the findings at an organisational level, and how they will shape implementation of the reduced working week for all staff on Agenda for Change by 1st April 2026.

6. Risk Assessment Summary and Findings

All services have completed and returned a risk assessment business case form that describes the intended implementation approach and assesses the risks of a reduction in hours without any replacement of the lost capacity.

26% (85 in number) of returns indicated that services would adopt one of the approaches outlined in Section 3 above without the need for additional staffing, changes to skill mix or digital technology. These services are detailed in Appendix 2.

For the other 74% (241 in number) of returns, the ability to confirm the approach to be taken from those outlined in Section 3 will be subject to the analysis of risk, financial parameters and prioritisation process described in this plan in relation to backfill. These services are detailed in Appendix 3.

The outcomes of an initial analysis by Job Family and Risk category (NHS Scotland plus some bespoke categories for this exercise) are shown below.

	Nursing & Midwifery (10809 WTE)	AHPs (2029 WTE)	Admin (3783 WTE)	Support Services (3360 WTE)	Healthcare Science (894 WTE)	Other Therapeutic (1634 WTE)	Med & Dental Support (532 WTE)
Clinical Safety	12.6	11.5	5.1	11.6	15.0	8.8	3.0
Care Delivery	12.7	11.7	4.4	4.7	13.4	9.5	4.3
Staff Safety	11.3	11.3	4.1	9.8	8.8	5.8	2.7
Service Delivery	12.8	12.7	7.2	10.1	14.8	11.2	4.3
Activity Levels	12.6	13.4	5.7	3.4	13.7	10.2	4.3
Handover	9.0	5.3	2.1	1.4	1.7	2.6	0.3
Staff Wellbeing	11.9	12.2	6.5	9.3	13.3	10.0	4.3
Waiting Times	9.5	12.9	3.8	1.6	8.25	5.8	3.0

1 - 5

 Low

8 - 12

 Medium

15 - 16

 High

20 - 25

 V High

Whilst averages may mask important outliers, this initial analysis provides an indication of relative risk levels. We have also looked in more detail at the prevalence of high and very high risks as described by services. Further Professional oversight and calibration of any decisions informed by this analysis is required and is being provided. Each professional group is reviewing the level of risk to provide a more nuanced assessment to enable a more granular understanding of the impact across different services.

6. Financial considerations

Using the service returns, it is possible to estimate cost parameters within which to take decisions about how to mitigate operational and service risks arising from the reduction in capacity. The table below shows the initial estimated cost of backfilling lost hours if the proportion of services preferring backfill staffing to mitigate risk receive funding:

Job Family	WTE	% pref backfill	Total Hrs Req	WTE sought	Ave Gross Cost by JF	Estimatef Cost
Nursing & Midwifery	10809.0	75.2%	8128.4	225.8	£64,621	£14,590,740
Allied Health Professionals	2029.0	72.9%	1479.1	41.1	£67,467	£2,772,041
Administrative & Clerical	3783.0	37.1%	1403.5	39.0	£53,902	£2,101,428
Support Services	3360.0	76.4%	2567.0	71.3	£48,823	£3,481,381
Healthcare Science	894.0	64.2%	573.9	15.9	£69,413	£1,106,650
Other Therapeutic	1634.0	58.0%	947.7	26.3	£72,987	£1,921,428
Medical & Dental Support	532.0	0.0%	0.0	0.0	£64,455	£0
Total	23041.0		15099.7	419.4		£25,973,667

Adding the £6.1m cost (assumed to be recurrent) from the first 30-minute reduction, the total is £32m. This is well above the £22.6m Scottish Government allocation to date for

all the reforms. If all the lost hours were recovered at plain time rates, finance colleagues estimate this could cost £41m (Although this scenario is felt unlikely due to workforce supply limitations). The position is exacerbated by the potential costs of the other strands of reforms, which are estimated to be as high as £37m for the Band 5-6 Nursing review and unknown for the introduction of Protected Learning Time.

Two financial questions currently impact on our ability to go beyond these estimates and finalise plans for implementing the reduced working week:

- does the national funding (or any increased allocation) have any impact on the ongoing availability of sustainability funding beyond March 2026?
- how will the costs of the other strands of Agenda for Change reforms impact on the funding available for reduced working week?

Alongside the cost scenarios above, this creates uncertainty about whether available funding will fully meet our requirements for safe and effective implementation.

7. Service Level Analysis

Resourcing decisions, responsibility for implementing, and for managing the risks associated with the reduction to 36 hours ultimately sits with Services. Colleagues in Lothian Analytical Services and Finance have been looking more closely at the returns to develop a deeper analysis of what the data provided by services is showing.

This indicates that – subject to available workforce supply (new and existing) as much as £32m is likely to be required in respect of the additional hour reduction.

Risk	Total
Very High	£7,542,097
High	£10,152,647
Medium	£7,368,186
Low	£436,080
Ungraded	£6,531,424
Total	£32,030,435

At least £17.6m of this is estimated to be in relation to job family and service combinations where our not replacing lost capacity will create a high or very high risk to care delivery and clinical safety. It is expected that taking a restrictive approach that only supported areas of greatest risk to minimise financial exposure could have consequences for other aspects of service delivery, including prevention and rehabilitation services.

8. Prioritisation and other choices

The intention is that the 36-hour week will be introduced through service redesign, changing service levels where this does not cause harm, or through adopting new ways of working including digital innovation and service transformation. However, for some services it will simply not be possible to achieve these type of changes as early as 1st April

2026, if at all. Nonetheless, from October 2025 we will ensure increased focus is being given as part of our AfC Reform programme to identifying and testing alternatives to permanent recruitment, where appropriate.

Both the initial job family and the service analysis illustrate that there are decisions to be made about the prioritisation of resources, primarily the available funding to mitigate risks arising from the RWW. Given that there is a contractual entitlement to reduce hours, the choice NHS Lothian faces relates to the amount of investment that can be made and the degree of change that can be achieved in the limited time available, particularly when other Ministerial priorities such as those described in the Operational Improvement Plan and Population Health Framework need to be progressed.

A set of criteria have therefore been developed to support decisions regarding the investment of available funding, with the priority order as follows:

1. Emergency and essential services as indicated by the Board's Major Incident Plan / defined in 2023 Industrial Action preparation plans
2. Non-clinical services providing business critical functions such as Procurement and TRAK that support business continuity / resilience.
3. Services already under scrutiny/escalation in relation to their waiting times and in receipt of dedicated national funding.
4. Non-emergency / non-essential services where investment is required to meet Health & Care (Staffing) (Scotland) Act / regulatory requirements
5. All other services.

There are also further strategic considerations that need to be considered, such as:

- The need for prevention capacity to be sustained in support of improved population health
- Our commitment to create greater parity between mental health services and physical health services

The degree to which these can be factored into investment in replacement staffing capacity or technology will depend on the funding envelope available.

9. Implementation by 1st April 2026

NHS Lothian is committed to delivering on the entitlement for staff to reduce their hours from 1st April 2026 in a way that benefits their work-life balance. Whilst it is agreed that this will be via one of the methods described in Section 3 above, further work is required to finalise service level partnership agreements. To date, recognising that additional staff to backfill will be required in some areas and projected Undergraduate outputs are lower than needed over the next three years, we have already committed to an over recruitment of Newly Registered Nurses. These Nurses will be slotted into vacancies as they occur

as a result of natural turnover and also to backfill gaps as a result of the reduction in the working week going forward. We have also taken steps using the nationally allocated funding to increase capacity in the e-Rostering Team in preparation of the additional work that will be required to align rosters to the new working hours. We are also taking steps to increase programme and project management support for the reforms, and in particular this next phase of implementation.

Over the coming months the following actions will be undertaken:

- By end of October 2025: Services seeking backfill funding that are in the draft prioritisation categories 1-4 and have high or very high-risk ratings must submit a Business Case setting out the full rationale for seeking this funding, with reference to the prioritisation criteria and existing risk assessments.
- By end of November 2025: a finalised set of prioritisation criteria, taking account of the confirmed financial settlement, will be applied by CMT to confirm which services will be provided with backfill funding, enabling recruitment to commence from December 2025.
- By end of December 2025: all Services will confirm that they have agreed in Partnership which of the approaches outlined in Section 3 will be applied in their Service subject to any formal consultation where this necessitates organisational change.

This will enable work on roster amendments to take place throughout January – March 2026 and ensure that by Monday 30th March 2026, all staff will move to their new hours and working pattern based on the agreed approach above.

10. Escalation and Management of Risk

Managing and mitigating the operational and staffing risks associated with the RWW sits primarily with Operational Services. It is therefore expected that once the implementation approach for a service has been confirmed, these will be added to and managed via Service Level Risk Registers with escalation to the RWW Implementation Group, AfC Reform Programme Board and ultimately CMT where this is not possible.

The significant degree of risk associated with the implementation of the RWW, and the relationship with the other reforms and priorities such as adherence to the Health and Care Staffing Scotland Act has led the CMT to agree that a risk should be added to the Board's Corporate Risk Register. This will be presented to the NHS Lothian Board as part of a Corporate Risk update in October 2025, with CMT oversight and active management supporting collective leadership of the organisational response to cross cutting risks.

Tom Power
Director of People & Culture

Tracy Ann Miller
Employee Director

30th September 2025

Appendix 1 – Reduced Working Week Project Plan

RWW ACTIONS	07/07/2025	14/07/2025	21/07/2025	28/07/2025	04/08/2025	11/08/2025	18/08/2025	25/08/2025	01/09/2025	08/09/2025	15/09/2025	22/09/2025	29/09/2025	6/10/26 - 31/1/26	1/2/26 - 31/3/26	1/4/26 onwards
Planning period: Sort the responses submitted from individual services into Directorates and Nursing and Midwifery and issue to the relevant Director and Deputy Director of Nursing. AHP returns to Director of AHPs for professional view.																
Service Directors to review the data and support or not the information provided about service impact and the mitigations proposed. Identify if there are any service areas missing or any information that needs																
Develop a registry of aggregated MS Form returns to capture and track - that have had return from services - the status of that return in terms of further decisions that may be required.																
Develop, and present to CMT for approval, a methodology for prioritisation of limited RWW funding to services indicating that they cannot absorb the extra 60 minutes. With reference to objective criteria (e.g. essential and emergency 24/7 services, risk of over 52 week waits). CMT meeting on 12 August 2025.																
Analyse data submitted with reference to common parameters identified through national RWW group to understand finance, staffing, safety and performance implications, mitigations proposed and likely costs of implementation into a format for AIC Programme Board review.																
AIC Programme Board to review, validate and prioritise requests for backfill funding identified within the service returns using CMT approved methodology. AIC Programme Board meeting on 16 September 2025.																
Distribute analysis to Corporate Management Team for consideration. Particular focus on consideration of system impacts and mitigations. Dedicated meeting of the CMT to consider the information received on impacts, mitigations and costs and agree way forward including approach to prioritisation of contingent funding																
Seek any further clarity from Directors/Service Areas if required / confirm actions to be taken in 6m following Partnership approval to support implementation. Seek agreement virtually from Lothian Partnership Forum to the																
Pre-implementation period: - consultation with staff in conjunction with staff side/Partnership Leads to agree how the hours of the working week will change - amend rosters and finalise new hours of work effective from 1 April 2026. - provision of information to eRoostering to ensure all changes in place for 1 April 2026. - services progress backfill recruitment of additional staff where agreed as appropriate mitigation - services develop and test any digital mitigations (e.g. O365 / CoPilot)																
Final preparation period amendments to SSTs with new working patterns and resolve any outstanding issues.																
IMPLEMENTATION of RWW																

Appendix 2 – List of Services indicating no Backfill required and where approach can be confirmed

Division	Service Area
Acute	Emergency Departments ANP
Acute	RIE Acute Medical Unit ANP's
Acute	Renal and Transplant ANP's
Acute	Community Dialysis and Inpatient Dialysis RIE, SJH and WGH
Acute	CTR Specialist Nurses
Acute	Clinical Nurse Managers RIE
Acute	In-patient and Chronic Pain Team
Acute	Major Trauma
Acute	Medical Equipment Management, Medical Physics
Acute	Medical Equipment Management, Medical Physics
Acute	DATCC Admin team
Acute	External Provider Office
Acute	Outpatient Redesign
Acute	Cardiology, Cardiothoracic & Respiratory Medicine
Acute	General & Vascular Surgery
Acute	Acute and General Medicine
Acute	CTR Directorate
Acute	Cardiothoracic Surgery
Acute	DCN
Acute	Acute Management Team
Acute	OAS – RIE OPD's
Acute	OAS Management Team
Acute	Medicine of the Elderly & Stroke Services
Acute	Medicine of the Elderly & Stroke Services
Acute	Major Trauma
Acute	Orthopaedics
Corporate	Care Home Programme Team
Corporate	Occupational Health Physiotherapy
Corporate	Manual Handling Service (MHS) - Lothian Occupational Health and Safety Service (LOHSS)
Corporate	Occupational Staff Counselling Service
Corporate	Public Health and Health Policy
Corporate	Dawn Carmichael, PFI/PPPP Team, Corporate Division
Corporate	Health & Care Staffing/Excellence in Care Team Corporate Nursing
Corporate	Community Nursing (Corporate Services)
Corporate	Public Health and Health Policy - covers multiple staff over the Dept that fall within our different Divisions
Corporate	Lothian Occupational Health and Safety Services
Corporate	Vaccination

Corporate	Public Health and Health Policy - covers multiple staff over the Dept that fall within our different Divisions
Corporate	Vaccination
Corporate	Human Resources and Organisational Development
Corporate	Digital and IT - Programmes, Development and Training
Corporate	Digital Innovation
East Lothian Partnership	Acute and Ongoing Care
East Lothian Partnership	East Lothian community hospital inpatient wards
East Lothian Partnership	Community Mental Health/Substance use/Community Learning Disability/ Older Adult Community Mental Health
East Lothian Partnership	Community Learning Disability Nurse Team
East Lothian Partnership	East Lothian Primary Care Services Admin
East Lothian Partnership	Businesss Support - PAs
East Lothian Partnership	Businesss Support - PAs
Edinburgh Partnership	Occupational Therapy Mental Health and Substance Use services
Edinburgh Partnership	MSK Physiotherapy and Associated O/P Services
Edinburgh Partnership	Governance and Business Function
Edinburgh Partnership	Community Hospitals, Care Homes and Tech Admin (including management not in professional lines)
Edinburgh Partnership	Community Hospitals, Care Homes and Tech Admin (including management not in professional lines)
Estates & Facilities	Estates & Facilities - SMT / Business Management & SMT PA Teams
Estates & Facilities	Hard Facilities Management - East & Midlothian
Estates & Facilities	Hard Facilities Management - Royal Infirmary of Edinburgh/PFI
Midlothian Partnership	Business Management
Midlothian Partnership	Strategic Planning and Performance
Midlothian Partnership	Executive Leadership Team
Primary Care	Department of Sleep Medicine
Primary Care	Continence Care Service
Primary Care	South Premises EHSCP
Primary Care	Vaccination Service
Primary Care	Oral Health Admin
Primary Care	Dental Care Professional - Oral Health
Primary Care	Oral Health Service - Operations/Decontamination/Oral Health Improvement
REAS	CPA Co-ordinator
REAS	Learning Disability Service - Discharge Co-Ordinator
REAS	Learning Disabilities - William Fraser Centre
REAS	Learning Disabilities Inpatient SService
REAS	Harm Reduction Team (multidisciplinary)- ATRC
REAS	Lothian and Edinburgh Abstinence Programme (LEAP) - ATRC
REAS	Adolescent Substance Use (ASUS)

REAS	Intellectual Disabilities
REAS	Psychology Admin
REAS	CAMHS
REAS	Primary Care Facilitation Team (PCFT) & Addiction Treatment & Recovery Care (ATRC) SMT
REAS	LEAP - ATRC
REAS	South East Forensic Healthcare
REAS hosted but Pan Lothian	CAMHS Tier 3 & 4, MH Inpatient (LD, Acute, OP, Rehab, HBCCC, MBU, RFU) pan Lothian, CMHTs Edinburgh & East, LEDS, Oncology
West Lothian Partnership	WL HSCP
West Lothian Partnership	West Lothian CPN Service
West Lothian Partnership	West Lothian child development centre
West Lothian Partnership	West Lothian HSCP Business Admin support

Appendix 3 – List of Services where a Backfill Request has been made that will need confirmation of outcome before approach can be confirmed

Division	Service Area
Acute	Emergency Department Nursing Team
Acute	RIE ED Minor Injuries Unit
Acute	Orthopaedic Nursing Ward 108/109/MTW/209/220
Acute	RIE Acute Medical Unit and Interface
Acute	Renal and Transplant Wards
Acute	General Medicine and GI
Acute	General and Vascular Surgery
Acute	Diabetes Nurse Specialists service Pan Lothian, Endocrinology CNS Metabolic Unit WGH, Dermatology Nurse Specialists Lauriston
Acute	Outpatient clinics SJH, WGH, LB, RIE OAS
Acute	Flow Navigation Hub (flow Centre) Clinical Nursing Team
Acute	Children's Services
Acute	SJH Management
Acute	Ophthalmology
Acute	MEDAS
Acute	Emergency Care
Acute	Head & Neck
Acute	Day treatment centres – wards 1 and 7 WGH, Ward 15 St John's; Oncology Outpatients WGH; HTIC at RIE
Acute	Cardiac Physiology
Acute	Oncology Inpatient ANPs SACT ANP BREAST ANPs
Acute	Endoscopy
Acute	SJH Theatres, Recovery and PAEP-NURSING
Acute	RIE Theatres, Recovery and pre-op assessment- NURSING
Acute	WGH Theatres, Recovery-NURSING
Acute	Critical Care (SJH/WGH/RIE)
Acute	Site and Capacity
Acute	GI and Rheumatology
Acute	Hospital at Night
Acute	Advanced Critical Care Practitioners
Acute	Acute Medicine
Acute	Radiology-Nursing
Acute	Medicine of the Elderly
Acute	Surgery
Acute	General Medicine
Acute	General Medicine WGH
Acute	Urology/Colorectal
Acute	Clinical Nurse managers

Acute	orthopaedic supported discharge team
Acute	ANPs orthopaedic trauma and major trauma.
Acute	Medicine of the Elderly and Stroke
Acute	Department of Clinical Neurosciences
Acute	Pain Service V2 (updated submission)
Acute	Electroconvulsive Therapy ECT
Acute	Women's Services
Acute	Pan Lothian
Acute	Bereavement Service
Acute	ATCC Corporate Services
Acute	Critical Care Recovery
Acute	Children and Young People's Occupational Therapy
Acute	Children and Young Peoples Speech and Language Therapy
Acute	Orthoptics(Hosted in Ophthalmology)
Acute	NHS Lothian (Single System) Adult Speech and Language Therapy
Acute	Acute Adult Physiotherapy
Acute	Radiology
Acute	Acute Occupational Therapy Adult - RIE/WGH
Acute	Radiotherapy
Acute	Physiotherapy - Children and Young People
Acute	Physiotherapy MSK Outpatients
Acute	Orthopaedics
Acute	PAEDIATRIC AUDIOLOGY
Acute	Respiratory Physiology Service, NHS Lothian, Outpatients
Acute	Medical Equipment Management, Medical Physics
Acute	Medical Equipment Management, Medical Physics
Acute	Adult Audiology
Acute	Oncology Physics
Acute	Laboratories - Infection Science
Acute	Laboratories - Infection Science (Reference labs)
Acute	Radiation Protection and Imaging Physics
Acute	Blood Sciences and Point of Care
Acute	Antenatal Screening Service (Blood Sciences)
Acute	Nuclear Medicine Physics, Medical Physics
Acute	Nuclear Medicine Physics Technologists: DEXA service , delivery of molecular radiotherapy and support for Nuclear Medicine GFR service
Acute	Vascular Laboratory, Surgical Directorate
Acute	Labs Management Team
Acute	Pathology
Acute	NSD Genetics and Molecular pathology

Acute	Clinical Genetics
Acute	Laboratories - Infection Science (Reference labs) - UPDATED SUBMISSION
Acute	Cardiology
Acute	Emergency Department
Acute	Cancer Services – Admin and Clerical Teams (including DA's)
Acute	Therapy & rehab Admin Service (sits in Acute AHP under Eddie Balfour)
Acute	DIABETES/ENDOCRINOLOGY/OUTPATIENTS STJ:WGH/ MONITORING
Acute	Adult Audiology
Acute	HOS and Admin, Medical Physics
Acute	MEDAS SJH
Acute	Flow Navigation Centre Admin team
Acute	Anaesthetics, Theatres & Critical Care - Pan Lothian admin functions
Acute	Dermatology
Acute	Head & Neck Admin Teams
Acute	Medicine Services
Acute	Flow Navigation Centre Admin team
Acute	Anaesthetics, Theatres & Critical Care - Pan Lothian admin functions
Acute	Dermatology
Acute	Head & Neck Admin Teams
Acute	Medicine Services
Acute	Orthopaedics
Corporate	Community Nursing (Corporate Services)
Corporate	Clinical Education and Training
Corporate	Tissue Viability
Corporate	Occupational Health
Corporate	Public Protection - Adult protection and MAPPA (management of serious offenders)
Corporate	Infection Prevention & Control
Corporate	Child Protection Team
Corporate	Integrated MSK Services
Corporate	Pharmacy Acute Service
Corporate	Primary Care Pharmacy Services (incl. HSCP's and Mental Health)
Corporate	Pharmacy HEPMA & PSC Team, ERD, MAG. QRGs, CDGT, PBF
Corporate	Staff Bank
Corporate	Patient Experience
Corporate	Generic Recruitment
Corporate	HealthRoster & Systems Support
Corporate	Interpretation & Translation services
Corporate	Voluntary Services
Corporate	Occupational Health

Corporate	Finance excluding Payroll, The Charity and PPPP/PFI
Corporate	Occupational Health
Corporate	Finance excluding Payroll, The Charity and PPPP/PFI
Corporate	Policy Hub, Corporate Nursing
Corporate	Policy Hub, Corporate Nursing
East and Midlothian service - hosted in East	East and Midlothian School Nursing Service
East Lothian Partnership	Acute and ongoing care
East Lothian Partnership	Acute and ongoing care
East Lothian Partnership	Care Home Team
East Lothian Partnership	Health Visiting
East Lothian Partnership	Rehabilitation Medicine - Robert Fergusson Unit
East Lothian Partnership	District Nursing
East Lothian Partnership	East Lothian Palliative Care Nurses
East Lothian Partnership	SEXUAL HEALTH- NURSING
East Lothian Partnership	Cardiac rehabilitation
East Lothian Partnership	East Lothian Rehabilitation Service - Outpatient delivered services
East Lothian Partnership	East Lothian Rehabilitation Service (ELRS) - Occupational Therapy - Unscheduled Care
East Lothian Partnership	East Lothian Rehabilitation Service (ELRS): Community Physiotherapy - Unscheduled & Scheduled Care Workstreams
East Lothian Partnership	Mental Health Physiotherapy
East Lothian Partnership	Pharmacotherapy – Primary Care
East Lothian Partnership	Rehabilitation Medicine
East Lothian Partnership	East Lothian Rehabilitation Service
East Lothian Partnership	Business Support - Esk
East Lothian Partnership	East Lothian Rehabilitation Service
East Lothian Partnership	Business Support - Esk
Edinburgh Partnership	EHSCP Learning Disabilities Services
Edinburgh Partnership	EHSCP Substance Use Services
Edinburgh Partnership	EHSCP Mental Health
Edinburgh Partnership	Primary Care
Edinburgh Partnership	Community Hospitals HBCCC/ICF
Edinburgh Partnership	1. IOPS; Day Hospital and community ANPs
Edinburgh Partnership	Edinburgh Primary Care
Edinburgh Partnership	EHSCP Care Homes - Nursing
Edinburgh Partnership	Edinburgh Primary Care
Edinburgh Partnership	THIS AN AMENDMENT TO PREVIOUSLY SUBMITTED FORM-Occupational Therapy Mental Health and Substance Use services
Edinburgh Partnership	Community Hospitals, Care Homes and Technology
Edinburgh Partnership	Hospital ,Care homes and Technology
Edinburgh Partnership	Community Rehabilitation Occupational Therapy

Edinburgh Partnership	Prosthetics and Orthotics - SMART Services
Edinburgh Partnership	Community Physiotherapy - Head of Service Home First, Community Rehabilitation and Reablement
Edinburgh Partnership	Edinburgh Primary Care
Edinburgh Partnership	SMART Services, Assistive Technology, Wheelchair & Seating Service
Edinburgh Partnership	SMART Services, Assistive Technology, Environmental Control Service, Custom Design Service and Clinical Gait Analysis Service, Scientific support to other SMART Services.
Edinburgh Partnership	SMART Services, Assistive Technology, Wheelchair Delivery, Repair and Refurbishment Service (WDRRS)
Edinburgh Partnership	Premises - North
Edinburgh Partnership	Home First Community Rehabilitation and Reablement Management Team
Edinburgh Partnership	EHSCP Mental Health, Substance Use and Learning Disabilities
Edinburgh Partnership	SMART Services - Admin
Edinburgh Partnership	Edinburgh Primary Care
Edinburgh Partnership	Home First Community Rehabilitation and Reablement Management Team
Edinburgh Partnership	EHSCP Mental Health, Substance Use and Learning Disabilities
Edinburgh Partnership	SMART Services - Admin
Edinburgh Partnership	Edinburgh Primary Care
Estates & Facilities	Hard Facilities Management - Fire Safety Team
Estates & Facilities	Soft Facilities Management - West Lothian
Estates & Facilities	Hospital Sterilisation & Decontamination Unit (HSDU)
Estates & Facilities	Soft Facilities Management - Western General Hospital
Estates & Facilities	Soft Facilities Management - Little France
Estates & Facilities	Soft Facilities Management - Edinburgh Community and East / Midlothian
Estates & Facilities	Soft Facilities Management - Transport / Vaccination Logistics
Estates & Facilities	Hard Facilities Management - West Lothian
Estates & Facilities	Hard Facilities Management - REAS Team
Estates & Facilities	Soft Facilities Management - Laundry
Estates & Facilities	Hard Facilities Management - Western General
Estates & Facilities	Risk, Quality & Assurance Team
Midlothian Partnership	Community Children's Services
Midlothian Partnership	older peoples services community nursing adult, DN , CTAC, H@H, VACCINATION TEAM, CARE HOME SUPPORT TEAM
Midlothian Partnership	Midlothian Community Learning Disabilities Service

Midlothian Partnership	Midlothian Community Hospital
Midlothian Partnership	Midlothian Flow HUB
Midlothian Partnership	Midlothian Mental Health and substance Use
Midlothian Partnership	Discharge to Assess
Midlothian Partnership	Midlothian in patient rehabilitation
Midlothian Partnership	1: Midlothian MSK core physiotherapy
Midlothian Partnership	Midlothian Community Respiratory Team
Midlothian Partnership	Midlothian Assessment and Rehab Team (MART)
Midlothian Partnership	Dietetics
Midlothian Partnership	Midlothian Primary Care Pharmacy Team
Midlothian Partnership	Administration
Primary Care	cardiac rehabilitation
Primary Care	East Lothian CTACS
Primary Care	Primary Care Vaccination East Lothian
Primary Care	Tuberculosis Nursing Service
Primary Care	Lothian Unscheduled Care Service
Primary Care	Adult Complex and Exceptional Needs
Primary Care	West Lothian GP APP
Primary Care	CTAC
Primary Care	LUCS GP Out of Hours Service Administrative and Support Services
Primary Care	LUCS GP Out of Hours Service Administrative and Support Services
REAS	Child and Adolescent Mental Health Tier 2 and Tier 3 out-patient teams
REAS	Specialist Services REAS
REAS	Acute Hospital Learning Disability Liaison Nurse Team
REAS	Mental Health Unscheduled Care (MHAS&IHTT)
REAS	Ritson Clinic - ATRC
REAS	Older Peoples Mental Health
REAS	Adult acute services at REH
REAS	Mental Health Rehabilitation
REAS	Forensics
REAS	Police custody healthcare (court liaison and diversion)
REAS	CAMHS Occupational Therapy
REAS	All REAS Occupational Therapy (excluding CAMHS)
REAS	Lothian Eating Disorders Service
REAS	Psychology (Hosted in REAS)
REAS	CAMHS
REAS	Psychotherapy Department - Clinical Management is through the medical line
ReAS	OPD15 & OPD16 Clinical Neurophysiology
REAS	Business & Assurance
REAS	REAS Administration (AMH, OPMH, LD)

REAS	REAS Administration (AMH, OPMH, LD)
West Lothian Partnership	West Lothian's Older People's Community Mental Health Team NHS Lothian
West Lothian Partnership	Adult and children's vaccination service
West Lothian Partnership	West Lothian Treatment room Nursing and Phlebotomy services
West Lothian Partnership	west lothian mental health in-patient
West Lothian Partnership	Hospital at Home
West Lothian Partnership	Community Nursing - District Nursing, Care Home Team, Bladder & Bowel Service
West Lothian Partnership	Community Nursing - Community Hospital (Older Adults)
West Lothian Partnership	cmht west
West Lothian Partnership	Health Visiting
West Lothian Partnership	School Nursing
West Lothian Partnership	Occupational Therapy
West Lothian Partnership	Podiatry
West Lothian Partnership	Scheduled Care Physiotherapy
West Lothian Partnership	Physiotherapy In patients and Community Services (Unscheduled Care)
West Lothian Partnership	Outpatients Occupational Therapy Mental Health Team
West Lothian Partnership	Inpatient Mental Health
West Lothian Partnership	Inpatient Mental Health Occupational Therapy
West Lothian Partnership	Inpatient Mental Health Team

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: Corporate Objectives & Annual Delivery Plan Mid-Year Review 2025

Responsible Executive: Colin Briggs, Director of Strategic Planning

Report Author: As Above

1 Purpose

To ask the Board to note the review of progress against Corporate Objectives and the Annual Delivery Plan and to take moderate assurance on this progress.

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

As a matter of good governance, the Board sets Corporate Objectives, submits an Annual Delivery Plan, and reviews progress against both. The results are presented to the Strategy, Planning, and Performance Committee as close to mid-year as possible and thereafter to the Board.

2.2 Background

Board members are well-versed in the process the Board uses for the construction of its Corporate Objectives each year, with these reflecting the organisation's commitment to the delivery of the *Lothian Strategic Development Framework*. This is augmented by the use of the ADP to meet both local and national priorities.

In previous years Board members have provided feedback on a desire to see a clearer link between performance data and the narrative provided and a renewed attempt is made to provide this in the attached.

A draft of the attached was circulated to the Strategy, Planning, and Performance Committee at its November meeting, but pressure of time prevented presentation and discussion. Non-executive directors nonetheless reviewed the draft and provided helpful feedback, and a summary table is presented under section 2.3.

2.3 Assessment

Table 1, below, shows an assessment of progress against each corporate objective, with a subjective 5-point scale in use as follows;

- Yes – will meet corporate objective
- Mostly – good progress in most areas
- Partially – mixed performance
- Limited – significant work to do to meet objective
- No – will not be met

Table 1 – showing performance against corporate objectives, NHSL, at mid-year 2025-26

Area	Type of feedback	On-track?	Challenges
Scheduled Care	Numerical	Mostly	Cancer Waiting Times, Diagnostics, Endoscopy
Unscheduled Care	Numerical	Mostly	RIE Performance improved but distance to go
Children's	Numerical and Narrative	Partially	CAMHS Waiting Times
Primary Care	Narrative	Yes	Capital
Mental Health, Illness, and Wellbeing	Numerical	Limited	Inpatient capacity
Anchors	Narrative	Yes	
People and Culture	Narrative	Yes	
Transformation	Narrative	Yes	
Capital	Narrative and numerical	Yes	Significant shortfall in £
Revenue	Numerical	Mostly	Savings plans
Prevention	Narrative	Yes	
RIE	Narrative	Mostly	As discussed in private session
Board Assurance Framework	Narrative	Yes	

Board members will note from the appendix that a description of where evidence has been sourced from has been included at the end of the document, to allow members to more easily track performance each cycle.

It is in the nature of some of these objectives that they are not necessarily numerical, but are about constructing plans on progressing initiatives. This is in line with the style adopted by the Scottish Government for some work, while others are numerical and therefore a harder "pass/fail."

It should also be noted that Corporate Objectives are agreed and published at a point in time, and do not reflect the importance of issues which emerge during the year, such as the organisation's maternity services.

2.3.1 Quality/ Patient Care

The intent of this work is expressly to improve the quality of patient care.

2.3.2 Workforce

No implications at this point.

2.3.3 Financial

As noted in the summary, the organisation is in a relatively strong position financially, compared to the rest of NHS Scotland.

2.3.4 Risk Assessment/Management

There are no direct implications for the Board's corporate risk register.

2.3.5 Equality and Diversity, including health inequalities

ECRIAs are undertaken for each initiative and decision-making process, but not for monitoring in this way.

2.3.6 Other impacts

None noted.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

Presented in papers to SPPC, November 2025, but as noted above, without time to discuss.

2.4 Recommendation

The Board is recommended to take **moderate assurance** on progress to deliver against corporate objectives.

3 List of appendices

Appendix 1 – summary of corporate objectives and ADP

NHS Lothian Annual Delivery Plan – Mid-Year Review

Commitment area	Year-end target	Position	Notes
Unscheduled Care			
<u>Corporate Objective</u> <i>Fiona Wilson</i>	Deliver the plan set out by the Programme Board to meet 90% performance against the 4-hour emergency access standard and a bed occupancy of 90%, with 0 12-hour waits and no more than 60 delayed discharges in acute sites by 31st March 2026.		
<u>Performance measures in ADP</u>	Reduce long waits by 90%	Reduction of c.25%	
	Increase virtual capacity by 40%	Expanding to “default” pathways. On track for increase.	
	Reduce bed occupancy at RIE.	RIE occupancy reached 95% in summer from 98.5% baseline.	
	Access to frailty services from each medical receiving unit	In place. Positive HIS feedback. On average 60 fewer beds in use for >75 patients than 2024 baseline. All but 8 GP practices in Lothians have agreed to Frailty LES	
	Improved Flow Navigation Centres	Consultant-led model in place. Redirections increased by 4%. SAS collaboration in place. c.8 patients per day being admitted to specialties via “primacy” model through FNC.	
	Expand Pharmacy First services	c.16,000 contacts per week	Scotland-wide definition still work in progress

Commitment area	Year-end target	Position	Notes
Scheduled Care			
Corporate Objective Michelle Carr	Develop and implement plans to deliver agreed performance levels in scheduled care, with a focus on improving cancer waiting times performance, minimising the number of people waiting for diagnostic tests for more than 6 weeks, and the number waiting over 52 weeks for appointments and treatment.		
Performance measures in ADP	Provide 150,000 more appointments and treatments across Scotland	For appointments – currently count additional 23,000. For treatment – depends on “see and treat” conversion from the above.	Definition and baseline nationally unclear – figures provided here do not include endoscopy/diagnostics etc.
	95% of radiology appointments to be delivered within 6 weeks of referral	10,599 as at end August vs mid-year trajectory 9,507	
	No outpatients over 52 weeks at 31 st March 2026	On trajectory – agreed position with SGHSCD is 8828 over 52 weeks as at end March.	Target of 8828 agreed with SG.
	Reduction in number of patients waiting over 52 weeks for TTG	Ahead of trajectory – 4,204 vs 5,551 (end August)	Target of 3735 agreed with SG
	Cancer Waiting Times 31 days	92.5% (end July) vs 94.1% trajectory	
	Cancer Waiting Times 62 days	64.7% (end July) vs 81% trajectory	
	<2000 patients waiting over 6 weeks for endoscopy	Off trajectory – 5,706 (end August) vs 4,112	Activity c.15% above plan

Commitment area	Year-end target	Position	Notes
Mental Health, Illness, and Wellbeing			
<u>Corporate Objective</u> <i>Alison White -> Joint Directors and Jim Crombie</i>	Improve flow through the Royal Edinburgh Hospital to bring occupancy sustainably below 98% in acute adult mental health; deliver CAMHS and PT performance improvements as agreed with Scottish Government		
<u>Performance measures in ADP</u>	Improve unscheduled care flow for mental illness patients	Work in progress. Occupancy remains over 105% for adult acute mental health within REH, with delayed discharges a concern.	See papers to SPPC November 25
	Deliver Psychological Therapies target	On track	
Children and Young People			
<u>Corporate Objective</u> <i>Colin Briggs</i>	Advance LSDF priorities by strengthening neurodevelopmental and transition supports, improving digital tools, and embedding shared performance measures. We will identify and scale effective practices, deepen strategic partnerships through children's plans to lay the groundwork for a more resilient, person-centred system that delivers better outcomes for children and young people.		
<u>General update</u>	Consultative events on children’s services plans are now underway in partnership with local authorities, Police Scotland, and the third sector. We are in the process of formulating a new model to support more effective transition planning for young people, and we have established a programme group to oversee our improvement work on ND in both adults and children. We are retooling the Programme Board and Dr Edward Doyle, Deputy Medical Director, will now co-chair the Programme Board.		
<u>Performance measures in ADP</u>	Meet 18 week target for CAMHS Outpatients	65.2% (Aug) Escalated to level 3 of Support Framework	See papers to SPPC November 25

Commitment area	Year-end target	Position	Notes
Primary Care			
<u>Corporate Objective</u> <i>Tracey McKigen</i>	Sustain and improve primary care access including supporting national initiatives such as Pharmacy First, Community Glaucoma Services, and others		
<u>General update</u>	Pharmacy First is now providing c.16k contacts per week. Community Glaucoma rolled out. We are working closely with SG on how a different model for primary care facilities – described in the SRF as “hubs” could be delivered and expect some further news in the next 6-8 weeks.		
Revenue			
<u>Corporate Objective</u> <i>Craig Marriott</i>	Deliver financial balance and 3% efficiency programme		
<u>General update</u>	As at M4 NHSL was £3.1m overspent, balancing an operational overspend of £14.9m and the release of £11.8m of reserves. Forecast for year-end remained breakeven. A 3% efficiency target equated to £64m and £50m of plans had been identified, with slippage against both target and plan reported.		
Capital			
<u>Corporate Objective</u> <i>Colin Briggs, Jim Crombie, Craig Marriott</i>	Develop contingency plans for all physical infrastructure recorded as high-risk through the BCP process and progress the OBC for PAEP		
<u>General update</u>	Contingency planning on track, with additional resources gained through BCP process, although still significant shortfall. PAEP OBC process on track.		

Commitment area	Year-end target	Position	Notes
Transformation			
<u>Corporate Objective</u> Jenny Long	Develop and implement a practical transformation approach for NHS Lothian, focussed on improving care outcomes, enhancing experiences for those who use our services and work for and with us, and ensuring long-term financial sustainability. Using data-driven insights and digital innovation, we will optimise decision-making, improve care pathways, and maximise resources		
<u>General update</u>	See paper at SPPC November 25, following positive Board Development session in October.		
Prevention			
<u>Corporate Objective</u> Susan Webb	Develop a system-wide strategic prevention plan by summer 2025 which articulates how we will deliver and demonstrate the impact of a renewed focus on prevention activity to address the building blocks of health, improve early years health outcomes and tackle the burden of disease through an inequalities lens.		
<u>General update</u>	Following the NHS Lothian Board paper in April 2024, which made the case for prevention and presented opportunities to further embed prevention across the Lothian health and care system, the CMT agreed a set of prevention outcomes in July 2025. Work is underway with LSDF programme boards and other groups to develop actions that will contribute to these outcomes, as well as the development of a measurement framework. It is intended that the suite of prevention outcomes, actions and measures will be presented to the CMT in February 2026, and the subsequent NHS Lothian Board meeting in April 2026. Prevention work is being shared with Children’s Services Partnerships across the four Lothian partnership areas to inform the development of new children’s services plans from 1 April 2026.		
People and Culture			
<u>Corporate Objective</u> Tom Power	Develop a plan that sets out the long-term leadership and culture development required for NHS Lothian's role in system wide reform and transformation, and continue to provide targeted support for services that maintains quality and safety		
<u>General update</u>	High-level assessment of priority areas discussed by CMT in September 25 and currently on-track for delivery of final plan by year-end.		

Commitment area	Year-end target	Position	Notes
Royal Infirmary of Edinburgh			
<u>Corporate Objective</u> <i>Craig Marriott/Jim Crombie</i>	Continue mitigation measures to increase safety at RIE by 1. Working with other duty holders and SFRS, 2. Finalising a commercial agreement with the PFI provider to facilitate lifecycle/remedial works, 3. Putting in place arrangements for the facility beyond the end of the primary contract.		
<u>General update</u>	1. Working with other duty holders and the Scottish Fire and Rescue Service to improve fire safety. Interim measures continue via the fire response team and good housekeeping practices with regard to deliveries, waste management and control of smoking and vehicle movements close to the building.. A programme of works including fire signage, fire door replacement and fire stopping continues while preparation is made for the installation of L1 fire detection, creation of additional hazard rooms and addressing external wall system shortfalls. 2. Finalising a commercial agreement with the PFI provider to facilitate lifecycle and remedial works. NHSL/Consort are down to final commercial points – none of which contravene the original Heads of Terms and are anticipated to be concluded this week. This will then be followed by funder credit committees’ approvals during December. Despite this commercial delay a number of lifecycle/remedial works have progressed – eg ward decants to undertake fire stopping. In anticipation of the commercial agreement, preparation of tender specifications has also been developed for future works. 3. Putting in place arrangements to ensure the continued operation of the facility beyond the end of the primary contract provider and to deliver a smooth transition to NHS management. Timing of the hand over (phased or all at end of primary period date) and options for the provision of currently subcontracted services are being reviewed. A hand over project board has been established with representation from Finance, Estates and Facilities, HR and Edinburgh University (Chancellors Building). A project plan with anticipated activities has been developed and with input from NHS Assure and Scottish Futures Trust, hand over information requirements (eg asset condition information, maintenance records and O&M manuals) is being established and sourced.		

Commitment area	Year-end target	Position	Notes
Board Assurance Framework			
<u>Corporate Objective</u> <i>Caroline Hiscox/John Connaghan</i>	Develop and implement revised and integrated strategic performance, quality and risk reporting arrangements for the Board and its committees during 2025/26, as key components of a new Board Assurance Framework.		
<u>General update</u>	Steering group established. Two meetings of group to date. On track.		
Anchor Institutions			
<u>Corporate Objective</u> <i>Susan Webb</i>	Progress our addressing of inequalities through delivery of the 2025/2026 LSDF Anchor Institution pillar, with a specific focus on meeting and demonstrating outcomes related to workforce, expenditure and land and assets.		
<u>General update</u>	Anchor Institutions Programme Board continues to work to the agreed plans and on agreed priority areas.		

Where are items reported?

Unscheduled Care 4-hour performance is reported in the regular SPPC and Board performance reports. This year the Board and SPPC have both received multiple presentations on actions being taken to improve performance, and these have included descriptions of progress in long waits. Monthly monitoring is at CMT and at the Unscheduled Care Programme Board. The strategic planning and commissioning of Unscheduled Care sits with our Integration Joint Board partners.

Scheduled Care performance reporting is through the regular SPPC and Board performance reports. The Board and SPPC have also seen the financial and trajectory submissions for scheduled care. Monthly monitoring is at CMT and the Scheduled Care Programme Board. The strategic planning and commissioning of Unscheduled Care sits with NHS Lothian.

Mental Health, Illness, and Wellbeing reporting has been through reports and presentations to SPPC, with verbal reports being made to the Board. Detailed papers are being presented in the SPPC of November 2025. Monitoring is at every CMT and the Mental Health, Illness, and Wellbeing Programme Board. The strategic planning and commissioning of Mental Health, Illness, and Wellbeing sits with our Integration Joint Board partners.

Performance against the CAMHS outpatients standard is through the CMT, and is now being reported as part of the refreshed arrangements for the Children and Young People's Programme Board. The strategic planning and commissioning of Children's services sits with NHS Lothian. NHS Lothian is escalated to level 3 for this item.

Maternity service improvement is reported to CMT and has been the subject of detailed reporting through CMT and to SPPC. The strategic planning and commissioning of maternity services sits with NHS Lothian. NHS Lothian is escalated to level 3 for this item.

Financial performance is a standing monthly item at CMT and is reported to F&C and to the Board at every meeting.

The People and Culture Corporate Objective is monitored through Staff Governance Committee.

Prevention and Transformation are reported to CMT and to the Board.

The management of contracts for the Royal Infirmary of Edinburgh is through CMT and the Board.

Meeting:	NHS Lothian Board
Meeting date:	03 December 2025
Title:	Drug Related Deaths Annual Report 2024
Responsible Executive:	Susan Webb, Director of Public Health
Report Authors:	Flora Ogilvie, Consultant in Public Health Niall Moloney, Drug Related Death Coordinator

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 Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

Sadly, there were 152 drug-related deaths recorded in NHS Lothian in 2024. This was slightly lower than the number of deaths in 2023 (182), representing a 16% decrease. Age-adjusted rates in Lothian (18.7 per 100,000 population for the period 2020-2024) are slightly lower than the Scotland average for the same period (22.5 per 100,000 population) and the percentage decrease in deaths in Lothian (16%) between 2023 and 2024 was slightly greater than the Scotland average decrease (13%). There was a decrease of 19 deaths in the City of Edinburgh, 9 deaths in West Lothian and 3 deaths in Midlothian, with an increase of 1 death in East Lothian.

2.2 Background

Work is ongoing within all three of Lothian's Alcohol and Drug Partnerships (ADPs) to improve access to substance use services, including supporting people with harm reduction. All three ADPs have been rated Green ('fully implemented') against almost all of the national Medication Assisted Treatment (MAT) Standards in national benchmarking. We also continue to work closely with Public Health Scotland (PHS), including through our Local Early Warning System operating procedure to identify and respond to clusters of harms. Wider prevention activities are also ongoing, in line with the national Population Health Framework and Lothian's Strengthened Approach to Prevention, to increase people's access to the building blocks of health and reduce the risk factors for substance use in future generations.

2.3 Assessment

While there was an overall decrease in the number of drug-related deaths seen in Lothian compared to the previous year, we however conscious that relatively small local numbers remain subject to annual variation, and do not want to prematurely assume that we are seeing a new downward trend, particularly when [national data shows ongoing high levels of harm in the first quarter of 2025/26](#). There has been little change in the demographics of those affected, or substances implicated in recent years, with 70% of deaths being in males, and the median age of those suffering a drug related death being 45. There continue to be social economic inequalities, with national data showing those living in the most deprived twenty per cent of areas (SIMD Quintile 1) were 12 times as likely to have a drug-related death than those in the least deprived twenty percent of areas (SIMD Quintile 5). Only 46% of those who suffered a drug-related death were in current contact with substance use services, although a further 19% had had previous contact with substance use services. The substances implicated in deaths also remained similar to previous years, with opioids remaining the most common class of drug implicated, however there has been a continued increase in the proportion of deaths in which cocaine was implicated, as well as an increased in the implication of synthetic opioids (nitazines).

2.3.1 Quality/ Patient Care

The implementation of the national MAT Standards are an important part of improving quality patient care, however further work is still needed to support more people to access and remain in contact with services.

2.3.2 Workforce

Acknowledgement should be given to the ongoing work that frontline staff carry out to support people who use substances in Lothian to reduce their risk of harm.

2.3.3 Financial

There are no new financial implications.

2.3.4 Risk Assessment/Management

There are no implications for the Board's Corporate Risk Register.

2.3.5 Equality and Diversity, including health inequalities

There is no requirement for an ECRIA to be conducted on this Annual Report of data.

The report highlights that drug related deaths are not equally distributed in the population.

Sex: In 2024 69.7% of those who died were male and 30.3% were female

Age: The most common age of death was 45. There were no deaths in under 18s.

Ethnicity: The majority of individuals were 'White' (92.8%) including 70.4% 'Scottish,' followed by 18.4 'White British.' This compares with 77.7% of the Lothian population who identified as 'Scottish' and 9.4% who identified as 'White British' from the Scottish Census 2022.

Deprivation: The majority of drug-related deaths in Lothian occurred in more deprived areas: SIMD Quintile 1 (most deprived): 48 deaths, Quintile 2: 51 deaths, Quintile 3: 31 deaths, Quintile 4: 13 deaths and Quintile 5 (least deprived): 9 deaths.

Other characteristics: Data was not sufficiently well recorded on police reports in order to be able to provide any analysis of these deaths by disability or other protected characteristics, however police and pathology reports showed that 52.6% of those who died had at least one mental health condition described as part of their medical history.

2.3.6 Other impacts

No other relevant impacts.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, however patients and members of the public were not engaged on this report. The report was however reviewed by:

- NHS Lothian Drug and Alcohol Harm Reduction Partnership Group 21 October 2025

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.

- NHS Lothian Public Health Population Health SLT 21 October 2025
- NHS Lothian Public Health and Health Policy SMT 27 October 2025

2.4 Recommendation

- **Assurance** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Drug Related Deaths Annual Report 2024



Drug Related Deaths Annual Report 2024

Public Health and Health Policy

Introduction

National Records of Scotland (NRS) report annually on [drug related deaths in Scotland](#). Additional analysis is then conducted by NHS Lothian's Public Health Team to produce an NHS Lothian Drug Related Death Annual Report, with this report providing information on the DRDs that occurred in Lothian between January 2024 and December 2024.

Responsibility for delivering actions to support the National Drugs Mission sits with Lothian's three Alcohol and Drug Partnerships (ADPs), with governance and reporting back processes directed to the respective Integrated Joint Boards (IJBs). This includes delivering the implementation of the Medication Assisted Treatment (MAT) Standards (which were published in May 2021 with the objective of improving access, choice and care and to ensure that MAT is safe and effective) as well as wider work to reduce drug-related harm and deaths.

While there were sadly 152 drug related deaths in Lothian in 2024, Lothian's ADP's performance against the implementation of the MAT Standards in 2024-25 was rated as 'green' (fully implemented) across all ten of the MAT Standards in each ADP area, with the exception of Edinburgh ADP which was rated 'amber' (partially implemented) for MAT 9 (ensuring that all people the co-occurring drug use and mental health difficulties receive mental health care at the point of MAT delivery in an integrated way). It is important to acknowledge the significant role that frontline substance use staff and wider partners play in providing support, treatment and harm reduction to those who use substances in Lothian. Without their efforts the number of deaths may well have been higher.

We know that further work is required to support more people to access and remain in treatment in Lothian, as well to improve options to support those who use non-opioid substances. Proposals for this ongoing work this is set out within Lothian's individual Alcohol and Drug Partnership Strategies and plans. It is also important that NHS Lothian and wider partners maintain their commitment to wider prevention activities, in line with the national Population Health Framework and NHS Lothian's Strengthened Approach to Prevention, to increase people's access to the building blocks of health and reduce the risk factors for substance use in future generations of the population.

Summary

Sadly, there were 152 drug-related deaths recorded in NHS Lothian in 2024. This was slightly lower than the number of deaths in 2023 (182), representing a 16% decrease. Age-adjusted rates in Lothian (18.7 per 100,000 population for the period 2020-2024) are slightly lower

than the Scotland average for the same period (22.5 per 100,000 population) and the percentage decrease in deaths in Lothian (16%) between 2023 and 2024 was slightly greater than the Scotland average decrease (13%). Within Lothian there was a decrease of 19 deaths in the City of Edinburgh, 9 deaths in West Lothian and 3 deaths in Midlothian, with an increase of 1 death in East Lothian. While the numbers of deaths are higher in Edinburgh than within Lothian's other local authority areas, this reflects the larger size of the overall population in Edinburgh, with the age-standardised rates per 100,000 not being statistically significantly different between the four local authorities.

It is important to note that relatively small numbers of deaths remain subject to annual variation, and we should not prematurely assume that we are seeing a new downward trend, particularly when [national data shows ongoing high levels of harm in the first quarter of 2025/26](#). In addition to continued high levels of harm, the pattern of drugs implicated in deaths also continues to change, with stimulants and benzodiazepines accounting for a larger proportion of implicated drugs, as well as heightened levels of harm from synthetic opioids.

Of the 152 drug-related deaths in Lothian in 2024, 70% were male and 30% were female. The median age of those that suffered a drug-related death in 2024 was 45. The age and sex profile of those who experienced drug related deaths is similar to recent years, although there has been a change from more historic data, with the proportion of females increasing, and the median age rising over recent decades. Across Scotland, those living in the most deprived twenty per cent of areas (SIMD Quintile 1) were 12 times as likely to have a drug-related death than those in the least deprived twenty percent of areas (SIMD Quintile 5). The postcode areas with the greatest number of residents who suffered a drug-related death were EH6 in the North-East of Edinburgh encompassing Leith and Newhaven; EH16 in the South-East encompassing Craigmillar, Liberton and Prestonfield; and EH11 in the South-West of Edinburgh encompassing Gorgie, Dalry, Saughton and Sighthill.

The majority of drug deaths (82%) had more than one drug implicated, with a total of 50 different drugs implicated in 2024 and an average of 4 different drugs from 4 different classes implicated in each drug-related death. Opioids remain the most commonly implicated class of drugs (implicated in 79.6% of deaths in 2024), in keeping with recent years there has been an increase in the proportion of deaths in which stimulants such as cocaine are implicated, with stimulants implicated in 53.9% of deaths in 2024.

There was an increase in proportion of deaths in which cocaine was implicated, rising to 51.3% of deaths compared to 45% and to 39% in 2023 and 2022. A similar increase was seen across Scotland with cocaine implicated in 47.1% of drug-related deaths in 2024 compared to 41% and 35% in 2023 and 2022, respectively. The synthetic opioids nitazenes were implicated in 19 deaths in 2024, a significant increase on the 4 deaths in which it was implicated in 2023. Lothian continues to have a high rate of prescribable benzodiazepines

implicated in drug-related deaths, 36.2% compared to the national rate of 19.7%. Gabapentinoids, which are also prescription drugs, were implicated in 44.7% of deaths in Lothian, compared with 36.8% of deaths nationally.

Only 46.1% of those who suffered a drug-related death were in current contact with substance use services at the time of their death, however an additional proportion had had previous contact with substance use services, with only 35% not being known to substance use services at any point. 19% had a previous recorded recent non-fatal overdose. These figures were similar to recent years. 82% lived in their own rented or owned accommodation, however 13% were living in homeless accommodation or with a friend or family member. Compared with 2023 there was a slight reduction in the number of deaths that occurred in the year after discharge or disengagement from community or primary care substance use services (from 17.5% in 2023 to 8.6% in 2024), as well as slight reductions in the number of deaths where individuals had been in police custody in the 6 months before death (from 15.9% in 2023 to 7.9% in 2024) as well as a slight reduction in deaths where individuals were living in homeless accommodation (from 8.8% in 2023 to 3.9% in 2024).

57% lived alone, however a significant minority, 16%, were known to have children under the age of 16, compared with 26% in 2023.

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1. Overview of deaths

Key findings:

- There were 152 drug-related deaths recorded in NHS Lothian in 2024, a 16.5% decrease compared to 2023 or 30 fewer deaths
- There was a decrease of 19 deaths in the City of Edinburgh, 9 deaths in West Lothian and 3 deaths in Midlothian, and an increase of 1 death in East Lothian
- The decrease seen in Lothian is comparable to national figures, with a 13% decrease in the number of drug-related deaths recorded nationally in 2024 compared to 2023.

1.1 Methods to ascertain number of drug related deaths in Lothian

Reports of suspected drug-related deaths are received throughout the year, with death reports forwarded by the pathology lab and recorded by the Lothian Drug Related Death Coordinator. The timely reporting of suspected drug-related deaths is valuable to monitor potential emerging trends and hotspots. Deaths are recorded to the locality and postcode where the person lived at the time of their death, rather than the location of the death. In pre-2023 NHS Lothian drug-related death reports a broader definition was used, which included deaths in which controlled substances were a primary or secondary cause of death, however since the 2023 Annual Report the definition of drug-related deaths used by National Records of Scotland (NRS) has now been adopted in Lothian to make comparisons with other areas of Scotland possible. The updated definition has also been used when making comparisons with numbers of deaths in previous years. The definition of drug-related deaths can be found in Annex A.

1.2 Reviewing drug-related deaths

All local drug-related death information is reviewed by the Lothian Drug-Related Death Coordinator, with this information used as the basis for the Board's Drug-Related Deaths Annual Report as well as to populate the National Drug Related Death Database (NDRDD) at Public Health Scotland. The Drug Deaths Taskforce response from the Scottish Government has outlined the need for further guidance on the operation of individual drug-death reviews, however this is currently still in draft form, with publication not expected until later in 2025.¹ In the interim, multi-disciplinary drug-related death reviews meetings are being held in 2 of the 3 Alcohol and Drug Partnerships (ADPs) in Lothian. These review meetings are held quarterly and bring together partners from NHS Lothian, social services, police and

¹ [Drug death review groups - Drug Deaths Taskforce response: cross government approach - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/drug-death-review-groups/pages/2.aspx)

the third sector, with actions and minutes recorded by the ADPs/services. Due to the significantly higher level of drug-related deaths in Edinburgh, this process is not undertaken for all individuals. Reviews of deaths are however conducted as part of wider processes for the following categories of individuals in Edinburgh:

- Those in contact with secondary care Substance Use Services (SUS)
- Those registered with the Access Place primary care practice (Edinburgh's primary care practice for those experiencing homelessness and additional needs)
- Those in recent contact with the justice system
- Those designated as 'adults at risk' of harm²
- Young People aged under 18 (or under 25 if care experienced)³
- Those under the care of other NHS Lothian secondary care services

While awaiting the publication of national guidance on individual drug death reviews, it was proposed that Edinburgh explore options for undertaking reviews of deaths in key population groups, for example young people; women; those not in contact with substance use services; those experiencing homelessness; those who have children living within their household; those in recent contact with the justice system; those with a co-existing mental health or neurodevelopmental diagnosis. Recognising that there is some overlap between these groups and the groups whose deaths may already be reviewed as part of existing processes, it was decided to first explore the existing learning obtained from those processes. Work is ongoing and will be appended to the 2024 Annual Report once available.

NRS compiles data on probable suicides separately from drug-related deaths and deaths will only be included in one dataset, therefore suicide deaths are not considered within this report.

1.3 Number of drug related deaths in Lothian

In Lothian in 2024, 152 drug-related deaths were recorded by National Records of Scotland, this is a decrease of 30 deaths, or 16.5% compared to 2023 when 182 deaths were recorded. This compares to a 13% decrease nationally between 2023 and 2024. The decrease in the number of deaths was not seen consistently across all four localities within Lothian, with an increase of 1 death in East Lothian and a decrease of 19 deaths in the City of Edinburgh, 9 deaths in West Lothian and 3 deaths in Midlothian.

While each death is one too many for the individuals and families involved, it is important to remember that statistically these are relatively small numbers, meaning it can be more meaningful to look at changes in numbers of deaths over a period longer than a single year. There was an average of 168 drug-related deaths in Lothian in the previous five years,

² [Adult support and protection - Social care - gov.scot](https://www.gov.scot/adult-support-and-protection-social-care)

³ In 2025 an additional review was conducted of deaths in non-care experienced children and young people age 18-24, to supplement existing reviews of the care-experienced population

with a lower 95% confidence interval of 143 and an upper of 194 deaths. We would therefore urge caution in interpreting the significance of any changes that fall within this range⁴.

The higher number of deaths in Edinburgh are likely a reflection of its higher population. When number of deaths are presented as a rate per 100,000 age-standardised population (see section 1.7) there is no statistically significant difference between the 5-year rates for the four Lothian local authorities. Table 1 provides a breakdown for each locality within Lothian, as well as the four geographical areas within Edinburgh.

Table 1. Number of primary drug-related deaths by locality in Lothian in 2024 with comparison to 2023 and age-standardised rate per 100,000 population, source: NHS Lothian data

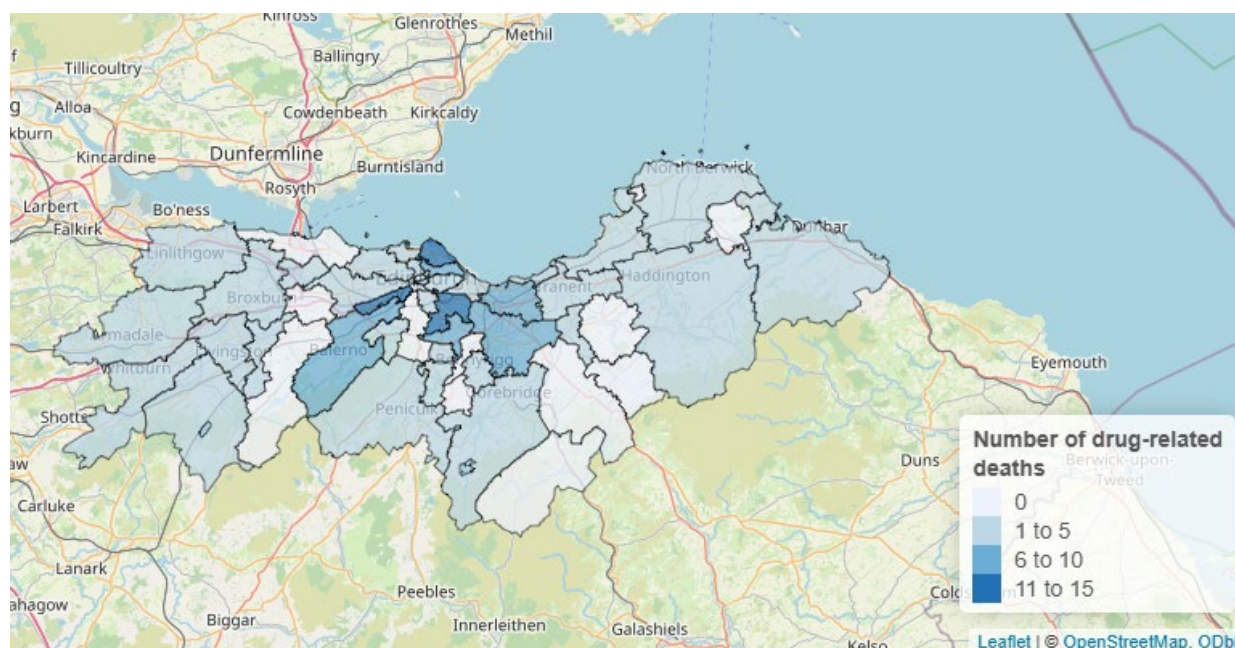
Area	Drug-related deaths 2024	Change 2023 to 2024	Drug-related deaths 2023	Age-standardised rate (per 100,000 population) 2020-2024
City of Edinburgh	92	Decrease	111	20.6
Edinburgh North-East	34	-	34	-
Edinburgh North-West	10	Decrease	18	-
Edinburgh South-East	23	Decrease	33	-
Edinburgh South-West	25	Decrease	26	-
East Lothian	21	Increase	20	16.5
Midlothian	17	<i>Decrease</i>	20	18.2
West Lothian	22	Decrease	31	16.3
NHS Lothian	152	<i>Decrease</i>	182	18.7

1.4 Location of drug-related deaths in Lothian

Drug-related deaths in 2024, as in previous years, were spread throughout Lothian. The postcode areas with the greatest number of residents who suffered a drug-related death was EH6 in the North-East of Edinburgh encompassing Leith and Newhaven; EH16 in the South-East encompassing Craigmillar, Liberton and Prestonfield; and EH11 in the South-West of Edinburgh compassing Gorgie, Dalry, Saughton and Sighthill. This is similar to 2023, when EH6 (North-East) and EH11 (South-West) had the greatest number of residents who suffered a drug related death.

⁴[Drug-related deaths in Scotland, Methodology annexes, Annex D: Fluctuations in the numbers of drug](#)

Figure 1. Map of drug-related deaths in Lothian in 2024 by postcode of residence, source: NHS Lothian and National Records of Scotland



1.5 Trends in drug related deaths in Lothian

The number of drug-related deaths has risen extensively since 2010. Figure 2 below shows the change in the number of drug-related deaths per local authority area within Lothian and Lothian overall. Between 2023 and 2024 there was a slight reduction in the number of deaths in the City of Edinburgh, Midlothian and West Lothian and slight increase in East Lothian. Overall, in Lothian between 2023-2024 there was a reduction in the number of drug-related deaths following the national trend.

Figure 2. Drug-related deaths in Lothian, 2010 to 2024, source: National Records of Scotland

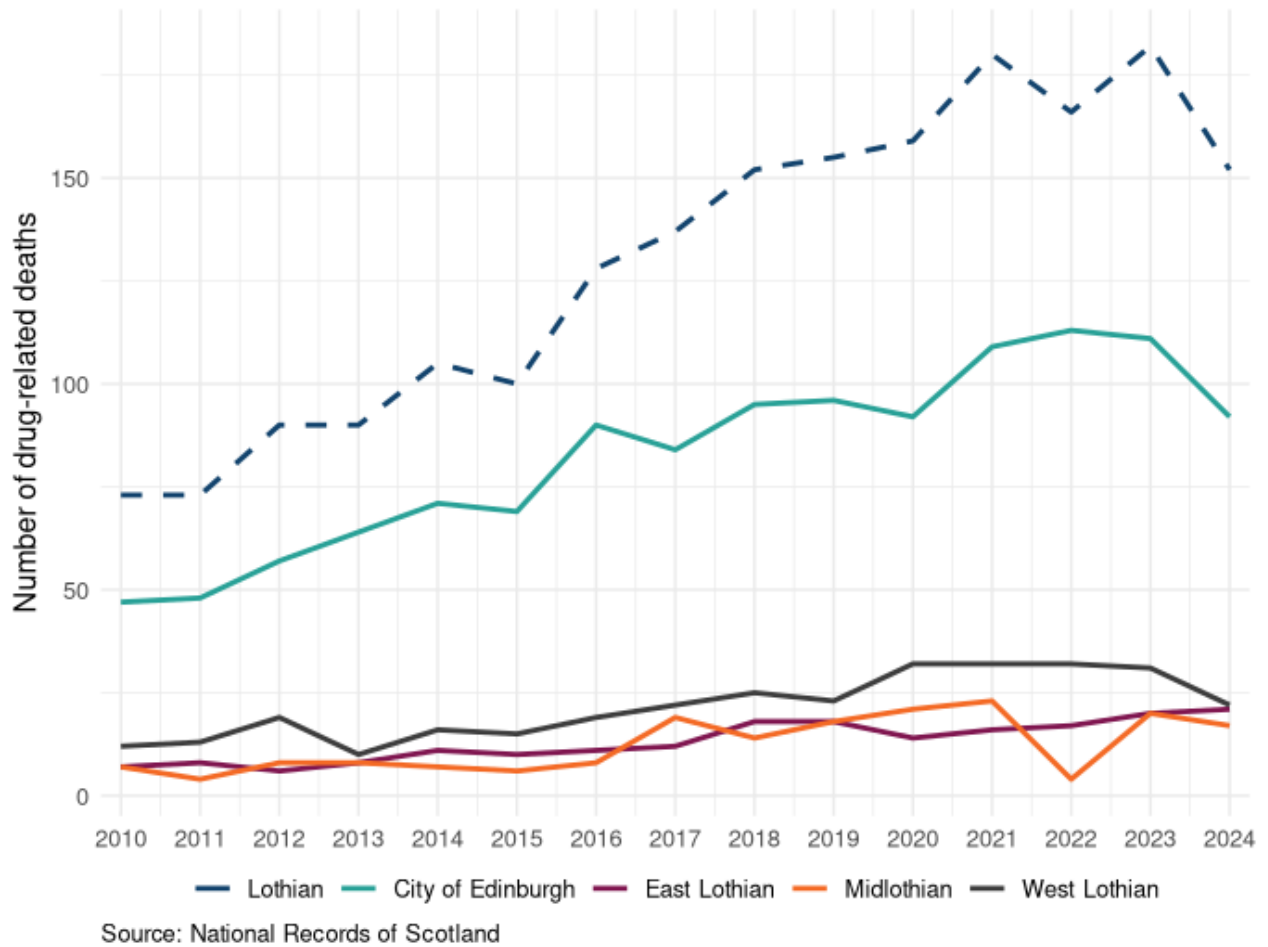
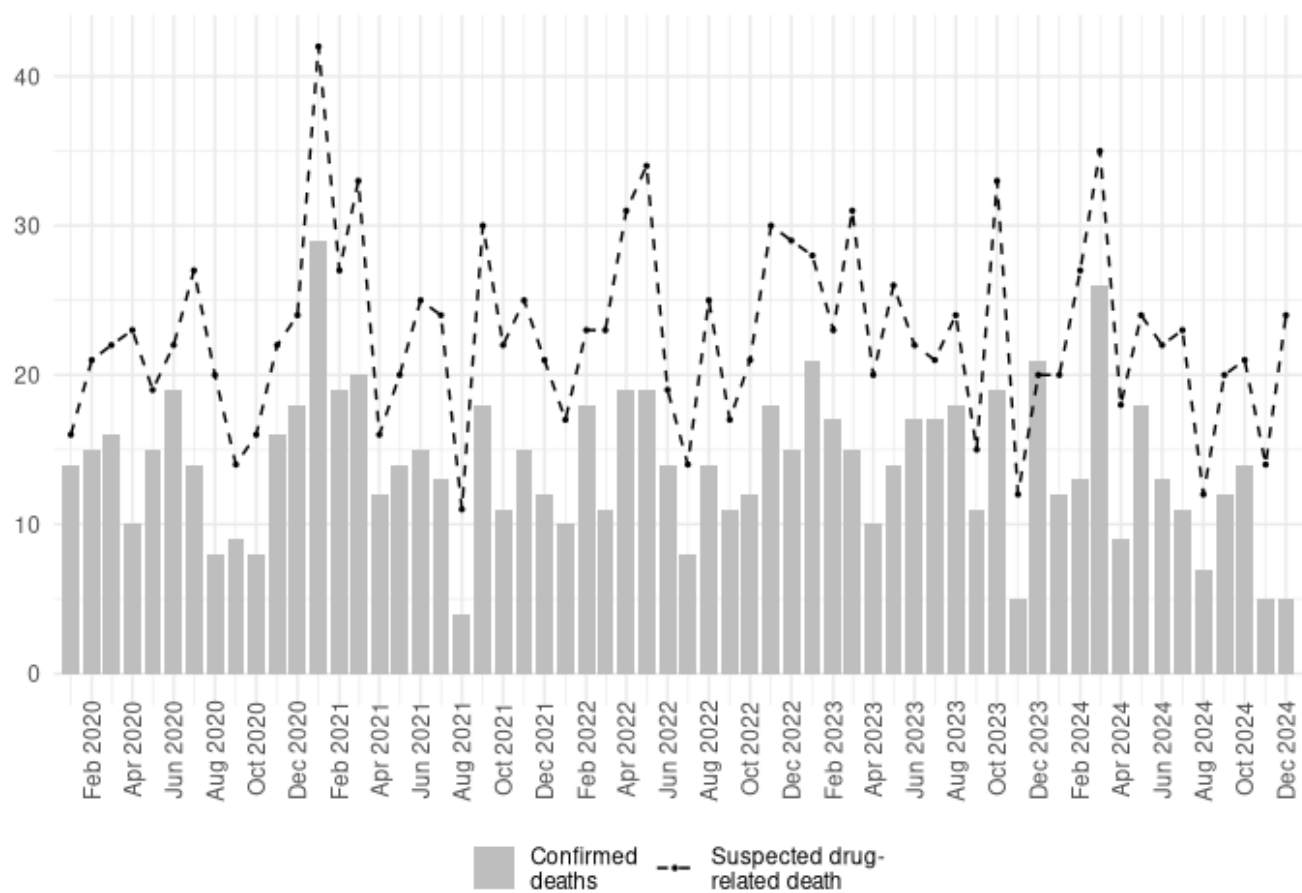


Figure 3 below shows the total number of suspected and confirmed drug-related related received per month by month of death from January 2020 to December 2024. Note that National Records of Scotland categorises deaths by the month in which they receive the report instead of the month of death and this may lead to some differences when comparing the chart below and the final figures released by NRS. Deaths notified to NRS after mid-December will be counted in the following year's data. The number of both suspected and confirmed drug-related deaths varies month to month. There was a spike in the number of drug-related deaths in March 2024, when 26 deaths occurred compared to the average of 12 deaths per month throughout the year.

Figure 3. Drug-related deaths in NHS Lothian by month of death, number of suspected and confirmed drug-related deaths, between 2020 and 2024, source: NHS Lothian (suspected death data) / National Records of Scotland (confirmed death data)



Source: NHS Lothian. Note: drug-related deaths are categorised by the month in which they are reported to NRS and not the time of death as displayed here.

1.6 Drug-related deaths by cause of death in Lothian

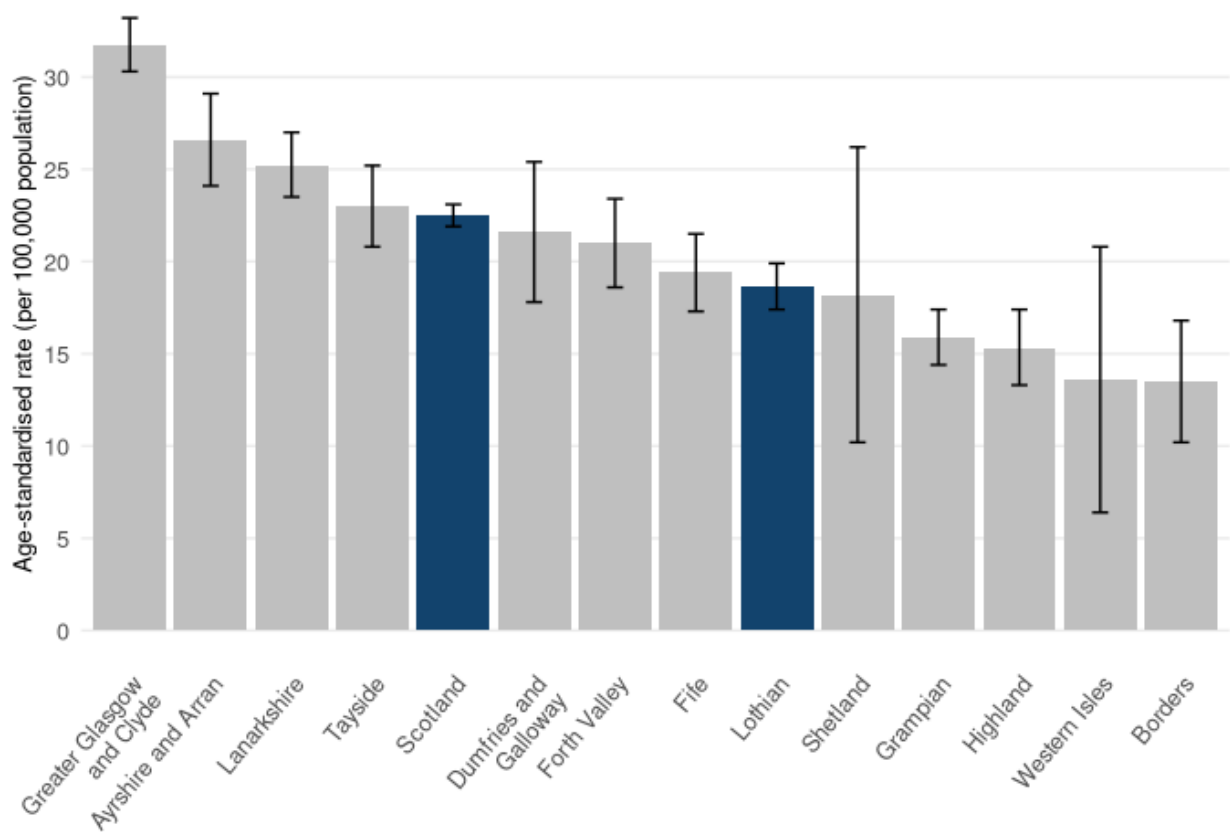
In 2024 in Lothian the majority (90%) of drug-related deaths were classified as accidental poisonings (ICD10 codes X41 and X42), 5% of deaths were classified as intentional self-poisoning (ICD10 codes X61 and X62). This breakdown is similar to Lothian data for 2023 of 89% and 6% respectively and to national data for 2024 of 91% and 6% respectively. There were a small number of deaths (5%) classed as mental and behavioural disorders due to the use of drugs (ICD10 codes F11 and F19).

1.7 Comparison of drug related death numbers with other areas

The rate of drug-related deaths varies substantially between Health Boards across Scotland. Figure 4. Below compares age-standardised drug-related deaths per 100,000 people in the

period 2020 to 2024 for selected NHS Boards. Greater Glasgow and Clyde has the highest rate of drug-related deaths of all Scottish health boards with 31.7 deaths per 100,000 people, while Borders had the lowest rate with 13.5 deaths per 100,000 people, over the period 2020-2024. In Lothian the age-standardised death rate in the period 2020-2024 was 18.7 per 100,000 people, this remains lower than the Scotland wide rate of 22.5 per 100,000.

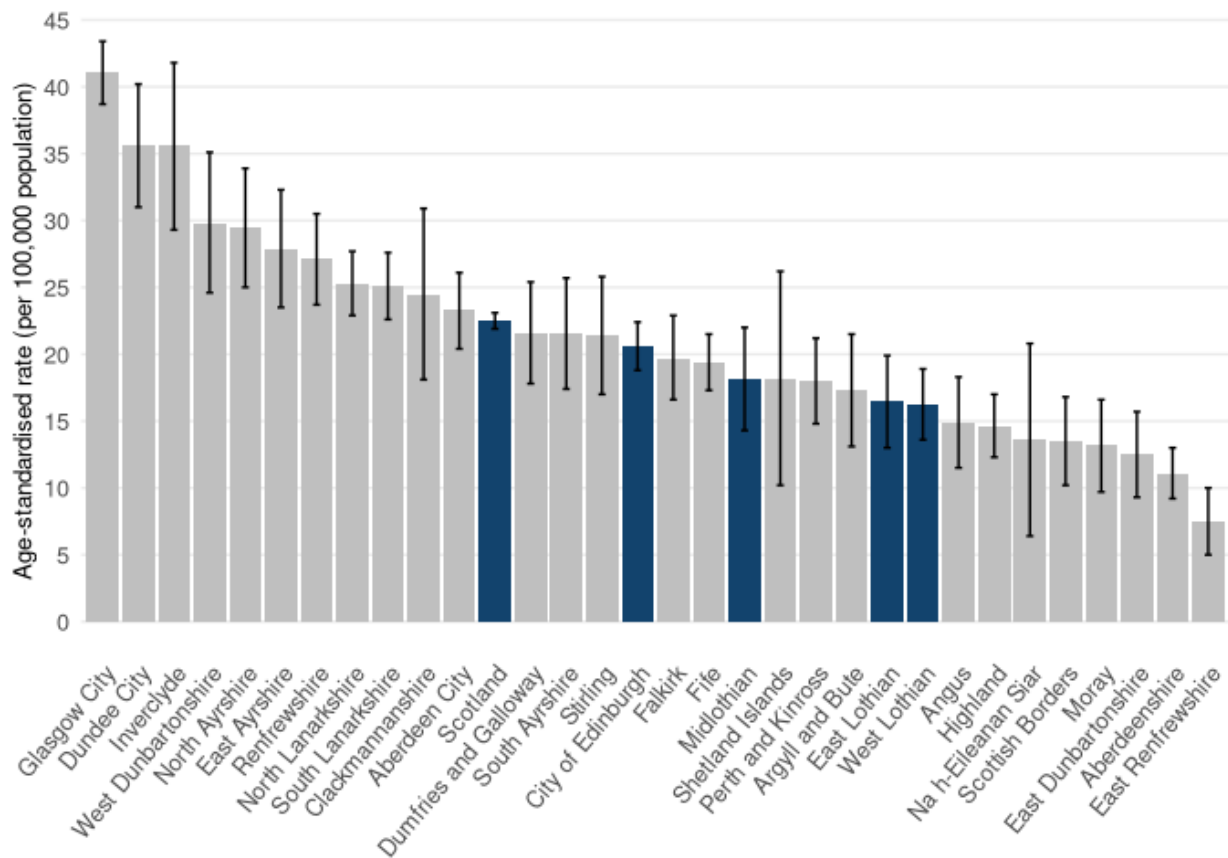
Figure 4. Drug-related deaths for selected NHS Board areas, age-standardised rate per 100,000 people 2020-2024, source: National Records of Scotland



Source: National Records of Scotland

At a local authority level, between 2020 and 2024 Glasgow City had the highest number of age-standardised drug-related deaths per 100,000 at 41.1. Using Scotland as a benchmark with 22.5 age-standardised deaths per 100,000 people in the period 2020-2024, all local authorities in Lothian continue to have a lower rate of age-standardised drug-related deaths than the national rate. Within Lothian, the City of Edinburgh reported the highest rate of 20.6 age standardised deaths per 100,000 people, this was followed by Midlothian, East Lothian, and West Lothian with rates of 18.2, 16.5, and 16.3 respectively.

Figure 5. Drug-related deaths for selected council areas, age-standardised death rates per 100,000 people 2020-2024, source: National Records of Scotland

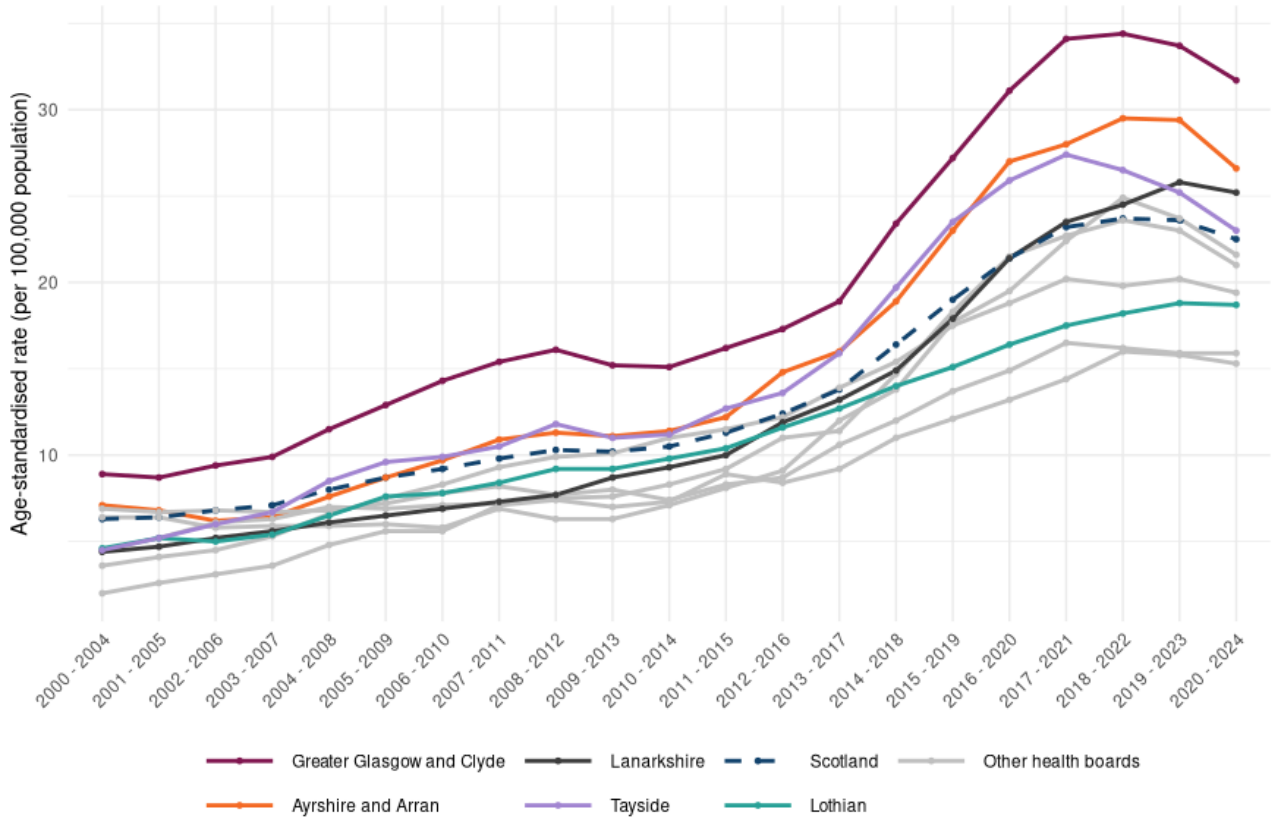


Source: National Records of Scotland

In the single year 2024 compared to 2023 there was a 13% decrease in the number of drug-related death in Scotland. Lothian recorded a 16.5% decrease in the number of drug-related deaths. Due to random variation, smaller boards, which have lower overall numbers of deaths each year, may experience larger percentage changes. Figure 7 therefore shows the change in five-year average age-standardised rates per 100,000 population.

The age-standardised mortality rate of drug-related deaths has increased across Scotland over the last two decades from 6.3 deaths per 100,000 in 2000-2004 to 22.5 deaths per 100,000 in 2020-2024. Nationally, the age standardised mortality rate peaked in 2018-2022 at 23.7 deaths per 100,000 and declined since. Similarly in Lothian the rate increased from 4.6 in 2000-2004, peaking in 2019-2023 at 18.8 before declining in 2020-2024 to 18.7 deaths per 100,000 people. This follows a similar trend in Tayside where the age-standardised rate peaked in the period 2017-2021 at 27.4 deaths per 100,000 before declining. In Greater Glasgow and Clyde and Ayrshire and Arran the rate peaked in 2018-2022 at 34.4 and 29.5 respectively and in Lanarkshire the rate peaked in 2019-2023 at 25.8 deaths per 100,000.

Figure 7. Drug-related deaths for selected NHS Board areas, age-standardised rate per 100,000 people, 2000-2004 to 2020-2024, source: National Records of Scotland



Source: National Records of Scotland

2. Demographics of those who suffered a drug-related death

Key findings:

- Of the 152 drug-related deaths in Lothian in 2023, 70% were male and 30% were female
- The median age of those that suffered a drug-related death in 2024 was 45.
- In Scotland, after adjusting for age, those living in the most deprived twenty percent of areas (SIMD Quintile 1) were 12 times more likely to die of a drug-related-death than those in the least deprived twenty percent of areas (SIMD Quintile 5).

2.1 Sex

Of the 152 drug-related deaths recorded in Lothian in 2024, 106 were male (69.7%) and 46 were female (30.3%). This is similar to 2023, when 70.3% were male and 29.7% were female. This is also in keeping with the national data where in 2024, 68.7% of deaths were male and 31.3% in female. Data from the National Records of Scotland shows that nationally, after adjusting for age, the gap between sexes has decreased over time, from males being 4.7 times as likely as females to suffer a drug-related death in 2000 to 2.3 times as likely in 2024.

2.2 Age

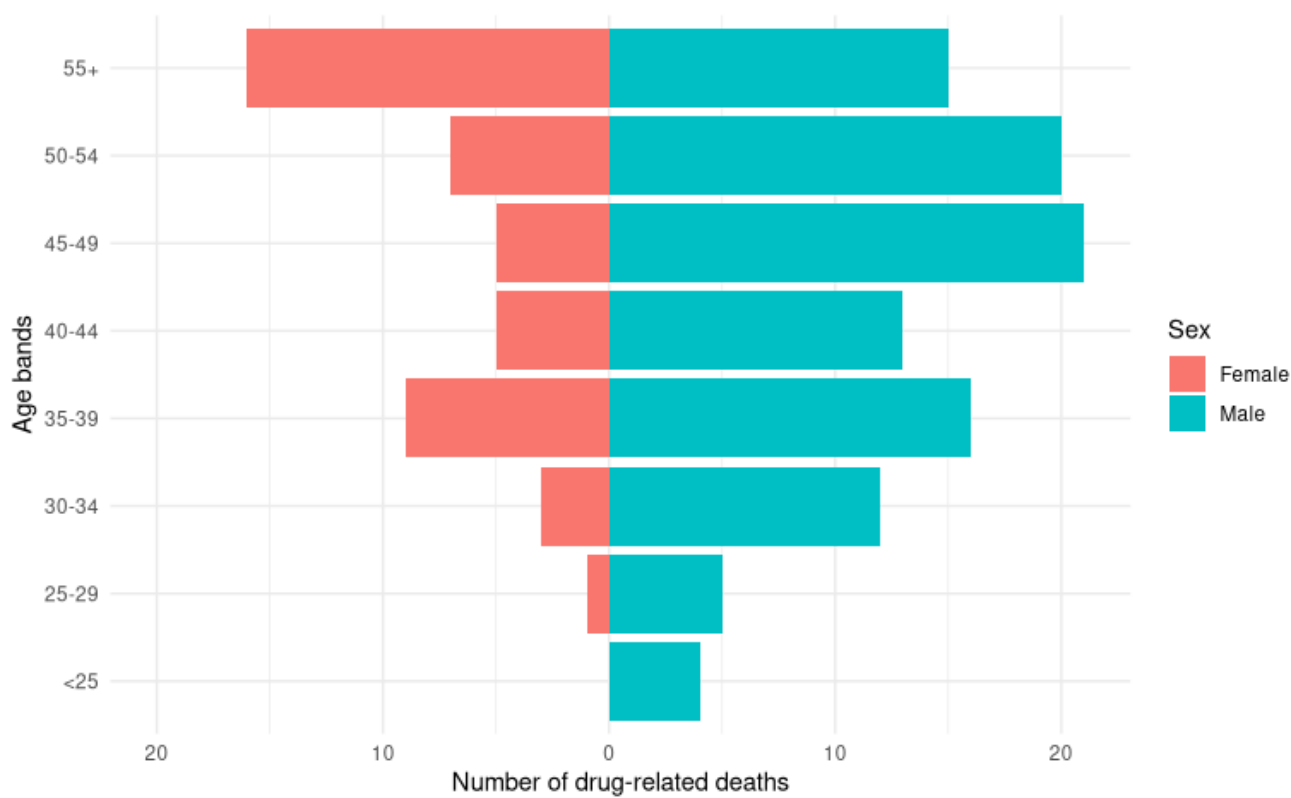
The average age of people who died of a drug-related death in Lothian in 2024 was 43, compared to 43 and 46 in 2023 and 2022 respectively. This remains similar to the national average of 45.2. In Lothian, the average age of males who suffered a drug-related death is slightly younger than females. Nationally, the average age of those that died of a drug-related death has increased from 32 in 2000 to 45 in 2024. In 2024 there remains to be a small number of drug-related deaths in those aged under 25 and no drug-related deaths in under 18s.

Table 2. Age distribution of drug-related deaths in 2024, source: NHS Lothian data.

Sex	Number	Mean (years)	Standard deviation	Minimum	Median	Maximum
Female	46	48.9	11.9	27	49	81
Male	106	44.4	10.9	20	45	77
All	152	45.8	11.4	20	45	81

In 2024, the age group with the most drug-related deaths was 50-54 (27 deaths, 17.8% of deaths in Lothian), followed by those aged 45-49 (26 deaths, 17.1% of deaths in Lothian), and 35-39 (25 deaths, 16.4% of deaths in Lothian), see figure 7 for a full breakdown of the number of deaths per age-group. This break down is similar to national statistics where the following age groups had the most deaths in 2024 (50-54: 17.4%, 45-49: 16.3% and 40-44: 16.3% of deaths). In Lothian in 2024 there was an overall decrease of 30 deaths compared to 2023, there was an increase in deaths in those aged 55+, returning to the level seen in 2022, this is likely due to the unusually small number of deaths in females aged 55+ seen in 2023.

Figure 8. Drug-related deaths in Lothian 2024 by age-group and sex, source: NHS Lothian data



2.3 Area-level deprivation-level of home postcode

Nationally in 2024, after adjusting for age, people in the most deprived twenty per cent of geographical areas (SIMD Quintile 1) of Scotland were 12 times more likely to die of a drug related death than people in the least deprived twenty percent areas (SIMD Quintile 5), as shown in table 3. Due to the small number of drug-related deaths in Lothian in 2024 per SIMD quintile, it was not possible to calculate this age-standardised rate locally. The majority of drug-related deaths in Lothian did however occurred in the more deprived areas, in line with the national picture; SIMD Quintile 1: 48 deaths, Quintile 2: 51 deaths, Quintile 3: 31 deaths, Quintile 4: 13 deaths and Quintile 5 (least deprived): 9 deaths.

Table 3. Drug-related deaths in Scotland by Scottish Index of Multiple Deprivation (SIMD) quintile, age-standardised death rates, 2024

	SIMD Quintile 1 (most deprived)	SIMD Quintile 2	SIMD Quintile 3	SIMD Quintile 4	SIMD Quintile 5 (least deprived)
Age standardised rate - Scotland	47.3	25.9	14.8	6.6	4.1

2.4 Ethnicity, disability and other protected characteristics data

Data on ethnicity was collected from police reports and NHS Lothian TRAK records, with ethnicity data available for 94.1% of individuals, compared to 81% in 2023. The majority of individuals were ‘White’ (92.8%) including 70.4% ‘Scottish’, followed by ‘White British’ 18.4%. This compares with 77.7% of the Lothian population who identified as ‘Scottish’ and 9.4% who identified as ‘White British’ from the Scottish Census 2022. There were a small number of ‘Other White’ and other ethnicities recorded.

2.5 Health co-morbidities at time of death

Police and pathology reports for all suspected drug-related deaths were checked for their medical history. Of those that suffered a drug-related death in 2024 in Lothian, 52.6% had at least one mental health condition described as part of their medical history in these reports, slightly higher than the 46% and 48% in 2023 and 2022 respectively. A respiratory condition was described in 23% of individuals and a cardiac condition in 14% of individuals.

Data was not adequately enough recorded on police reports in order to be able to provide any analysis of deaths by disability or other protected characteristics.

3. Drugs implicated in deaths

Key findings:

- A total of 50 different drugs were implicated in 2024
- 82% of drug-related deaths had more than one drug implicated, with an average of 4 different drugs from 4 different classes implicated
- Opioids remain the most commonly implicated class of drugs
- 55% of deaths had at least one stimulant implicated
- In 2024 there has been a continued increase in cocaine implications, with cocaine implicated in 51% of deaths compared to 45.1% and 39.2% in 2023 and 2022 respectively, a similar increase was seen across Scotland with cocaine implicated in 47% of drug-related deaths in 2024 compared to 41% in 2023
- Nitazenes were implicated in 19 deaths in 2024 compared to 4 deaths in 2023
- Bromazolam remains the most commonly implicated street benzodiazepine
- Lothian continues to have a high rate of prescribable benzodiazepines implicated in drug-related deaths, 36.2% compared to the national rate of 19.7%

3.1 Methods to ascertain drugs implicated in deaths in Lothian

Drugs implicated in drugs-related deaths are those listed by the pathologist on the ME4 form. This form is specifically for the pathologist to confirm which drugs they believe contributed to each death.

The number of drugs implicated in drug-related deaths varied significantly ranging from 1 to 10 different drugs, 82% of drug-related deaths in Lothian in 2024 had more than one drug implicated. The median number of drugs implicated in drug-related deaths remained 4 (the same as in the previous 3 years) from a median of 4 classes of drugs.

3.2 Classes of drugs implicated

Eighteen different classes of drugs were implicated⁵, and 50 different drugs were implicated in at least one drug-related death in Lothian in 2024, similar to 2023. Table 4 below provides a breakdown of the classes of drugs implicated including the number of deaths implicated in, the total number of times implicated and the number of drugs in each class.

Opioids remain the most commonly implicated class of drugs, implicated in 79.6% (121 of 152) drug-related deaths. Benzodiazepines are the second most commonly implicated class

⁵ Alcohol is included as a drug where it is implicated with other drugs, however death due to chronic alcohol use are reported separately by NRS as ['alcohol specific deaths'](#)

of drugs, implicated in 60.5% (92 of 152) deaths, followed by stimulants implicated in 53.9% (82 of 152) and gabapentinoids 44.7% (68 of 152).

Table 4. Main classes of drugs implicated in drug-related deaths in Lothian in 2024 & 2023, source: NHS Lothian data

	2024	2023
Drug class	Percentage and number of drug-related deaths implicated in	Percentage and number of drug-related deaths implicated in
Opioid	79.6% (121)	85.7% (156)
Benzodiazepine	59.9% (91)	62.6% (114)
Stimulants	53.9% (82)	47.3% (86)
Gabapentinoid	44.7% (68)	51.1% (93)
Anti-depressant	12.0% (18)	18.1% (33)
Alcohol	7.3% (11)	13.7% (25)
Non-benzodiazepine GABAergic	5.3% (8)	2.7% (5)

3.3 Overview of commonly implicated drugs

The most commonly implicated drugs in drug-related deaths in 2024 resemble those of previous years with some changes. A full breakdown of the most commonly implicated drugs can be found below in Table 5. In 2024 cocaine was the most commonly implicated individual drug, implicated in 51.3% of deaths, having become more commonly implicated in deaths in recent years (implicated in 45.1% of deaths in 2023 and 39.2% in 2022). In previous years methadone was the most commonly implicated drug, however in 2024 it was only implicated in 37.3% of deaths, a reduction from 54.9% of deaths in 2023. Methadone remains the most commonly prescribed form of opioid substitution therapy, however the increase in prescription of the alternative long-acting buprenorphine may be a factor in the reduced number of deaths in which methadone is implicated.

Benzodiazepines continue to be implicated in a high proportion of drug-related deaths, however the specific benzodiazepines most commonly implicated have continued to change, with etizolam being largely replaced by bromazolam and diazepam remaining commonly implicated. Gabapentinoids (pregabalin and gabapentin) are also commonly implicated in drug-related deaths, although to a lesser extent than in in 2023.

Table 5. The most commonly implicated drugs in drug-related deaths in Lothian in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

	Percentage and number of drug-related deaths implicated in		
Drug name	2024	2023	2022
Cocaine	51.3% (78)	45.1% (82)	39.2% (65)
Pregabalin	39.2% (60)	41.8% (76)	43.4% (72)
Methadone	37.3% (57)	54.9% (100)	48.8% (81)
Diazepam	32.0% (49)	36.8% (67)	34.3% (57)
Bromazolam	27.5% (42)	34.1% (62)	9.6% (16)
Heroin derived morphine	21.6% (33)	19.2% (35)	20.5% (34)
Morphine	14.4% (22)	15.4% (28)	16.3% (27)
Gabapentin	11.8% (18)	16.5% (30)	16.3% (27)
Alcohol	7.2% (11)	13.7% (25)	11.4% (19)
Dihydrocodeine	6.5% (10)	12.1% (22)	10.8% (18)

3.4 Opioids

Opioids remain the most commonly implicated class of drugs, 79.6% (121 of the 152) drug-related deaths in Lothian in 2024, with 188 implications in total. A full breakdown of the opioids implicated can be found below in table 6 below. Methadone and buprenorphine are the two most frequently prescribed drugs in opioid substitution therapy⁶; however, they are not always prescribed to the person whose death they are implicated in. Methadone was prescribed to 63.2% of people whose death it was implicated in, consistent with previous years in Lothian and buprenorphine was prescribed to 44% of the people in whose death it was implicated in.

⁶ [Estimated numbers of people prescribed opioid substitution therapy in Scotland \(12 month period\) Scottish Public Health Observatory 30 September 2025 - Estimated numbers of people prescribed opioid substitution therapy in Scotland - Publications - Public Health Scotland](#)

In 2024 the proportion of deaths where heroin was implicated increased compared to 2023 from 19.2% to 27.3%. National Record of Scotland (NRS) data combines heroin and morphine into one drug ‘heroin/morphine’, resulting in a reduction in the granularity around this data at national level. Nationally the proportion of deaths in which heroin/morphine is implicated has fallen from 67.1% in 2000 to 31.2% in 2024. The synthetic opioids nitazenes were implicated in 19 deaths in 2024, a significant increase on the 4 deaths in which it was implicated in 2023. Metonitazene was implicated in 19 of the nitazene deaths with, 8 of these deaths also having protonitazene implicated. Heroin or morphine was also implicated in 18 of these 19 nitazene deaths.

Table 6. Opioid implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

	Percentage (number) of drug-related deaths implicated in		
Drug name	2024	2023	2022
Methadone	47.1% (57)	54.9% (100)	48.8% (81)
Heroin derived morphine	27.3% (33)	19.2% (35)	20.5% (34)
Morphine	18.2% (22)	15.4% (28)	16.3% (27)
Metonitazene	15.7% (19)	2.2% (4)	-
Buprenorphine	13.2% (16)	2.2% (4)	6.0% (10)
Dihydrocodeine	8.3% (10)	12.1% (22)	10.8% (18)
Codeine	6.6% (8)	6.0% (11)	8.4% (14)
Protonitazene	6.6% (8)	1.1% (2)	0.6% (1)
Tramadol	5.8% (7)	7.1% (13)	9.0% (15)
Oxycodone	2.5% (3)	2.2% (4)	1.2% (2)
Fentanyl	1.7% (2)	2.2% (4)	0.6% (1)
Tapentadol	1.7% (2)	1.6% (3)	-
O-desmethyltramadol	-	0.5% (1)	-

3.5 Benzodiazepines

Twelve different benzodiazepines were implicated in drug-related deaths in 2024, as in 2023. Table 7 below provides a breakdown of the benzodiazepines and other drugs acting in a similar manner.

Public Health Scotland has developed a list to distinguish between ‘prescribable’ and / or ‘street benzodiazepines’ (see Annex B) which has been applied to the below tables (7A & 7B). Prescribable benzodiazepines are benzodiazepines (or metabolites thereof) which are licenced for prescription in the UK, note that prescribable benzodiazepines are not necessarily prescribed to the person whose death they were implicated in. While street benzodiazepines (or metabolites thereof) are not licensed for prescription in the UK or thought to have originated from an illicit source (due to low overall prescribing in Scotland). Of the 132 benzodiazepines implicated in drug-related deaths in Lothian in 2024, 61 were prescribable and 71 could be classified as street benzodiazepines.

Lothian continues to have a high rate of prescribable benzodiazepines implicated in drug-related deaths, 36.2% compared to the national rate of 19.7%. However, Lothian recorded a lower rate of street benzodiazepine implications than the national rate, at 42.1% vs 46.6%.

Diazepam remains the most commonly implicated benzodiazepine in 2024 and accounted for the vast majority of prescribable benzodiazepine report. While it is sometimes difficult to confirm prescriptions in individuals at the time of death; 30.6% of deaths in which diazepam was implicated had a known prescription. Bromazolam was the second most commonly implicated benzodiazepine and continues to be commonly implicated in 2024. While the number of deaths in which bromazolam was implicated increased significantly from 9.6% in 2022 to 34.1% in 2023, largely due to it replacing etizolam, there was a reduction in the proportion of deaths with bromazolam implicated in 2024 (27.6%).

Table 7A. Prescribable benzodiazepine implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Diazepam	32.2% (49)	36.8% (67)	34.3% (57)
Clonazepam	4.6% (7)	1.1% (2)	2.4% (4)
Nitrazepam	1.3% (2)	0.5% (1)	0.6% (1)
Temazepam	0.7% (1)		
Clobazam	0.7% (1)	-	-
Lorazepam	0.7% (1)	-	-

Table 7B. Street benzodiazepine implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Bromazolam	27.6% (42)	34.1% (62)	9.6% (16)
Alprazolam	7.9% (12)	4.9% (9)	4.2% (7)
Etizolam	5.9% (9)	4.4% (8)	31.3% (52)
Clonazolam	2.6% (4)	2.7% (5)	3.6% (6)
Phenazepam	2.0% (3)	3.3% (6)	1.8% (3)
Flubromazepam	0.7% (1)	4.4% (8)	8.4% (14)
Flualprazolam	-	1.1% (2)	4.8% (8)
Flubromazolam	-	0.5% (1)	0.6% (1)
Desalkylflurazepam	-	0.5% (1)	-

Table 7C. Non-benzodiazepine GABAergic implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Zopiclone	5.3% (8)	2.7% (5)	4.2% (7)

3.6 Gabapentinoids

Both pregabalin and gabapentin are commonly implicated in drug-related deaths with the class (Gabapentin and/or Pregabalin) implicated in 44.7% of deaths. Gabapentinoids remain a frequent contributor to multi-drug deaths due to their respiratory depressant effects. Despite being prescription drugs, gabapentinoids are not commonly prescribed to the person whose death they are implicated in. While the rate of gabapentinoid implications in drug-related deaths in Lothian has fallen since 2023, it remains higher in Lothian at 44.7% of deaths (based on data from NRS) than the national rate of 36.8%.

Table 8. Gabapentinoid implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Pregabalin	39.5% (60)	41.8% (76)	42.2% (70)
Gabapentin	11.8% (18)	16.5% (30)	15.7% (26)

3.7 Stimulants

Stimulants are often contributors to multi-drug drug related deaths, however they also have a higher prevalence of being the sole drug implicated in a drug-related death potentially with an underlying pathology such as ischaemic heart disease. The chronic use of stimulants is also linked to an increased risk of heart disease. In Lothian stimulants accounted for 11 of the 27 deaths where only one drug was implicated.

In 2024 there was an increase in cocaine implications, with cocaine implicated in 51.3% of deaths compared to 45% and to 39% in 2023 and 2022, respectively in Lothian. A similar increase was seen across Scotland with cocaine implicated in 47.1% of drug-related deaths in 2024 compared to 41% and 35% in 2023 and 2022, respectively. The number of deaths in which other stimulant drugs amphetamine, MDMA and methamphetamine has remained similar. Table 9 below provides a breakdown of stimulants implicated in drug-related deaths in 2024.

Table 9. Stimulant implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Cocaine	51.3% (78)	45.1% (82)	39.2% (65)
Amphetamine	5.3% (8)	3.3% (6)	4.2% (7)
MDMA (ecstasy)	3.9% (6)	3.3% (6)	1.8% (3)
Methamphetamine	1.3% (2)	1.1% (2)	0.6% (1)

3.8 Alcohol

Due to its depressant effects, alcohol can exacerbate the effects of other depressant drugs such as benzodiazepines and opioids. Alcohol is recorded as being implicated in drug related deaths in conjunction with other drugs, however deaths solely related to alcohol are captured in separate national statistics on [alcohol-specific deaths](#). There has been a reduction in the number of deaths where alcohol has been implicated in 2024.

Table 10. Alcohol implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Alcohol	7.2% (11)	13.7% (25)	11.4% (19)

4. Social circumstances at time of death

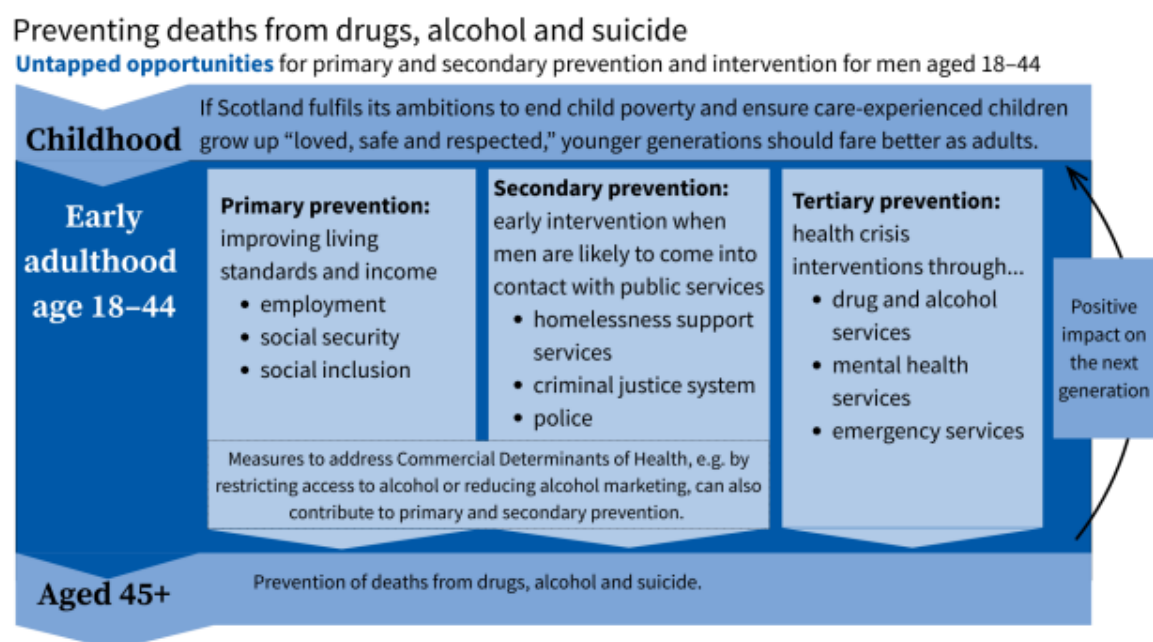
Key findings:

- 41.6% of those who suffered a drug-related death were in current contact with substance use services at the time of their death
- A further 8.6% of those that suffered a drug related death had been in contact with substance use services in the year leading to their death
- 19.1% had a recorded recent non-fatal overdose
- 7.9% had recently been in police custody
- 5.2% were living in temporary or supported accommodation
- 57.2% lived alone
- 16% were known to have children under the age of 16

4.1 Importance of social circumstances as a contributor to drug related deaths

The recently published [Annual Report from the Scottish Health Equity Research Unit: Health and Socio-economic Inequality in Scotland in 2025](#) provides a clear reminder that there are untapped opportunities for the primary prevention of drug related deaths, by improving living standards and income, as well as secondary prevention opportunities by supporting people as part of their existing contact with other services such as the homelessness or justice system.

Figure 9. Factors to prevent deaths from drugs, alcohol and suicide



Source: Scottish Health Equity Unit, 2025

4.2 Contact with substance use services

All drug-related deaths were checked for their contact with services in NHS Lothian only, including community substance use services and the General Practitioner National Enhanced Service (GP-NES). A person was deemed as currently in contact with substance use services if they had not been discharged from the service. For GP-NES, where patients are never 'discharged', two data sources were used: records of appointments and prescription data. Persons with a history of GP-NES registration were classified as currently in contact with the service if they had an appointment or a prescription in the 60 days prior to their death. Table 11 below shows the service use status for all drug-related deaths in Lothian in recent years.

Table 11. Number of drug-related deaths by engagement with substance use service 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Service and status	2024	2023	2022
Substance Use Service - Current	27.6% (42)	26.9% (49)	27.7% (46)
Substance Use Service - discharged within 60 days of death	0.7% (1)	2.7% (5)	3.0% (5)
Substance Use Service - discharged within 61 and 365 days of death	4.6% (7)	8.2% (15)	2.4% (4)
Substance Use Service - discharged >1 year of death	6.6% (10)	8.2% (15)	6.6% (11)
GP-NES - last contact within 60 days of death	18.4% (28)	15.9% (29)	15.1% (25)
GP-NES - last contact within 61 to 365 days of death	3.3% (5)	6.6% (12)	9.6% (16)
GP-NES - last contact > 1 year of death	3.9% (6)	3.3% (6)	4.8% (8)
No known contact with services at any point	34.9% (53)	28.0% (51)	30.7% (51)

Nearly half (46.1%) of those who suffered a drug-related death were in current contact (not discharged from substance use service or having been seen by GP-NES within the past 60 days at the time of their death). This is slightly higher than the proportion in 2023 and 2022 (42.8% and 42.9% respectively). A further 8.6% (13 individuals) who died of a drug-related death in 2024 were in contact with a service in the year prior to their death, this is a reduction on 2023 and 2022 when 17.5% and 17.6% respectively has been in contact in the year prior to their death. The proportion of those who had previous contact with community substance use services or primary care substance use services more than a year

prior to their death was similar to previous years (10.5% in 2024, compared to 11.5% in 2023 and 11.5% in 2022). The number of individuals who died from drug related deaths without any previous known contact with substance use services in Lothian was similar to previous years, however the slight decrease in the overall number of deaths in Lothian meant that those without contact with services accounted for a slightly larger proportion of deaths (34.9% in 2024, compared with 28.0% in 2023 and 30.7% in 2022). While these changes in percentages are relatively small, the reduction in numbers dying following disengagement with services, may be a positive sign that those at risk of harm are being supported to maintain contact with services.

Table 12. Number of drug-related deaths in 2024 by engagement with substance use service, and other risk factors source (note some individuals had more than one risk factor, total number of individuals with any risk factor = 42): NHS Lothian data

Risk factors for DRD	Current registration with community SUS	Contact with GP-NES within 60 days prior to death	Previous registration with SUS or contact with GP-NES	No known contact with any substance use service in Lothian prior to death	Total
Non-fatal overdose within past 6-months	12 (41%)	6 (21%)	4 (14%)	7 (24%)	29
Police custody within past 6-months	4 (33%)	4 (33%)	3 (25%)	1 (8%)	12
Living in temporary or supported accommodation	2 (25%)	2 (25%)	2 (25%)	2 (25%)	8

The table above shows that while the majority of those with one or more of the above potential risk factors for drug related death were in contact with services at the time of their death, a significant minority were not, highlighting the need for ongoing engagement between services to ensure that those who use substances and have touch points with other can be supported to access and maintain contact with community or primary care substance use services.

4.3 Previous non-fatal overdoses

Three data sources are used to determine previous non-fatal overdoses (NFO) in Lothian. This includes any mention in either police or pathology reports as well as the NHS Lothian dataset of near-fatal overdoses, which contains data from the Scottish Ambulance service (SAS) and TRAK (NHS Lothian patient records). Recent near-fatal overdoses are defined as having occurred within 6-months prior to death, as per the definition used in national drug-related death reporting.

In 2024, 29 (19.1%) of those who died of a drug-related death in Lothian had a recent non-fatal overdose recorded, this is slightly higher than in previous years in Lothian (15.9% in 2023 and 15% in 2022). There was no significant difference in the recent non-fatal overdoses in males who died of a drug-related death compared to females in 2024, with 19.8% of males and 17.4% of females.

Under the Medication Assisted Treatment (MAT) Standard 3 each drug treatment service should provide assertive outreach to those categorised as high risk of drug-related harm, including those who have experienced a near-fatal overdose. The fact the 62% of those who had had a recent NFO were in contact with substance use services at the time of their death may be a testament to the effectiveness of the assertive outreach offer. The fact that 38% were not in contact with services despite their recent NFOs suggests that ongoing work is required to enable assertive outreach to lead to effective ongoing engagement with services in a greater proportion of cases.

4.4 Previous contact with police custody

Police reports for each person who suffered a drug-related death were checked to ascertain if individuals had had a recent (within 6-months prior to death) record of police custody. In 2024, 12 (7.9%) of those that suffered a drug-related death had recently been in police custody, compared to 29 (15.9%) in 2023 and 27 (16.3%) in 2022. Males were more likely than females to have been in police custody in the 6 months prior to their death 8.5% vs 6.5%. As numbers are relatively small, annual fluctuations may be due to chance, however the reduction in the proportion of individuals suffering a drug related death in the 6-months following police custody may be seen as a sign that those in contact with police custody are being better supported to engage with services and / or reduce harmful behaviours following discharge from custody.

4.5 Housing circumstances at time of death

The majority (82.2%) of those that died of a drug-related death in Lothian in 2024 lived in their own home (owned or rented). Six (3.9%) of those that died of a drug-related death lived in homeless accommodation such as bed and breakfasts and hostels. Ten (6.6%)

people were living at a relative’s home and three (2%) were living with a friend. The increase in the proportion of those who suffered drug related deaths who were living in their own owned or rented home, and corresponding decrease in those living in homeless accommodation or with friends and relatives, may be a result of more people who use substances being supported to access permanent accommodation, and / or increased support in order to reduce levels of harm amongst those living in temporary accommodation. Given that those in living in their own accommodation continue to account for a greater proportion of total drug-related deaths, it is important to ensure that access to treatment and harm reduction services remains accessible to these groups, as well as to those in more traditional high-risk groups such as those living in temporary or supported accommodation or who are street homeless.

Table 13. Accommodation status 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Accommodation type	Percentage and number of persons – 2024	Percentage and number of persons – 2023	Percentage and number of persons – 2022
Own home (owned or rented)	82.2% (125)	73.1% (133)	69.9% (116)
Relative's home	6.6% (10)	7.1% (13)	9.0% (15)
Homeless Accommodation	3.9% (6)	8.8% (16)	9.6% (16)
Friend's home	2% (3)	5.5% (10)	4.2% (7)
Supported Accommodation	1.3% (2)	1.1% (2)	4.8% (8)
Prison	1.3% (2)	2.2% (4)	1.2% (2)
Other (includes hospital, hotel, street homeless and unknown)	2.6% (4)	2.2% (4)	1.1% (2)

4.6 Immediate circumstances at time of death

Understanding the immediate circumstances of drug related deaths is crucial given the success of interventions such as Take Home Naloxone (THN). Unfortunately, the vast majority of those that died of a drug related death in Lothian in 2024 were found already dead (88.8%) compared to 86.8% in 2023, meaning there was no opportunity for the person who found them to administer an intervention such as naloxone. This is in keeping with findings from previous years.

The majority of those who died (86.8%) were found in private property rather than in a public place. Three-quarters (75.7%) were found in their own home, consistent with previous years. Others were found others’ homes (11.8%). More than half (57.2%) of those that died of a drug-related death lived alone. People were also commonly alone in the property when they died (49.3%) and more commonly alone in the room when they died (71.7%). There is a need for continued iteration of harm reduction messaging to remind those who use substances of the value of using in a space where others can help if an overdose occurs, as well as a need to continue to explore options for safer drug consumption facilities.

Table 14. Immediate circumstances at time of death, source: NHS Lothian data

	Yes	No	Unclear/ Unknown	Other
Found dead	88.8% (135)	10.5% (16)	0.7% (1)	0
Lived alone	57.2% (87)	35.5% (54)	3.8% (7)	3.3% (6)
Found in private property	84.6% (159)	11.5% (21)	3.3% (5)	3.9% (6)
Alone in property at time of death	49.3% (75)	42.8% (65)	2.0% (3)	5.9% (9)
Alone in room at time of death	71.7% (109)	17.1% (26)	2.6% (4)	8.6% (13)

4.7 Family circumstances at time of death

The majority of those who suffered a drug-related death were found by their friend (28%), family (19.8%) or partner (17.6%). There were also a number of deaths discovered by the police including welfare checks (19.8%).

Not all of those who died of a drug-related death had complete family information available. Of those who had this information available 16% were known to have children under the age of 16⁷, compared with 26% in 2023. Of these, 2 had children living with them at the time of their deaths and 1 drug-related deaths occurred with children present. There was an almost equal split of males and females who had children, however females were more likely to have a child living with them at the time of death (10/13). Additionally, 16 of those who suffered a drug-related death in Lothian had a young-person aged 16 to 25.

⁷ Data is collected in line with the National Drug Related Death Database (NDRDD) in which children are defined as under 16. NHS Lothian otherwise classifies children as those aged under 18.

5. Conclusions and recommendations

While sadly the number of drug related deaths in Lothian remained high, at 152 in 2024, this does represent a slight decrease (30 fewer deaths) compared with numbers in 2023.

Lothian's ADP's performance against the implementation of the MAT Standards in 2024-25 is now 'green' (fully implemented) across all ten of the MAT Standards in each ADP area, with the exception of Edinburgh ADP which was rated 'amber' (partially implemented) for MAT 9 (ensuring that all people with co-occurring drug use and mental health difficulties receive mental health care at the point of MAT delivery in an integrated way). It is important to acknowledge the significant role that frontline substance use staff and wider partners play in providing support, treatment and harm reduction to those who use substances in Lothian. Without their efforts the number of deaths may well have been higher.

There are ongoing challenges relating to the diverse range and changing profile of drugs implicated in deaths in both Lothian and Scotland, particularly in relation to the increase in implication of stimulants and benzodiazepines, as well as heightened levels of harm from synthetic opioids. NHS Lothian continues to work closely, including with wider local and national partners, to monitor and respond to changing trends and clusters of harm, using our recently updated Local Early Warning System procedure, in conjunction with the national Public Health Scotland Rapid Action Drug Alerts and Response (RADAR) approach and new [national guidance on the management of clusters of drug related harms](#).

While it is difficult to draw firm conclusions from small changes within a single year, and important to monitor trends over longer periods, some changes in the most recent year's data may be indicative of positive changes. These changes include a 7 percentage point reduction in the number of deaths in which prescribable gabapentinoids were implicated (from 58.3 in 2023 to 51.3% in 2024) suggesting potentially reduced access to improper use of prescription medication. There was also a 9 percentage point reduction in the number of deaths that occurred in the year after discharge or disengagement from community or primary care substance use services (from 17.5% in 2023 to 8.6% in 2024), suggesting a potential improved retention of those at risk of harm within services. There was also an 8 percentage point reduction in the number of deaths where individuals had been in police custody in the 6 months before death (from 15.9% in 2023 to 7.9% in 2024) and a 4 percentage point reduction in deaths where individuals were living in homeless accommodation (from 8.8% in 2023 to 3.9% in 2024), suggesting that those in contact with those services are potentially being supported to reduce their levels of harm. While the majority of those with a potential risk factor for drug related death were in contact with services at the time of their death, a significant minority were not, highlighting the need for ongoing engagement between services to ensure that those who use substances and have touch points with other can be supported to access and maintain contact with community or primary care substance use services.

There are other areas however where the most recent year of data does not suggest improvement, with 19.1% of those who had a drug related death having had a previous non-fatal overdose, compared with 15.9% in 2023. This suggests that the MAT Standard requirement to provide assertive outreach following non-fatal overdose is not sufficient to prevent future fatal overdose in all individuals. In addition, similar to data from previous years, the vast majority of those who sadly died were found to have been using drugs alone, with the majority already dead at the time they were found, meaning there was no opportunity for naloxone or other support to be administered, despite consistent harm reduction messaging to try to discourage people from using drugs alone.

Ongoing work is required, as set out in recent ADP strategies and plans, to ensure more individuals are supported to access substance use services, and to support those in contact with services, including those who receive assertive outreach following a non-fatal overdose, are supported to reduce their risk of future harm. Work should also continue to ensure that other touchpoints, such as contact with police custody and housing and homelessness services are able to support people to access and maintain contact with substance use services.

Surveillance and response to changing patterns of substances implicated, including in conjunction with wider local and national partners should continue, as should the work to explore and progress opportunities for a drug checking facility and safer drug consumption facility in Edinburgh, to reduce the harm associated with unknown substances and consuming substances alone.

The learning from the collation of data from existing individual death reviews conducted in Edinburgh is currently being collated and will be reviewed in conjunction with the forthcoming publication of Public Health Scotland's guidance on drug death reviews in order to agree an approach going forwards.

Finally, it is important that NHS Lothian continues wider primary prevention work, in line with recommendations from the new national [Population Health Framework](#) and the [Scottish Health Equity Research Unit](#), in order to improve access to the building blocks of health and reduce levels of substance use in future generations.

Recommendations

1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to support more people to access and maintain contact with substance use services, including those offered assertive outreach following non-fatal overdose.
2. Surveillance and response to drug harm clusters should continue, including through the use of the recently refreshed Lothian Local Early Warning System Procedure, as well as national Public Health Scotland RADAR approaches.
3. Work should continue on the next steps towards the establishment of a Drug Checking Facility and the potential establishment of a Safer Drug Consumption Facility within Edinburgh.
4. The learning from the collation of insights from existing individual death reviews within Edinburgh, should be combined with forthcoming national Public Health Scotland Guidance to inform a holistic death review process going forward.
5. NHS Lothian and wider partners should further commit to a prevention approach, as outlined in the national Population Health Framework and NHS Lothian's Strengthened Approach to Prevention, in order to improve access to the building blocks of health and reduce the prevalence of substance use and related harms in future generations of the population.

As with the recommendations made in last year's Drug Related Death Annual Report, actions following on from these recommendations should be integrated into and reported via existing partner organisation workplans and governance arrangements. A brief update against the recommendations included in the 2023 Annual Report is included in Annex C.

Annex A. NRS definition of drug-related deaths

A2. The definition

Drug misuse deaths are defined as follows: (the relevant ICD10 codes are given in brackets):

- a) deaths where the underlying cause of death has been coded to the following sub-categories of 'mental and behavioural disorders due to psychoactive substance use':
 - (i) opioids (F11);
 - (ii) cannabinoids (F12);
 - (iii) sedatives or hypnotics (F13);
 - (iv) cocaine (F14);
 - (v) other stimulants, including caffeine (F15);
 - (vi) hallucinogens (F16); and
 - (vii) (vii)multiple drug use and use of other psychoactive substances (F19).
- b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):
 - (i) accidental poisoning by and exposure to drugs, medicaments and biological substances (X40 – X44);
 - (ii) intentional self-poisoning by and exposure to drugs, medicaments and biological substances (X60 – X64);
 - (iii) assault by drugs, medicaments and biological substances (X85); and
 - (iv) poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14).

A3. Deaths which are excluded

The NRS implementation of the definition excludes a small proportion of the deaths which were coded to one of the ICD10 codes listed in Section A2, specifically:

- deaths coded to drug abuse where the direct cause of death was secondary infections or later complications of drug use. The statistics therefore exclude deaths from:
 - secondary infections such as clostridium or anthrax infection resulting from the injection of contaminated drugs:
 - conditions which could be regarded as later complications of drug use, such as bronchopneumonia, lobar pneumonia, bilateral pneumonia, septicaemia or organ failure where drug misuse was not specified as the direct and immediate cause of death (even though it may have damaged greatly the person's health

- over the years - so reference to, for example, 'chronic' or 'long-term' drug abuse does not necessarily mean that it was the direct and immediate cause of death).
- deaths where a drug listed under the Misuse of Drugs Act was likely to be present only as part of a compound analgesic or cold remedy. For this purpose, NRS identified the following compound analgesics and cold remedies when producing its statistics:
 - for 2018 and earlier years:
 - Co-codamol (paracetamol and codeine sulphate);
 - Co-dydramol (paracetamol and dihydrocodeine);
 - Co-proxamol (paracetamol and dextropropoxyphene); and
 - Dextropropoxyphene alone (as explained below).
 - for 2019 onwards:
 - Codeine and aspirin (co-codaprin);
 - Codeine and brompheniramine maleate;
 - Codeine and dextropropoxyphene;
 - Codeine and diphenhydramine hydrochloride;
 - Codeine and ibuprofen;
 - Codeine and paracetamol (co-codamol, as before);
 - Dextropropoxyphene and paracetamol (co-proxamol, as before);
 - Dextropropoxyphene alone (as before, as explained below);
 - Dihydrocodeine and aspirin;
 - Dihydrocodeine and dextropropoxyphene;
 - Dihydrocodeine and paracetamol (co-dydramol, as before);
 - Pholcodine;
 - Tramadol and paracetamol.

Source: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/23/drug-related-deaths-23-annex-A.pdf>

Annex B. Prescribable and street benzodiazepines

Annex H: 'Prescribable' and 'street' benzodiazepines⁸

H1. In 2019, when preparing statistics for the Chief Medical Officer's Annual Report, the Information Services Division (ISD) of NHS National Services Scotland, which is now part of Public Health Scotland (PHS), proposed a distinction between 'prescribable' and 'street' benzodiazepines. The two categories are defined as follows:

⁸ Source: <https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/23/drug-related-deaths-23-annex-H.pdf>

- ‘Prescribable benzodiazepines’ are benzodiazepines (or metabolites thereof) which are licensed for prescription in the UK and widely prescribed in Scotland (but which may not actually have been prescribed to the person who died after taking them); and
- ‘Street benzodiazepines’ are benzodiazepines (or metabolites thereof) which are:
 - a) not licensed for prescription in the UK; or
 - b) thought to have originated from an illicit source (due to their having
 - very low overall levels of prescribing in Scotland).

H5. ‘Prescribable’ benzodiazepines (and metabolites): as classified by PHS in June 2024

Chlordiazepoxide

Clobazam

Clonazepam

Chlorazepam

Desmethyldiazepam

Diazepam

Librium

Loprazolam

Midazolam

Nitrazepam

Nordiazepam

Oxazepam

Temazepam

Valium

7-aminoclonazepam

7-aminonitrazepam

H6. ‘Street’ benzodiazepines (and metabolites): as classified by PHS in June 2024

Adinazolam

Alprazolam

Bromazepam

Bromazolam

Clonazolam

Cloxazolam

Delorazepam

Desalkylgidazepam

Desalkylflurazepam

Diclazepam

Etizolam

Flualprazolam

Flubromazepam

Flubromazolam

Flunitrazepam
Lormetazepam
Phenazepam
Pyrazolam
8 aminoclonazolam

Annex C. Update in relation to recommendations from the Drug Related Death Report 2023

Recommendations from the Drug Related Death Annual Report 2023 were agreed with members of the pan-Lothian Drug and Alcohol Harm Reduction Partnership Group (DAHPPG) with members of the group being responsible for actions following on from these recommendations being integrated into, and reported via, existing organisational workplans and governance arrangements. A high-level update against the recommendations is however provided below.

Recommendation from 2023 Annual Report	Update from October 2025
1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to efforts to fully implement the Medication Assisted Treatment Standards, as well as reaching out to those not currently in contact with services, to support them to access treatment and harm reduction opportunities.	Lothian's ADP's performance against the implementation of the MAT Standards in 2024-25 was rated as 'green' (fully implemented) across all ten of the MAT Standards in each ADP area, with the exception of Edinburgh ADP which was rated 'amber' (partially implemented) for MAT 9 (ensuring that all people the co-occurring drug use and mental health difficulties receive mental health care at the point of MAT delivery in an integrated way).
2. NHS Lothian's public health directorate, in conjunction with other partners, should continue to utilise the current Local Early Warning System approach, to support identification of and action on newly identified harms or clusters of harms. This should be linked to new national guidance on Drug Harm Incident Management.	The Lothian Local Early Warning System procedure has been used to respond to three clusters of drug harms in 2024 and the first half of 2025. It has also recently been reviewed and updated, including incorporating national guidance on Drug Harm Incident Management.
3. The Edinburgh ADP Crack Cocaine Action Plan should be implemented, with all services, including harm reduction services, seeking to be as inclusive as possible in the support offered for users of different substances, with the learning from this shared with wider Lothian ADPs.	Work is ongoing in relation to Cocaine harm reduction, with commitment to further work on this set out in the current Edinburgh ADP Strategy 2025-28

4. The Edinburgh ADP should continue the scoping work for the potential establishment of a Safer Drug Consumption Facility, with the learning from this shared with wider Lothian ADPs.	Work is ongoing in relation to exploring options for a Safer Drug Consumption Facility, with a recent update provided to the Edinburgh Integration Joint Board in August 2025.
5. NHS Lothian's public health directorate, in conjunction with other partners, should begin a process of thematic reviews of deaths, where in addition to an overall annual report, deaths occurring in certain populations are reviewed in more detail, to identify any future prevention opportunities.	Work is ongoing to summarise learning collated from the existing individual death reviews that already take place in Edinburgh. This information, along with guidance due to be published by Public Health Scotland will be used to inform next steps for this work.

Meeting:	NHS Lothian Board
Meeting date:	03 December 2025
Title:	NHS Lothian Performance Report
Responsible Executive:	Jim Crombie, Deputy Chief Executive
Report Author(s):	Wendy Reid, Head of Performance & Business Unit; Lauren Wands, Performance & 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 Compliance	Standard	ADP / Trajectory Compliance
Scheduled Care Outpatients	Not Met – Sept 2025		On Track – Q3 2025/26
Scheduled Care Inpatients/Day cases	Not Met – Sept 2025		On Track – Q3 2025/26
8 Key Diagnostic Tests - Endoscopy	N/A		Off Plan – Q3 2025/26
8 Key Diagnostic Tests - Radiology	N/A		Off Plan – Q3 2025/26
31-Day Cancer Performance	Not Met – September 2025		Off Plan – Q3 2025/26
62-Day Cancer Performance	Not Met – September 2025		Off Plan – Q3 2025/26
Accident and Emergency 4 Hour Performance	Not Met – October 2025		Off Plan – October 2025
Delayed Discharges	N/A		N/A
IVF Waiting Times Performance	Met – September 2025		N/A
Early Access to Antenatal Services	Met – September 2025		N/A
Primary Care <i>General Practice Activity Measures</i>	N/A		N/A
Psychological Therapies Waiting Times Performance	Not Met – September 2025		N/A
CAMHS Waiting Times Performance	Not Met – September 2025		On Track – Q3 2025/26
Smoking Cessation Performance	N/A		Off Plan – Q4 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.

On 29 October, NHS Lothian received formal notification of a decision to escalate NHS Lothian to Stage 3 (enhanced monitoring and support) of the NHS Scotland Support and Intervention Framework in relation to 'Maternity Services'. This took effect on 29 October and NHS Lothian awaits the details of the confirmed support package and oversight arrangements. This will also outline the success criteria for de-escalation. In the meantime, the Board continues to implement the Improvement Action Plan agreed with HIS.

CAMHS remains escalated to Level 3 under the NHS Scotland Support and Intervention Framework, with a formal action plan submitted to the Scottish Government.

Trajectories aimed at reducing the number of patients waiting over 52 weeks and 18 weeks by the end of March 2026 have been submitted to the Scottish Government for approval. Further discussions regarding funding confirmation and trajectory sign-off for 2026 are ongoing, with a focus on making further improvements for our longest waiting patients. A meeting is scheduled for the end of November 2025.

Acknowledgement of Potential Industrial Action

We note that the British Medical Association (BMA) has indicated the possibility of industrial action within NHS Scotland, with dates yet to be confirmed but potentially commencing as early as January 2026. Current capacity plans and performance trajectories do not incorporate the potential level of disruption this may cause. Accordingly, we are flagging this as a material risk within the current financial year whilst work is ongoing to mitigate against and quantify the residual impact.

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 2024⁴.

³ <https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/>

⁴ [Four Hour Emergency Access Standard: Expert Working Group Recommendations Report](#)

Following these recommendations, the revised EAS has been reflected in all PHS A&E statistics since 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 2024⁵.

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 November 2025.

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 were shared with NHS Lothian Strategic Planning & Performance Committee in November 2025. We await formal approval from Scottish Government on these.

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.

⁵ [Changes to the Four Hour Emergency Access Standard \(EAS\)](#)

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 November 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

December 2025/26

Overview of 2025/26 NHS Lothian Board Indicators

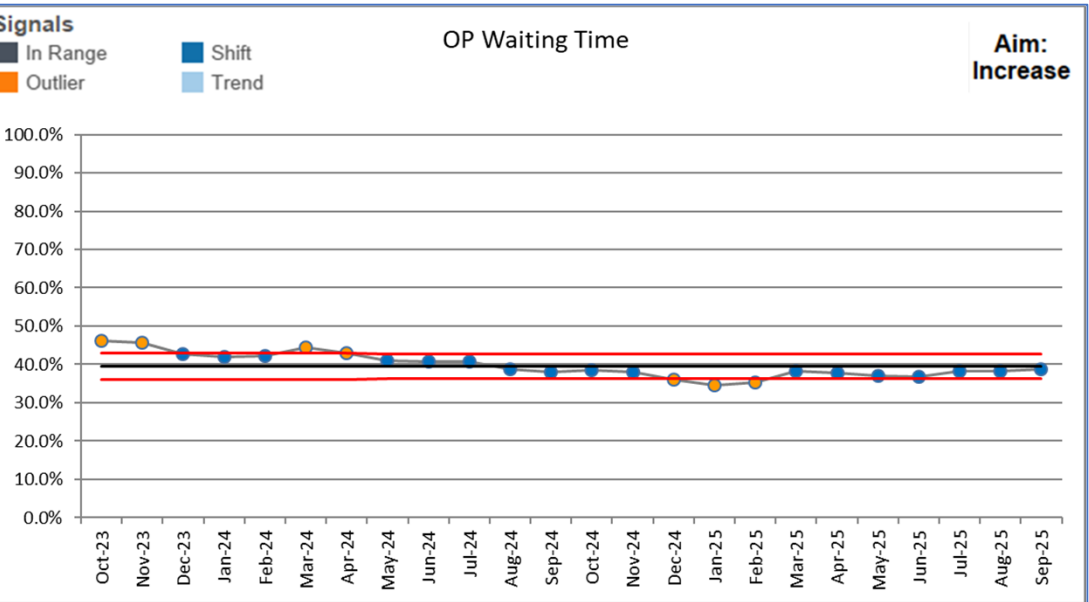
ADP Planning Priority	Indicator	Rationale for Inclusion	Linked to Corporate Risk	Performance vs ADP/Local Trajectory			National Performance	
				Latest Actual	ADP/Local Trajectory	Assurance for Delivery Against Standard/Trajectory by end of 2025/26	NHS Scotland Latest Published Performance	National Target/Standard
Planned Care	12 Weeks 1 st Outpatient Appointment	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	38.8% (Sept 25)	N/A	Moderate	42.1% (Sept 25)	95%
	Outpatient >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	18,287 (Oct 25)	19144 (Q3 25/26)	Moderate	56,439 (Sept 25)	N/A
	Treatment Time Guarantee (TTG)	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	55.9% (Sept 25)	N/A	Moderate	56.7% (Sept 25)	100%
	TTG >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	3,530 (Oct 25)	4,897 (Q3 25/26)	Moderate	29,417 (Sept 25)	N/A
	Diagnostic Tests – Endoscopy Waits >6 Weeks	Annual Delivery Plan (ADP) Measure Scottish Government Focus	5185 – Access to Treatment	5,044 (Oct 25)	3,248 (Q3 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	8,557 (Oct 25)	4,845 (Q3 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	67.2% (Oct 25)	N/A	Limited	66.7% (Sept 25)	95%
	Delayed Discharges	Annual Delivery Plan (ADP) Measure	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	208 (Sept 25)	N/A	Limited	N/A	N/A
Cancer Care	31 Day Cancer Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	93.0% (Sept 25)	94.2% (Q3 25/26)	Limited	95.3%	95%
	62 Day Cancer Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	67.8% (Sept 25)	81.0% (Q3 25/26)	Limited	69.9%	95%
Mental Health	Psychological Therapies Waiting Times	Local Delivery Plan (LDP) Standard	-	84.5% (Sept 25)	N/A	Limited	79.4% (June 25)	90%
	CAMHS Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	-	74.9% (Sept 25)	65.7% (Mar26)	Limited	91.4% (June 25)	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% (Sept 25)	N/A	Significant	100%	90%
	Early Access to Antenatal Services	Local Delivery Plan (LDP) Standard	-	100% (Sept 25)	N/A	Significant	100%	80%
Population Health and Reducing Health Inequalities	Smoking Cessation	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	-	222 (Q4 24/25) 733 (2024/25)	296 1,184	Limited	N/A	296 1184

Planned Care – New Outpatients

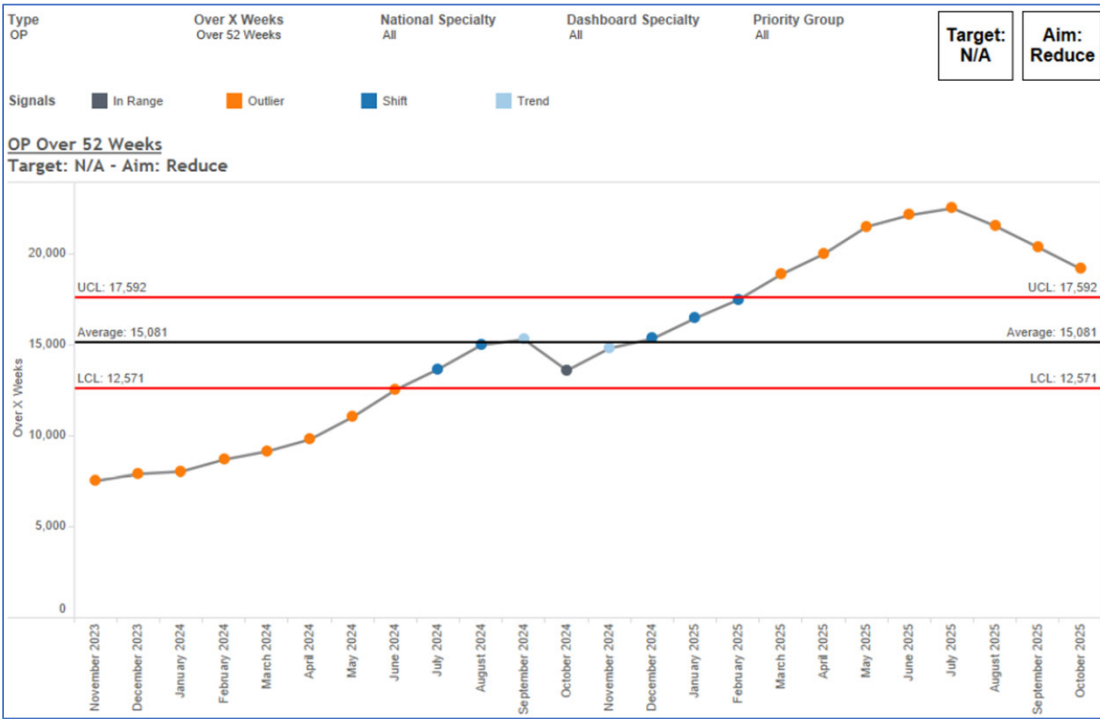


Responsible Director(s):	Chief of Acute Services	Reporting Period:	September/October 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

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:	September/October 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

KPI	Latest Performance (Oct 2025)	Trajectory (Q3 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (Sept 2025)
Total List Size	94,318	N/A	N/A	N/A
Waits > 52 weeks	18,287	19,144	8,828	N/A
Waits > 78 weeks	7,827	N/A	N/A	N/A
Waits > 104 weeks	3,178	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)	38.8% (Sept 2025)	N/A	N/A	42.2% Scotland Average

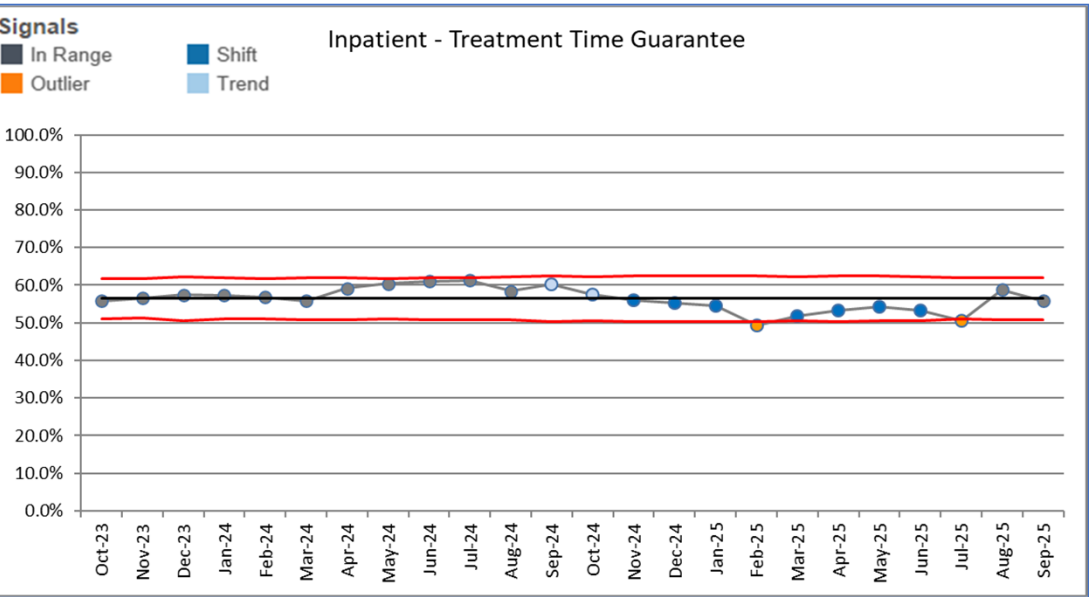
Summary	Actions	Assurance
As of the end of October 2025, performance for patients waiting over 52 weeks exceeded the projected trajectory by 3,388 patients. Overall activity was 3.5% below plan (1.7% below plan year-to-date). Additions to the waiting list were 0.8% above plan, although year-to-date additions remain 1.9% below plan. The forecasted position for outpatients waiting over 52 weeks by the end of March 2026 is 8,828 patients. The forecasted position for outpatients waiting over 104 weeks by the end of March 2026 is 604 patients. This is attributable to a combination of complex cases, single-handed services, patient unavailability, and capacity constraints.	Access and Activity Management Weekly and monthly Access meetings continue to monitor delivery against core and additional planned activity, ensuring timely identification of variances and implementation of mitigating actions. Productivity and efficiency measures are being maximised across all services. Additional Capacity and Funding A formal request has been submitted to the Scottish Government for funding to support additional activity through local external providers, including 624 patients on a See & Treat pathway. The outcome of this request is awaited. Recruitment is progressing for posts funded through the additional allocation received for 2025/26. Operational Delivery Dermatology See & Treat activity is being utilised at NHS Forth Valley, supported by triage of high-quality images. In addition, the new insourcing contract commenced as planned in mid-October. These initiatives are critical to achieving the target of zero patients waiting over 52 weeks by March 2026. The Waiting List validation process is now embedded, with all patients contacted at 26 weeks to confirm ongoing need. Longest-waiting Gynaecology patients are undergoing further validation. High Impact Lists High Impact Lists (HILs) continue to deliver additional capacity for long-waiting patients in key specialties. As of 10 November 2025, 7,323 outpatients have been seen via HILs, with further lists planned. Performance Management Key Performance Indicators (KPIs) are in place for the Outpatient Delivery Group, including stretch targets for reducing Did Not Attend (DNA) rates.	Moderate 4

Planned Care – New TTG

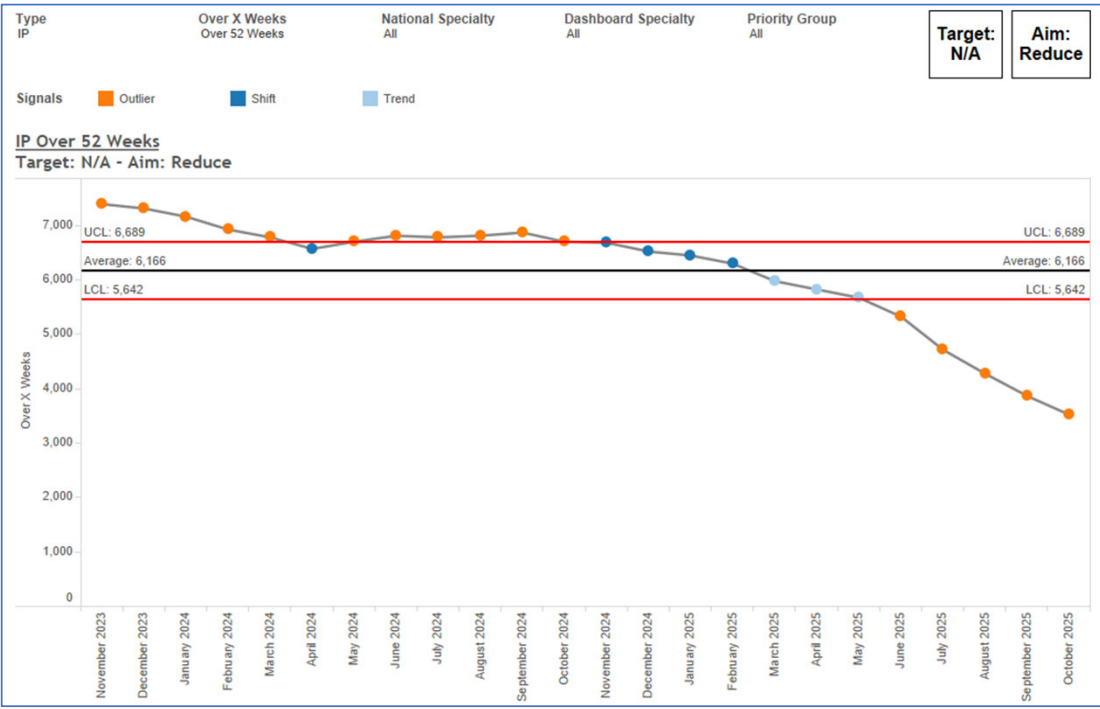


Responsible Director(s):	Chief of Acute Services	Reporting Period:	September/October 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

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:	September/October 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

KPI	Latest Performance (Oct 2025)	Trajectory (Q3 2025/26)	Trajectory (March 2026)	National Benchmarking (June 2025)
Total List Size	22,055	N/A	N/A	N/A
Waits > 52 weeks	3,530	4,897	3,735	N/A
Waits > 78 weeks	1,034	N/A	N/A	N/A
Waits > 104 weeks	235	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)	55.9% (Sept 2025)	N/A	N/A	56.7% Scotland Average

Summary	Actions	Assurance
As of the end of October 2025, performance against the over 52-week trajectory was ahead by 1,836 patients. Activity levels for the month were 5.1 percent higher than planned, with year-to-date activity 3.8 percent above plan. Additions to the waiting list exceeded plan by 9.2% for the month and by 4% year-to-date. The forecast position for inpatient day cases by the end of March 2026 is 3,735 patients waiting over 52 weeks. For inpatient day cases waiting over 104 weeks, the anticipated position is 107 patients. This reflects a combination of factors including complex cases, single-handed services, patient unavailability, and ongoing capacity constraints.	Governance and Oversight Weekly and monthly Access meetings are in place to monitor the delivery of core and additional planned activity. These meetings focus on identifying mitigating actions where there is any deviation from trajectory and on maximising productivity and efficiency measures. External Provider Activity A formal request has been submitted to the Scottish Government for funding to deliver additional activity through local external providers. This request includes treatment for 1,294 patients across Urology, Gynaecology, and Ophthalmology. The outcome of this request is awaited. National Treatment Centre Capacity All available capacity at the Golden Jubilee and Fife National Treatment Centre is being fully utilised, with strong uptake. This position is closely monitored through weekly and monthly performance reviews. High Impact Lists Additional capacity is being delivered through High Impact Lists (HILs), specifically targeting long-waiting patients in key specialties. As at 10 November 2025, a total of 597 patients have been treated through weekend lists across General Surgery, Urology, Maxillofacial Surgery, Plastic Surgery, and Gynaecology. Workforce Recruitment Recruitment activity is progressing for the additional posts supported by the recently secured recurring funding.	Moderate 6

Planned Care – Diagnostics (Endoscopy)



Responsible Director(s):	Chief of Acute Services	Reporting Period:	September/October 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	Latest Performance (Oct 2025)	Trajectory (Q3 2025/26)	Trajectory Forecast (March 2026)
Total List Size	6,726	N/A	N/A
Waits > 6 weeks	5,044	3,248	2,234
Waits > 26 weeks	3,330	N/A	N/A
Waits > 52 weeks	1,608	N/A	N/A
Percentage of Waits Currently within 6 Weeks	25.0%	N/A	N/A

Summary	Actions	Assurance
Activity delivered in October 2025 was 14% above plan, bringing the year-to-date position to 15.3% above plan. At the end of October 2025, the number of patients waiting more than six weeks exceeded the planned trajectory by 1,224. However, the overall waiting list size has continued to reduce month-on-month. Currently, 78% of patients on the waiting list are prioritised as Urgent or USoC, which remains a key driver of the >6-week/long-wait position. The long-wait position continues to be under pressure for both new and surveillance patients. As of October 2025, the surveillance backlog stands at 3,539 patients, compared to 3,755 at the end of September 2025. Of these, 487 patients are classified as High Risk, a significant reduction from 828 reported previously.	Insource Provision The insource provision continues to perform effectively, targeting long-wait and clinically expedited patients. Current capacity is 10 lists per week, equating to approximately 50–70 patients. High Impact Lists Additional High Impact Lists are being delivered for USoC and Bowel Screening. By 10 November 2025, the service has completed 1,119 flexible cystoscopies and 546 endoscopies. Activity Expansion Options to increase activity using non-recurring funding are under review. However, reporting capacity remains a limiting factor. A formal request for support has been submitted to Golden Jubilee National Hospital. Pre-Assessment and Clinical Revalidation Pre-assessment nurses are actively reviewing long-wait and surveillance patients to confirm the necessity and appropriateness of appointments. This process has resulted in both removals from the waiting list and changes to alternative test types. Between August and October 2025, 19% of clinically revalidated patients (new and surveillance combined) were removed from waiting lists. Workforce Update Two new GI consultants commenced in October 2025, providing additional endoscopy sessions. This will support improvements in the long-wait position and compliance with USoC timed standards. Future Capacity Risks From January 2026, the service will lose nine sessions per week due to the closure of Leith Community Treatment Centre. This impact has not yet been factored into capacity planning, and mitigation strategies are currently being developed.	Limited

Planned Care – Diagnostics (Radiology)



Responsible Director(s):	Chief of Acute Services	Reporting Period:	September/October 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	Latest Performance (Oct 2025)	Trajectory (Q3 2025/26)	Trajectory Forecast (March 2026)
Total List Size	17,593	N/A	N/A
Waits > 6 weeks	8,557	4,845	0
Waits > 26 weeks	1,809	N/A	N/A
Waits > 52 weeks	167	N/A	N/A
Percentage of Waits Currently within 6 Weeks	51.3%	N/A	N/A

Summary	Actions	Assurance
As at the end of October 2025, the total waiting list closing position was 17,593, which is worse than the planned monthly trajectory. The number of patients waiting more than six weeks also exceeded trajectory, closing at 8,557 against the monthly plan. The over six-week position by modality is as follows: CT stands at 1,090, which is better than trajectory by 1,334 and continues to reduce. MRI stands at 5,024, which is worse than trajectory by 1,026, primarily due to a reporting backlog of 1,060. Ultrasound stands at 2,442, which is worse than trajectory by 825, driven by delays in appointed sonographer start dates and induction timelines. There remains a risk to CT and MRI performance due to power and equipment issues at WGH, linked to the age of equipment and the suitability of current premises, which can result in intermittent unplanned downtime.	Clinical Prioritisation Patients continue to be scheduled in line with clinical priority, including USoC, Urgent, Inpatient, and Emergency Department cases. Mobile MRI Capacity The mobile MRI units located at WGH and Midlothian Community Hospital remain in operation, providing increased capacity seven days per week, 12 hours per day. Staffing and Rota Expansion Recruitment for additional staff to support rota growth in MR and CT imaging is underway. All posts at WGH have now been filled, and staff currently in post are undergoing training. Rota expansion at WGH is scheduled to go live in March 2026, with other sites to follow thereafter. External CT Capacity External CT capacity for 2,285 scans, including reporting, is currently being delivered. Additional Reporting Processes The internal reporting process (LORRIS) is operational and delivering an additional 150–200 reports per month. The NHS Scotland additional reporting process (SNRRS) is also in place, utilising all available capacity on a weekly basis. Ultrasound Insourcing An insourcing solution for ultrasound is being procured to deliver between 1,050 and 1,450 scans, with a projected start date in early December 2025. External Reporting Services External commercial reporting services are being procured to provide between 1,950 and 3,200 reports, with a projected start date in early December 2025.	Limited 8

Urgent & Unscheduled Care – Accident and Emergency Waiting Times

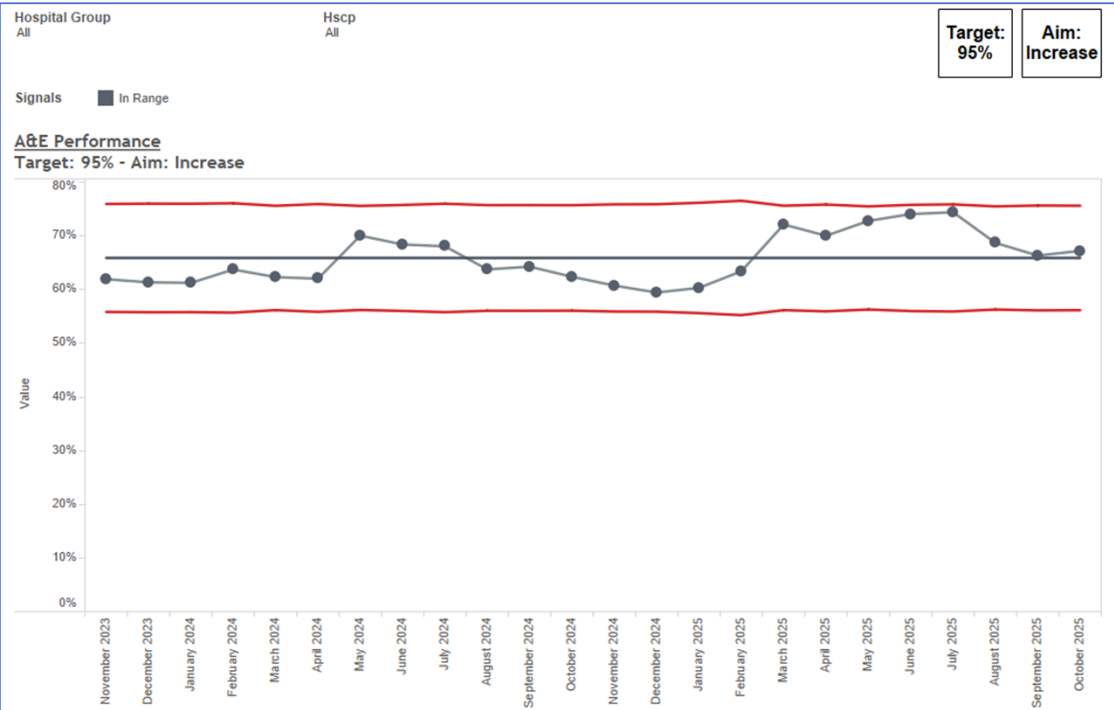


Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	Reporting Period:	October 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Accident and Emergency Waiting Times – LDP Standard

KPI	Latest Performance (Oct 2025)	Trajectory (** 2025)	Trajectory Forecast (end Mar-26)	National Benchmarking (Sept 2025)
*Data downloaded and reviewed on 05 th Nov 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)	67.2%	N/A	N/A	66.7% Scottish Average
RHCYP	91.8%	N/A	N/A	N/A
RIE	58.0%	N/A	N/A	N/A
SJH	68.7%	N/A	N/A	N/A
WGH	64.9%	N/A	N/A	N/A

Summary	Assurance
NHS Lothian’s performance against the 4-hour Emergency Access Standard (EAS) in October 2025 continued to show improvement compared to the same point in 2024. The total number of 4-hour breaches reduced to 8,393, down from 9,465 in October 2024 — a 11% reduction.	Limited
Summary 12-hour breaches: 1,124 breaches in Oct 2025 vs 2,282 in Oct 2024 (51% reduction). This equates to ~36 breaches per day, down from ~74/day last year. 8-hour breaches: 2,536 in Oct 2025 vs 3,837 in Oct 2024 (34% reduction) Averaging ~82 per day, compared to ~124/day in 2024. - Time to first assessment: Lothian improved to 27.3 minutes, down from 35.6 minutes (23% faster). Significant improvement at RIE (46.4 → 28.6 minutes). Key October Indicators - Flow Centre continues to deliver 22% redirection to alternatives, exceeding the 20% target. - Early signs indicate increased use of Care @ Home across HSCPs, with October weekly briefings showing reductions in inpatient numbers across all four HSCPs. - Opportunities remain to strengthen integration with General Practice and SAS as winter begins.	



Urgent & Unscheduled Care – Accident and Emergency Waiting Times



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

Actions	
In-Reach Model The sustained delivery of the In-Reach model continues to support front-door decongestion as evidenced by consistent reductions in 8 and 12 hour waits. These reductions are despite increases in admissions (up to 28%) and attendances (up to 10%) throughout October 2025, demonstrating ongoing system resilience. Further scaling will, however, require continued workforce investment and HSCP alignment. Frailty LES and Enhanced Frailty Model Targeted frailty interventions continue to yield impact - Bed days for patients aged 75+ reduced by 9–11% throughout October 2025 (weekly variation). Earlier frailty identification in ED, supported by strengthened HSCP engagement, is reducing prolonged admissions and enabling more proactive discharge planning. Alternative Pathways Collectively, SDEC, RACU, DVT Clinic, Hospital @ Home, MIU, Falls Pathway, OPAT and CRT continue to provide safe alternatives to admission and alternative to ED presentation. Flow Navigation Centre (FNC) Initiatives The Flow Navigation Centre remains a critical enabler of frontline capacity. • Consultant-led model continues to support clinical decision-making, though Trak build and outcome-coding require further development to achieve full benefit. • SAS Call-Before-Convey: Pilot station crews have been engaging with FNC staff throughout the week. Co-location remains on track for 17th November. The Measurement Plan has been drafted and is under joint review. • Primacy model is now live across both WGH and SJH, improving access to specialty advice and escalation routes. Immediate Operational Priorities • Supporting the SAS CBC go-live, ensuring data quality for referral outcomes • Maintaining redirection performance during winter pressures.	ED Improvement Group The group continues to progress management-control improvements, with test-of-change activity underway for: • Portering optimisation. • Phlebotomy workflow improvements. A workshop has also been scheduled for RIE out-of-hours performance, focusing on bottlenecks impacting overnight flow. Hospital at Home (H@H) All H@H programmes remain in feasibility/testing stage. Work continues to address: • Standardised recording of service capacity, acuity, discharge dates. • Metrics in development for H@H ultrasound. • Clarity on the FNC script and GP communication. • POCT machine connectivity, monitoring and training requirements. • More effective interface between H@H and respiratory services. • Efficiency in vehicle management and routine sample collection. A bid has been submitted to Scottish Government for development of Paediatric Hospital at Home. Other Areas of Improvement: • Investigations continue into medication-related delays for medically-fit patients, with early findings suggesting this remains a significant contributor to prolonged stays. • A quarterly Lothian-wide Delayed Discharge Coders Group has been established to standardise coding practices and improve reporting consistency.

Urgent & Unscheduled Care – Delayed Discharges



Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	Reporting Period:	October 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 05 th Nov 2025	Latest Performance (Sept 2025)	Trajectory	National Benchmarking (Jul 2025 Census)
Total Delayed Discharges (Lothian)		208	N/A	1,948 (NHSL: 11% of Scottish delays)
Delays at monthly census point per 100,000 18+ East Lothian HSCP		17	34.6 total delays per 100,000 adults	N/A
Delays at monthly census point per 100,000 18+ Edinburgh HSCP		116		N/A
Delays at monthly census point per 100,000 18+ Midlothian HSCP		21		N/A
Delays at monthly census point per 100,000 18+ West Lothian HSCP		47		N/A

Summary

Bed Occupancy and Flow – October 2024 to October 2025

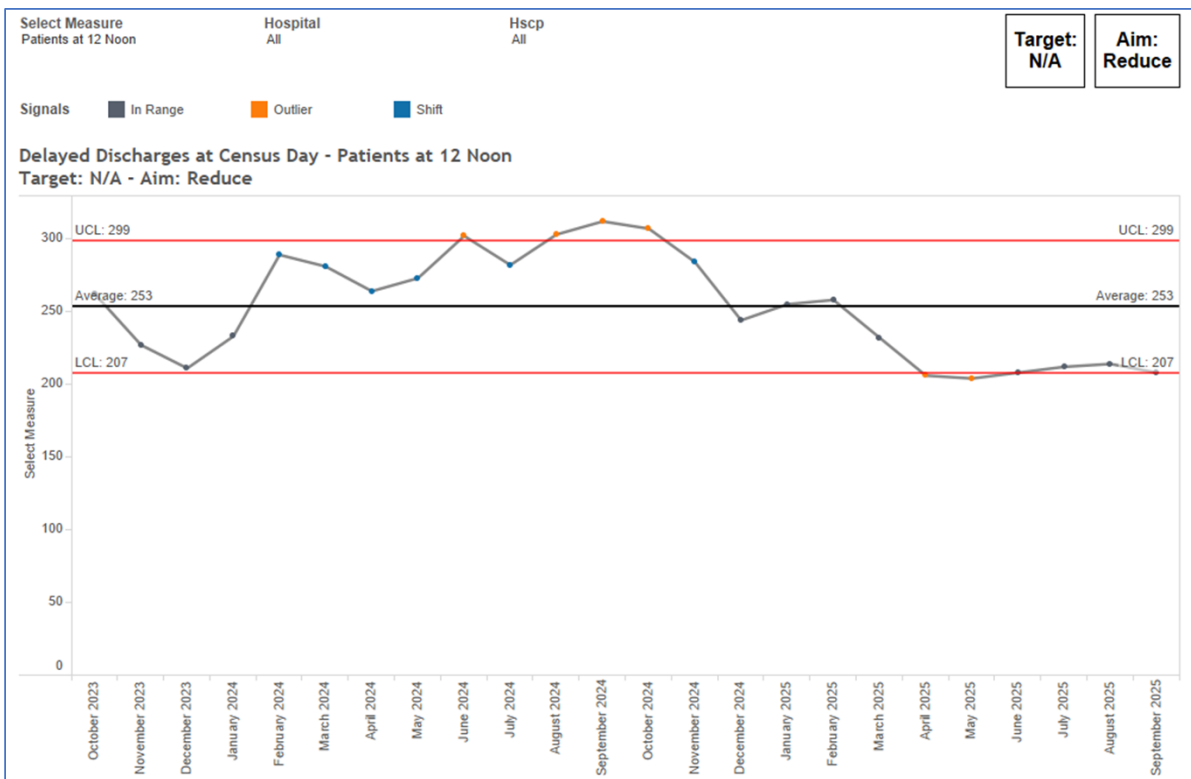
- Average OBDs across Lothian reduced to 91,357 (from 95,119) — a reduction of 4%.
- Average Length of Stay (LoS) improved to 235.9 hours, compared to 295.6 hours (20% improvement).

Inpatient Capacity Gains – October 2025

Significant reductions in inpatient numbers have been achieved across HSCPs compared to the same period in 2024:
East Lothian: 22% reduction, Edinburgh: 1% reduction, Midlothian: 8% reduction, West Lothian: 3% reduction reflecting the impact of strengthened Care @ Home, improved Crisis Response, and ongoing integration with acute sites.

Older Adults – Targeted Improvements

The proportion of frailty patients discharged within 48 hours has continued to improve through October 2025, with a 7-day average of 36.6%, compared to a 365-day baseline of 33.1%. This reflects sustained impact from the Frailty LES and enhanced ED Frailty model, contributing to reductions in prolonged stays among older adults.



Urgent & Unscheduled Care – Delayed Discharges



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

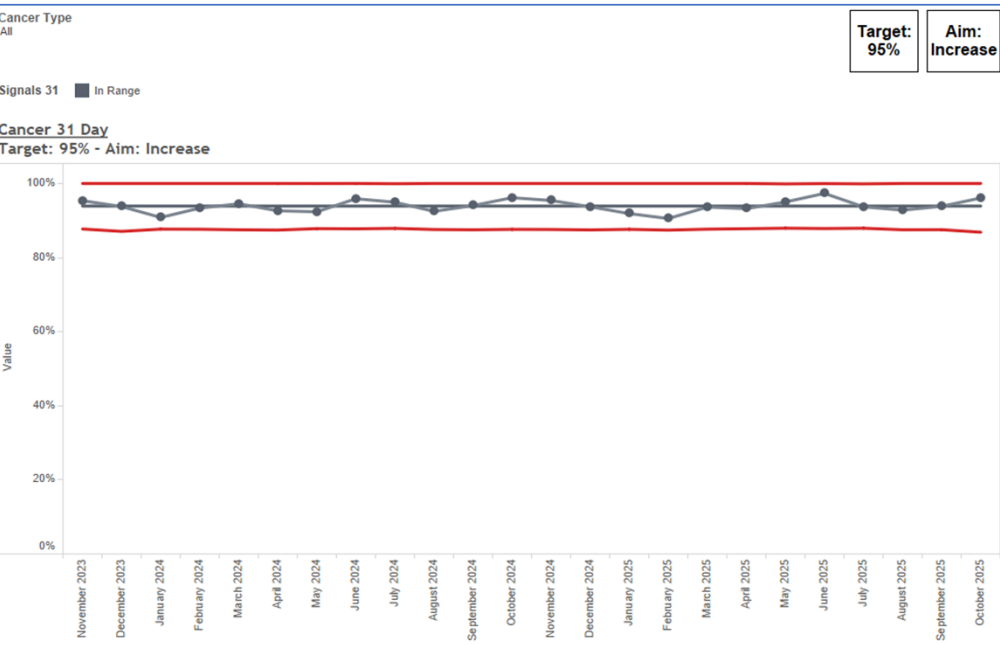
Actions		Assurance
Sustained Reduction in Delayed Discharges Bed occupancy remained high across all Lothian acute sites, consistently above 90%, continuing to limit flexibility for surge demand. However, social delays reduced by 27% compared with 2024, and shorter Lengths of Stay supported incremental improvements in overall patient flow. System Resilience Amid Rising Demand Across October 2025 Lothian delivered: • Reduced 12-hour breaches by up to 60% • Reduced 8-hour breaches by up to 43% • despite rises in admissions (up to 28%) and attendances (up to 10%) RIE Delivered Sustained Improvements • 53% reduction in 12-hour waits • 16% reduction in 8-hour waits • despite a 17% rise in admissions WGH maintained 4-hour gains and achieved 57% reduction in 12-hour waits, although some out-of-hours delays persist. These improvements demonstrate enhanced resilience through October despite higher winter preparation pressures.	Targeted Improvements for Older Adults & USC Bed Use Patients aged 75+ used 62 fewer beds per day (last week of October 2025), equivalent to a 9–11% reduction in bed days across October 2025 (compared to 2024 Baseline). This is driven by: • Enhanced Frailty Model • Frailty LES • More timely assessments • Strengthened HSCP pull-through capacity Flow Navigation Centre Impact The Flow Navigation Centre continued to deliver strong performance through October: • 22% of urgent-care referrals were redirected to alternative pathways (against a 20% target). • Redirection improvements contributed to an estimated ~100 beds saved per week when combined with In-Reach and HSCP interventions. • Consultant-led model and digital referral tools continued phased implementation, supporting more consistent first-contact streaming.	Limited

Cancer Care – 31 Day Cancer Waiting Times



Responsible Director(s):	Chief of Acute Services	Reporting Period:	September 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 (Sept 2025)	Trajectory (Q3 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	93.0%	94.2%	94.7%	95.3% Scottish Average
Median 31-Day Wait	2	N/A	N/A	N/A
95 th Percentile 31-Day Wait	32	N/A	N/A	N/A

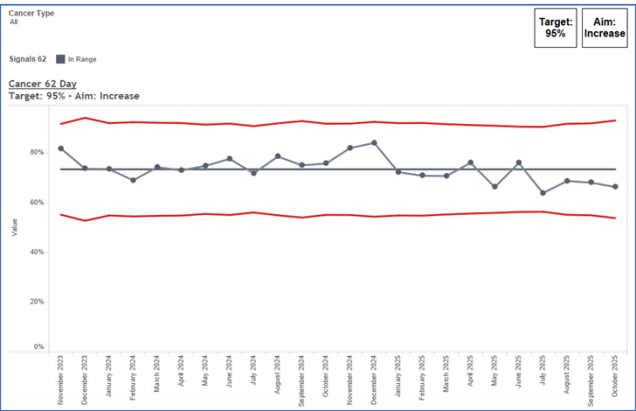
Summary	Actions	Assurance
NHS Lothian's performance against the 31-day target in September 2025 was 93.0%, which was below the NHS Lothian trajectory of 94.2% and below the 95% standard. This was also below the Scotland average of 95.7%. Of the 13 cancer types treated, 10 met the 95% standard, 10 met the cancer-specific trajectory and 7 met or exceeded the national average performance. In total 28 patients breached the 31-day standard with breaches primarily due to longer waits for surgery. The main challenges were in Urology with 16 breaches due to longer waits for RARP, however the RARP wait has come down substantially and non-complex cases are being booked within 4-8 weeks.	- Dedicated Cancer Waiting Times Trajectory workgroup established as of November. Action focus group with representation from General Managers. - External Supplier contract for additional Robotic Prostatectomies agreed and initial patient streaming commenced. - Review of transurethral resection of bladder tumour (TURBT) procedure capacity for Urology Bladder patients underway due to high demand.	Limited

Cancer Care – 62 Day Cancer Waiting Times



Responsible Director(s):	Chief of Acute Services	Reporting Period:	September 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 (Sept 2025)	Trajectory (Q3 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	67.8%	81.0%	89.4%	69.9% Scottish Average
Median 62-Day Wait	49	N/A	N/A	N/A
95 th Percentile 62-Day Wait	151	N/A	N/A	N/A

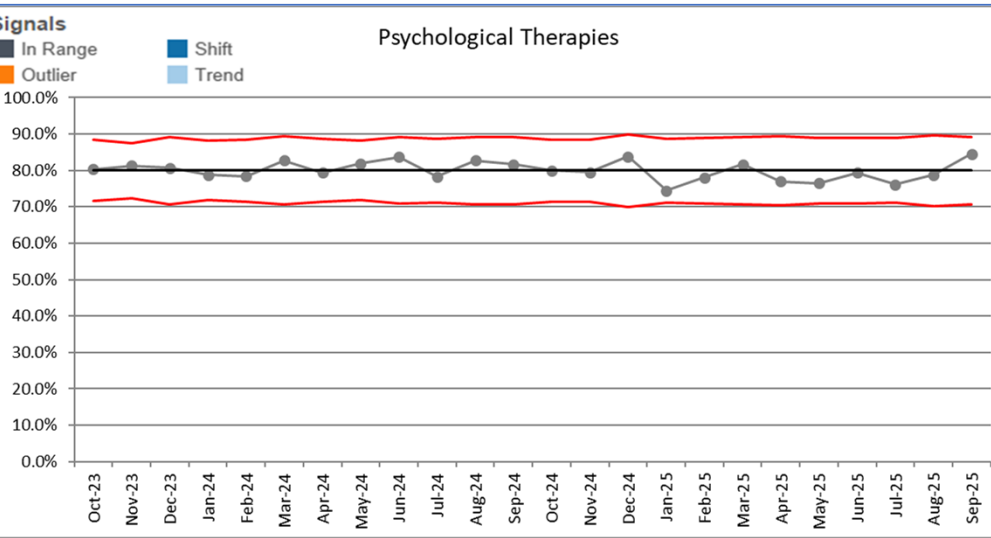
Summary	Actions	Assurance
NHS Lothian's performance against the 62-day standard in September 2025 was 67.8%, which was below the NHS Lothian trajectory of 81.0% and below the 95% standard. This was also below the Scotland average of 69.7%. Of the 12 cancer types treated, only 1 met the 95% standard, 3 met the cancer-specific trajectory and 6 met or exceeded the national average performance. In total 79 patients breached the 62-day standard with breaches primarily due to delays in the Urology Prostate diagnostic pathway, which has limited capacity in multiple pathway stages. Other key drivers for not meeting trajectory included: - Long waits for diagnostic tests impacting the Colorectal and Upper GI pathways. - Imaging delays across several tumour groups and scan types.	Cancer Funnel Implementation: The nationally developed cancer funnel will be implemented in December 2025 and January 2026 to identify anticipated diagnostic demand within the Prostate pathway. Plans are being progressed through CDDG to agree on subsequent areas for funnel development. Cancer Waiting Times Trajectory: A dedicated Cancer Waiting Times Trajectory workgroup was established in November 2025 to drive improvement actions. High Impact Lists: High Impact Lists are currently underway for Flexible Cystoscopy, Colorectal, and Urology. Planning is in progress for Uro-Oncology High Impact Lists scheduled for December 2025. Mobile MRI and Reporting Capacity: The use of the mobile MRI unit has significantly improved waiting times within the Prostate pathway and is now supporting other USOC pathways and long-wait patients. Additional insourced reporting capacity has been introduced to manage increased demand resulting from higher scan volumes. Additional Urology Activity: Targeted activity continues across the Urology Prostate pathway to address backlogs at triage, MRI, TRUS and TP biopsy, surgical outpatient clinics, and flexible cystoscopies within the bladder pathway. Endoscopy: Additional endoscopy capacity was introduced in August 2025 to reduce long waits for OGD and colonoscopy, with further High Impact Lists currently underway. Breast Pathway: The redesigned Breast MDM process went live during the week commencing 6 October 2025, releasing four PAs in Radiology to support outpatient activity. Work is ongoing to identify options to reduce waiting times within Breast Screening. Colorectal Optimal Pathway: The Colorectal Optimal Pathway bid was submitted on 10 September 2025, with £203k of the requested £930k approved by the Scottish Government. This funding will support additional CT colon weekend lists, molecular pathology, and MDT management. Additional funds have also been allocated to clear the tracking administration backlog.	Limited

Mental Health – Psychological Therapies



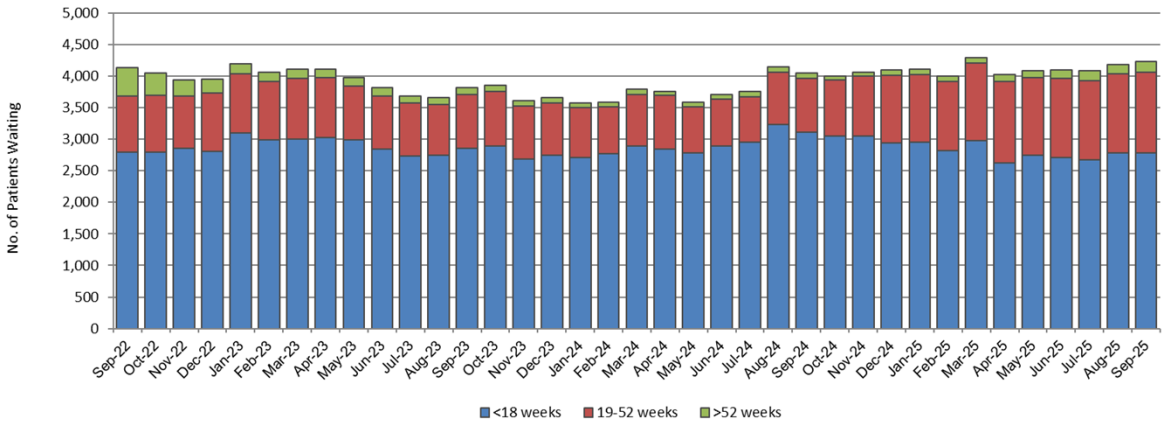
Responsible Director(s):	REAS Services Director	Reporting Period:	September 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

Psychological Therapies Waiting Times – LDP Standard



KPI	Latest Performance (Sept 2025)	Trajectory (March 2026)	National Benchmarking (June 2025)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	84.5%	-	79.4% Scottish Average
Total Waits	4227	N/A	N/A
Waits > 52 weeks	168	N/A	N/A

Psychological Therapies: Patients Waiting at Month End



Mental Health – Psychological Therapies



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

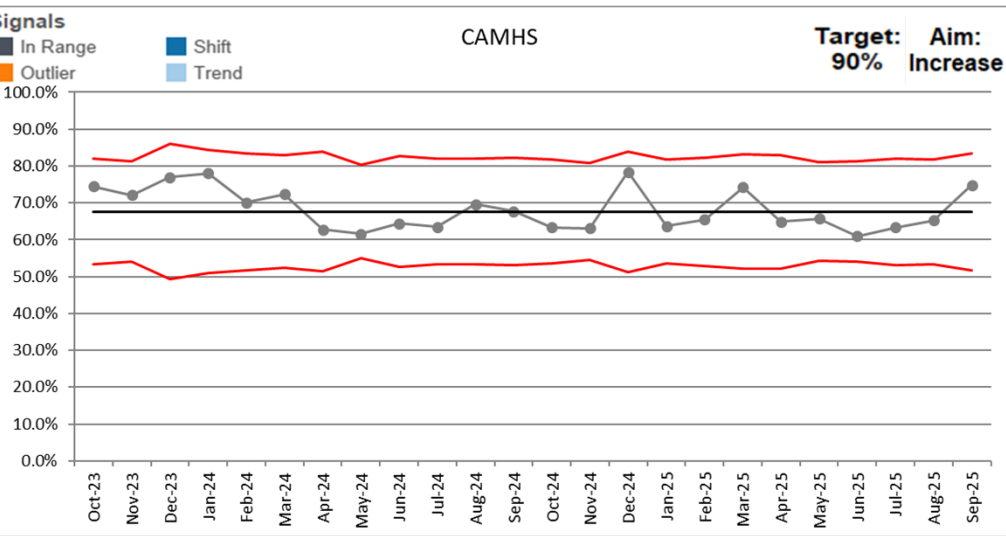
Summary	Actions	Assurance
The treatment waiting list increased from 4,093 in June 2025 to 4,227 at the end of September 2025. Analysis indicates that while the number of waits under 18 weeks has reduced from 2,977 in January 2025 to 2,779 in September 2025, there has been an increase in waits of 19–52 weeks (from 1,075 to 1,280) and over 52 weeks (from 83 to 168) during the same period. This trend was anticipated and reflects both workforce reductions and rising demand across services. Due to reduced Mental Health Outcome Framework funding and the removal of historic reliance on slippage, Psychology has been required to reduce the workforce by approximately 18 WTE to achieve financial balance going forward. Although several individual AMH Psychology services met the 18-week target during the last reporting year, this has not been sustained due to capacity loss, resulting in an increase in the number of patients waiting beyond 18 weeks. Additional pressure is also evident across general Psychological Therapy Services within the four HSCPs, driven by funding cuts and the reconfiguration of the Psychology Staff Support Service and Veteran’s First Point. Furthermore, West Lothian has recently withdrawn funding for Neuropsychology Rehabilitation. Recruitment for vacancies is currently restricted due to the impending Psychology Review. This will impact fixed-term posts beyond June 2026, with all posts being considered on a case-by-case basis.	Funding and Service Review Agreement has been reached across the four HSCPs on funding reductions to achieve financial balance. It has been recognised that a further review of services will be required in the longer term to ensure equity of access across the IJBs. The impact on workforce across services is currently being assessed and will include redeployment within the AMH outpatient component of the service. Acute Ward Provision Several papers have been submitted to CMT regarding the provision of acute wards at REH, and work is underway to understand the implications for Psychology posts and opportunities to improve existing provision. Neuropsychology Funding A paper has been presented to the Programme Board outlining the reduction in Neuropsychology funding and its impact on waiting lists within that service. Veterans Mental Health Services A briefing paper has been shared with national leads regarding plans for Veterans mental health services. Recruitment to a Senior Psychology post has taken place to support service development over the next six months. The permanent Director of Psychology post has now been advertised and will be filled ahead of any further service review. Performance and Risk Management Robust processes are in place, including monthly performance meetings, to enable service leads to highlight data issues and access support for ensuring accuracy of waiting lists and capacity plans at both individual and team levels. Ongoing support from eHealth is required to complete TRAK builds and correct historic errors that continue to affect accurate activity recording. Risks associated with Psychology staffing have been escalated to 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 limited assurance that adequate controls are in place, even though the standard is not currently being met.

Mental Health – CAMHS



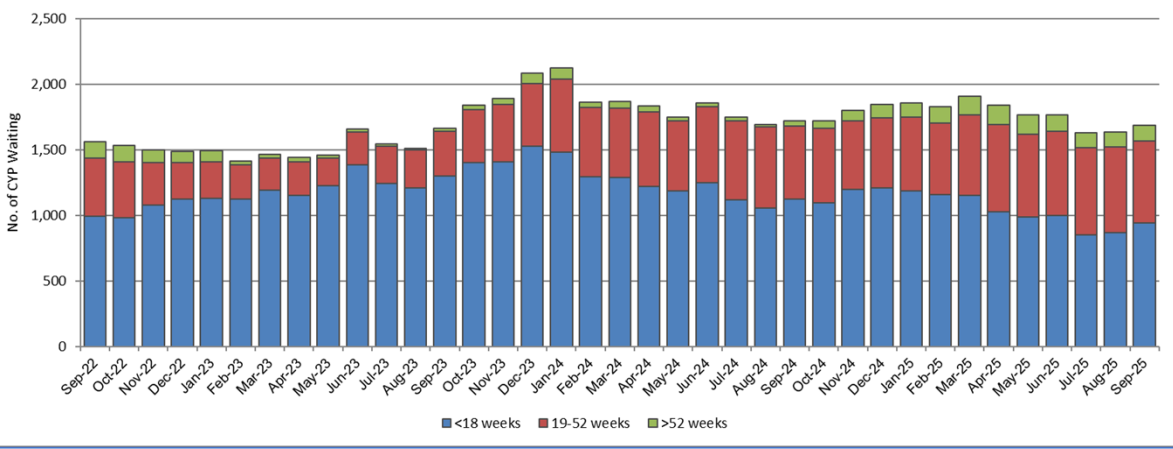
Responsible Director(s):	REAS Services Director	Reporting Period:	September 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

CAMHS Waiting Times – LDP Standard



KPI	Latest Performance (Sept 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.	74.9%	65.7%	91.4% Scottish Average
Total Waits	1684	N/A	N/A
Waits > 52 weeks	119	45	N/A

CAMHS: CYP Waiting at Month End



Mental Health – CAMHS



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

Summary	Actions	Assurance
Across all CAMHS services in Lothian, overall performance against the LDP standard was 70.5% in October 2025, compared to 74.9% at the end of September 2025. At the end of October, there were 1,683 patients waiting, representing a reduction from 1,834 in April 2025. Of these, 624 patients were waiting between 19 and 52 weeks, and 145 patients were waiting more than 52 weeks, a slight improvement from 148 in April 2025. Lothian remains at Level 3 Scottish Government escalation for compliance with the LDP standard, with progress reviewed every four weeks. Local assurance arrangements include three-weekly PSOB meetings, presentations at SPPC, and weekly executive oversight. A significant package of improvement measures has been approved and is expected to deliver an improvement on the longest waiting patient numbers by the end of the financial year. It should be noted that RTT % performance overall will be impacted by the clinical prioritisation approach.	Performance Monitoring Weekly waiting time compliance meetings between Clinical Service Managers and Service Managers continue to track performance and address operational pressures. External Provider Procurement Procurement of an external provider for 50 CBT treatment packages is underway, with all treatments scheduled to commence by March 2026. Process Review Procedures are being reviewed to ensure compliance with LDP standards and to maintain consistent performance across all teams. Capacity Expansion Significant investment in additional staffing, recruitment, and extended-hour clinics is increasing overall service capacity. Targeted Validation Ongoing capacity monitoring and targeted validation cycles are addressing patients waiting over 30, 40, and 60 weeks. Treatment Coordination and Data Accuracy Implementation of coordinated treatment plans and improvements in data accuracy are supporting progress against LDP standards. Service-Wide Review A comprehensive review of CAMHS services is underway to strengthen equity of access and inform long-term planning. This includes assessment of the inpatient unit, day programme, assertive outreach team, intellectual disability services, and Tier 2 and Tier 3 provision.	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. There is an aim to provide increased assurance on waits >52 weeks by end June 2026.

Primary and Community Care



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

KPI	Latest Performance (November 2025)
Estimated General Practice (in hours) activity	Week commencing 3 rd November 2025: There were an estimated 101,737 patient consultations across the 116 General Practices in Lothian. This represents a rate of 96 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 10 th November 2025: LUCS activity was 2214, with the weekly mean excluding public holidays at 2386. This is within normal variation.
Closed Practice Lists	In November 2025 to date, there are 2 practices with closed lists: a decrease since October 2025.

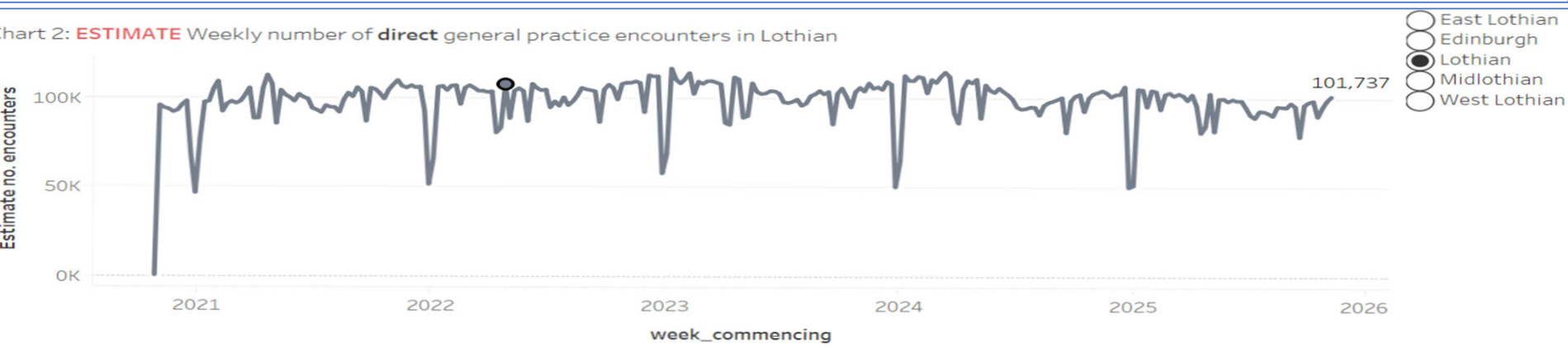
Summary	Notes	Assurance
Chart A presents an overview of direct patient activity during in-hours General Practice (Monday to Friday, 8:00am–6:00pm) across NHS Lothian. This data reflects clinical activity from a representative sample of 66 practices with robust reporting systems. Chart B illustrates activity 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 19

Primary and Community Care



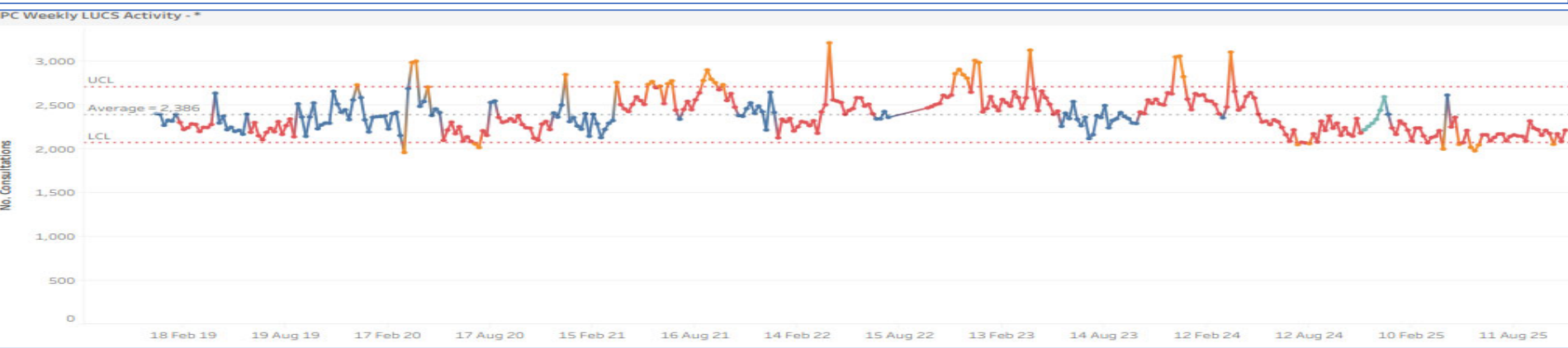
Responsible Director(s):	Director of Primary Care	Reporting Period:	October 2025
Data Source:	DataLoch & Adastra	Linked Corporate Risk(s):	N/A

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



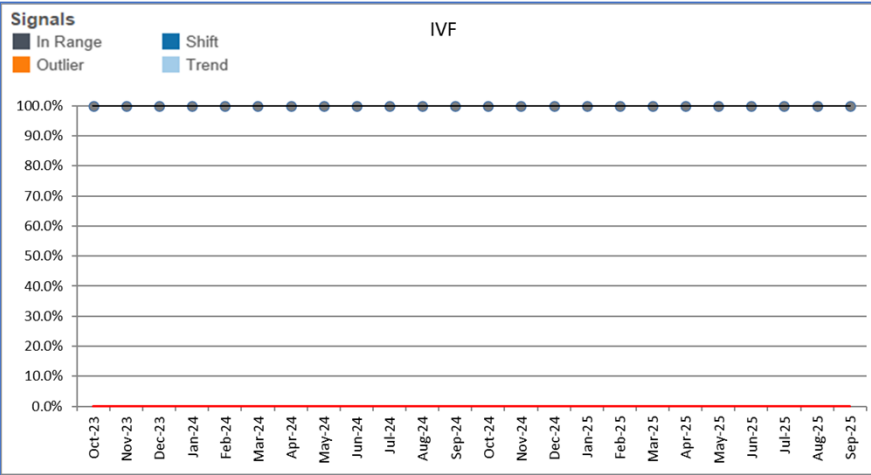
Women & Children’s Health – IVF Waiting Times



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

IVF Waiting Times – LDP Standard

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



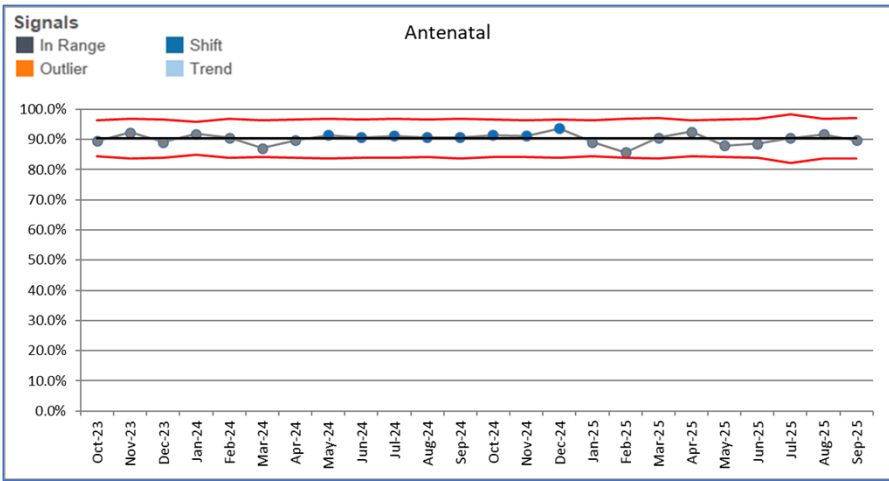
Summary	Actions	Assurance
NHS Lothian achieved 100% compliance with the national standard in September 2025, exceeding the national target of 90%. The national average for the same period was also 100%. Performance against this standard has remained consistently high over the past 24 months, with only 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 21

Women & Children’s Health – Early Access to Antenatal



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

IVF Waiting Times – LDP Standard		
KPI	Latest Performance (September 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.	84.71% (SIMD 1) 94.44% (SIMD 5) 91.88% (Overall)	91.1% (SIMD 1) 93.9% (SIMD 5)



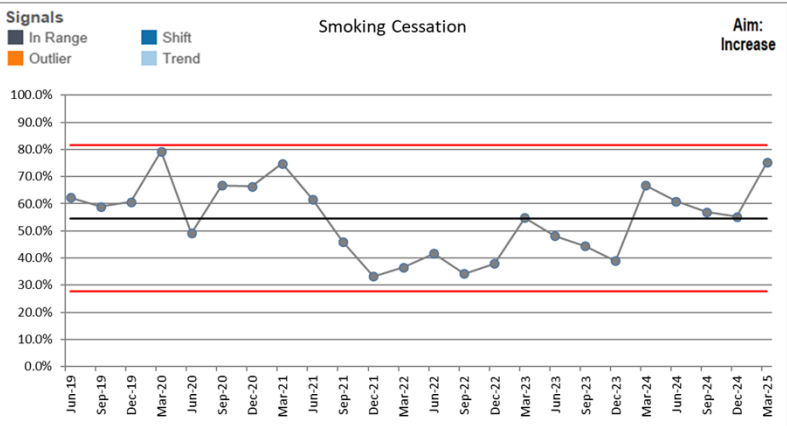
Summary	Actions	Assurance
Performance data for September 2025, disaggregated by Scottish Index of Multiple Deprivation (SIMD) quintiles, is as follows: - SIMD 1: 84.71% - SIMD 2: 92.80% - SIMD 3: 94.64% - SIMD 4: 89.68% - SIMD 5: 94.44% This reflects an overall compliance rate of 91.88%, exceeding the 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 22

Population Health & Reducing Health Inequalities – Smoking Cessation



Responsible Director(s):	Director of Public Health & Health Policy	Reporting Period:	Q4 2024/25
Data Source:	Published PHS Data	Linked Corporate Risk(s):	N/A

Smoking Cessation – LDP Standard



KPI	Latest Performance (2024/25)	Trajectory ()	Trajectory Forecast (2024/25)	National Benchmarking (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)	Q4: 222 (75%) Annual: 733 (62%)	N/A	296 per quarter 1,184 annually	11 out of 14 NHS Scotland Health Boards
Specialist Community and Hospital Based Teams	502 (85%)	N/A	592 annually	N/A
Community Pharmacy Teams	231 (39%)	N/A	592 annually	N/A
Please note that QYW service targets in Lothian are split 50:50 (592 quits annually) between Specialist community/acute quits and Community Pharmacy quits. Note seasonal variation in quits: Q4 (Jan to March) is consistently higher. PHS reports data approximately six months after each quarter ends.				

Summary	Actions	Assurance
In the financial year 2024/25, NHS Lothian achieved 62% (733 quits at 12 weeks in 40% most deprived quintile) of the required annual LDP standard. This is an improvement on the previous year (2023/24: 49% (585 quits)). Work during quarter 4 of 2024/25 achieved 222 quits at 12 weeks in 40% most deprived quintile. This is 75% of target. In the financial the year 2024-25, NHS Lothian community and hospital-based teams achieved 85% (502 quits) of the required annual LDP standard compared to 2023/24 where the figure was 431 (72%). In the financial year 2024/25, Lothian Pharmacies achieved 39% (231 quits out of 592) of the required annual LDP standard. In 2023/24 the figure was 154 (26%).	Quality improvement plans for Edinburgh and Community Pharmacy are being implemented. Varenicline is now available as a prescription from the specialist QYW service in conjunction with GPs. The new Patient Group Direction (PGD) now allows Community Pharmacies to supply Varenicline. Maternity Incentive Scheme is being established – based on learning from England, Greater Glasgow & Clyde, and Tayside. Aiming to launch December 2025. NHS Lothian Smoke Free Grounds policy is being updated. New Tannoy at entrance to St John’s hospital to dissuade people from smoking. Other approaches to deterring smoking on hospital sites in progress.	Limited level of assurance against delivery by end March 2025 due to failing to meet the target. 23

Additional Information

Data & Definitions

- Published data and definitions are available: <https://publichealthscotland.scot/publications/>
- The median wait is the middle value; for example the middle of referral to treatment days (62-day) or decision to treat to treatment days (31-day).
- A percentile is the value of a variable below which a certain percent of observations fall. For example, the 95th percentile is the value (referral to treatment days [62-day cancer] or decision to treat to treatment days [31-day cancer]) below which 95 percent of the waits may be found. The 50th percentile is also known as the median.

Glossary of Common Terminology and Acronyms

- AMU (Acute Medical Unit)
- AHP (Allied Health Professional)
- CNS (Clinical Nurse Specialist)
- DTOC (Delayed Transfer of Care)
- DNA (Did Not Attend)
- LoS (Length of Stay)
- MDT (Multi-Disciplinary Team)
- SMT (Senior Management Team)
- SG (Scottish Government)
- OP (Outpatient)
- IPDC (Inpatients & Day Cases)
- RARP (Robotic Assisted Radical Prostatectomy)
- WTE (Whole Time Equivalent)
- SDEC (Same Day Emergency Care) / RACU (Rapid Access Care Unit)
- QYW (Quit Your Way – smoking support service)
- CAPA (Choice & Partnership Approach - Job Planning)

Meeting:

NHS Lothian Board

Meeting date:

03 December 2025

Title:

October 2025 Financial Position and 2026/27 Financial Plan 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 October financial position for 2025/26 and the latest year end forecast.

2.2 Background

This report forms part of the reporting cycle to the Board on the financial performance of NHS Lothian, in support of delivering year-end financial targets.

2.3 Assessment

The Board is now presented with the financial position for NHS Lothian as at month 7 of 2025/26 which is a year to date overspend of £8.4m. Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 7 Summary Financial Performance

	Year to Date Variance from Budget £'000
Pay	17,361
Non Pays	(36,217)
Income	10,505
Operational Position	(8,351)
Corporate Reserves	0
Total	(8,351)

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 October 2025

After 7 months, financial pressures continue to be reported across some Business Units and within certain expenditure areas despite the funding allocated last month. Overspends remain being reported in Acute Drugs, Medical Supplies, GP Prescribing, and Medical & Dental Pay costs.

Financial pressures also continue to persist within the Business Units of REAS and the RIE, REAS services' financial pressures continue to show within Nursing budgets due to the ongoing use of Agency Nursing and REAS Nursing now reports a £3.7m overspend after 7 months. Funding will be allocated to REAS services in line with service improvement proposals agreed at 21st October Corporate Management Team meeting this will have minimal impact on the position to date but should improve the Quarter 2 forecast position for REAS. For the RIE the most significant factor behind the financial pressures being reported continue to relate to non-delivery of Financial Recovery Plans and therefore the RIE have now been escalated to Financial Improvement Group (FIG). Table 2 below gives the current variance against budget for NHS Lothian across expenditure headings.

Table 2 – Breakdown of Variance as at Month 7

Description	Month 07 Variance from Budget £000's
Medical & Dental	(2,185)
Nursing	6,977
Administrative Services	7,871
Support Services	(1,011)
Other Therapeutic	2,143
Other Pay	3,566
Total Pay	17,361
Drugs	(11,248)
Medical Supplies	(5,946)
Property Costs	(3,118)
Equipment Costs	(3,403)
Ancillary Costs	(2,916)
Other Non-Pay	(2,761)
Pharmaceuticals	(5,316)
Other FHS	(833)
Total Non-pay	(35,541)
Income	10,505
Other	(676)
Operational Position	(8,351)
Corporate Reserves	0
Total Variance	(8,351)

Forecast Year End Outturn

The Quarter 1 forecast reported to the Board in October highlighted a £28m projected deficit. F&R in October considered an updated forecast based on the cumulative month 5 position which estimated an improved outturn position of £22m. The Quarter 2 updated forecast position will now be reported to F&R Committee in December with an anticipation that it will reflect further improvement to the forecast based on the financial position to date.

The latest Finance Performance Return (FPR) submitted to the Scottish Government (SG) continues to report a balanced year end forecast outturn position for NHS Lothian. Business Units made a commitment to deliver, in full, 3% Financial Recovery Plans to support the achievement of financial balance in 2025/26. We continue to project a year end forecast of breakeven back to the SG based on this commitment.

Failure to show a trajectory to financial balance in the coming months will require a review of the utilisation of any remaining investment from the £20m non-recurrent funding allocated to support Mental Health and Unscheduled Care initiatives from this year. There is also an indication from the SG that there may be an improvement in the outturn against CNORIS to reduce costs this year, and an expectation that there may be additional non-recurrent benefit arising under the New Medicines Fund that could be utilised to support the gap but that should not detract from the requirement of Business Units to continue to identify further savings opportunities.

Pay settlement funding remains outstanding for Resident Doctors and Executive and Senior Management. The Scottish Government allocation for 2025/26 pay uplift has been received for Agenda for Change, Senior Medical and Specialty, Associate Specialist, and Specialist doctors and work continues to review the funding allocation to ensure adequate to meet all additional costs.

Financial Recovery Plans (FRPs)

To allow the analysis of data to both support and evidence savings delivery, there is a one month lag in reporting FRPs delivery with Month 6 delivery of savings now reported. There is a £64m (3%) recurring delivery target for FRPs with £58m of plans identified to date and a current year delivery against those plans estimated at £53m. As mentioned above, NHS Lothian's ability to deliver a balanced outturn is contingent on full delivery of FRP savings at 3%.

Based on the £58m of plans identified, there was £27.7m of savings due to be delivered by month 6 with £25.6m of savings recorded as delivered, leaving a small shortfall of £2.1m contributing to the £8.4m overspend position reported to date. Of the £53m forecast to be delivered in year, currently £46m of those plans are estimated to be delivered recurrently. This leaves ongoing issues for next year, particularly in relation to managing the recurring underlying financial deficit. Financial Oversight Board (FOB) escalation for performance monitoring of the 3% FRP target and recurrency remains in place, as does the Financial Improvement Group where cost reduction initiatives may be required to close the gap.

Table 3 below shows the details of FRP plans and delivery by Business Units. Appendix 3 shows FRP delivery % for schemes identified, current year delivery and recurring delivery. Appendix 3 highlights the small number of Business Units who are currently forecasting 3% recurring delivery at this stage.

Table 3 – 2025/26 Month 6 Financial Recovery Plan Summary

Financial Year 25/26						
	Schemes Identified	Planned April - September	Achieved April - September	Shortfall April - September	CY Forecast @ M6	FY Forecast @ M6
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Division	27,416	13,424	11,270	(2,154)	24,317	20,558
Corporate Services	5,702	2,866	2,854	(12)	5,354	4,128
East Lothian HSCP	3,375	1,675	1,683	8	3,278	2,541
Edinburgh HSCP	6,699	3,223	3,627	404	6,652	6,652
Midlothian HSCP	2,505	1,128	1,248	120	2,455	2,455
West Lothian HSCP	3,312	1,656	2,024	369	3,052	2,948
Facilities	4,946	2,210	1,901	(309)	4,952	4,700
REAS	2,270	1,135	585	(550)	1,170	1,170
Dir of Primary Care	1,192	432	432	0	1,099	565
Income/HCare Purchase	441	0	0	0	441	441
Grand Total	57,857	27,748	25,623	(2,125)	52,769	46,158

2026/27 Financial Planning

The first iteration of the 2026/27 Financial Plan was presented at the October F&R Committee. This early version Financial Plan included brought forward financial pressures; new cost increases and estimated additional resources with the overall deficit totalling £67m. To cover this level of gap a 3% recurring FRP savings target will be required to achieve break even next year, with letters to Directors requesting this requirement issued during November.

A further update to the 2026/27 Financial Plan paper will be discussed at the F&R Committee on 17 December 2025. This iteration will take the opportunity for Business Unit involvement and refined assumptions based on the latest information available.

Due to the UK Autumn Budget taking place on the 26th November 2025, the Scottish Budget is now due on 13th January 2026. Following the Budget in January, there will be a final opportunity for Business Units to refine assumptions based on the latest information, both locally as well as nationally, with a further update on the Financial Plan to be considered by the F&R Committee in February 2026.

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 the CMT with the Month 7 financial position for 2025/26 reported to CMT on the 18th November 2025.

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the reported financial position being a £8.4m overspend as at the end of October 2025.
- **Awareness** – For Members to note the shortfall on delivery of £2.1m of Financial Recovery Plans for September 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 ongoing commitment to Scottish Government to achieve the outstanding FRP balance to achieve 3% savings and deliver financial balance with moderate assurance given around this achievement.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 31st October 2025
- Appendix 2, NHS Lothian Summary by Operational Unit to 31st October 2025
- Appendix 3, NHS Lothian Month 6 FRP Summary showing % Delivery

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st October 2025

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	436,879	254,088	256,273	(2,185)	(524)
Nursing	725,169	420,787	413,810	6,977	38
Administrative Services	208,770	119,981	112,110	7,871	1,567
Allied Health Professionals	131,338	75,886	73,630	2,255	476
Health Science Services	61,743	35,840	34,449	1,391	256
Management	7,481	4,317	3,915	403	59
Support Services	111,561	64,047	65,058	(1,011)	17
Medical & Dental Support	21,554	12,589	12,624	(35)	56
Other Therapeutic	77,795	43,841	41,697	2,143	(202)
Personal & Social Care	3,832	1,916	1,764	152	18
Other Pay	(12,541)	(12,169)	(11,574)	(595)	(91)
Emergency Services	0	0	4	(4)	0
Pay	1,773,581	1,021,122	1,003,761	17,361	1,669
Premises	0	0	6	(6)	1
Gms2 Expenditure	178,188	108,309	109,154	(846)	(143)
NCL Expenditure	923	538	514	24	4
Other Primary Care Expenditure	87	51	57	(6)	(2)
Pharmaceuticals	169,986	97,493	102,809	(5,316)	(1,301)
Primary Care	349,183	206,391	212,540	(6,149)	(1,441)
Other	(19)	(20)	661	(681)	(95)
Income	(429,790)	(264,206)	(274,711)	10,505	3,019
Extraordinary Items	0	0	(4)	4	0
Drugs	151,712	93,947	105,195	(11,248)	(2,421)
Medical Supplies	126,158	76,888	82,834	(5,946)	(1,056)
Maintenance Costs	7,160	3,636	5,340	(1,703)	(125)
Property Costs	53,941	28,756	31,873	(3,118)	(227)
Equipment Costs	37,860	22,148	25,551	(3,403)	(295)
Transport Costs	9,151	5,515	7,295	(1,780)	(83)
Administration Costs	311,244	73,610	73,923	(313)	(830)
Ancillary Costs	13,331	7,670	10,587	(2,916)	(607)
Other	(17,682)	(15,470)	(16,492)	1,022	213
Service Agreement Patient Serv	40,869	26,440	27,804	(1,364)	(771)
Savings Target Non-pay	2,351	1,810	0	1,810	156
Resource Transfer/ LA Payments	121,808	86,719	87,151	(432)	(57)
Non-pay	857,902	411,669	441,061	(29,392)	(6,103)
CORE POSITION	2,550,858	1,374,956	1,383,308	(8,351)	(2,950)
Additional Reserves	(0)	(0)	0	(0)	0
TOTAL	2,550,858	1,374,956	1,383,308	(8,351)	(2,950)

Appendix 2 - NHS Lothian Summary by Operational Unit to 31st October 2025

Month 7 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	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical & Dental	(3,457)	199	54	51	(64)	781	(468)	479	(35)	0	275	0	(2,185)
Nursing	3,513	2,159	2,899	612	532	(105)	(3,725)	1,080	44	(0)	(32)	0	6,977
Administrative Services	2,392	530	1,499	9	202	133	88	2,772	308	1	(64)	1	7,871
Allied Health Professionals	177	531	1,079	(2)	495	5	(78)	32	42	0	(25)	0	2,255
Health Science Services	1,470	0	250	(9)	16	(1)	(25)	(289)	0	0	(20)	0	1,391
Management	(138)	41	182	5	1	(83)	39	209	146	0	0	0	403
Support Services	(9)	0	59	123	4	(2)	213	28	(1,427)	0	0	0	(1,011)
Medical & Dental Support	(606)	(0)	39	0	0	485	12	35	0	0	0	0	(35)
Other Therapeutic	101	60	134	81	33	2	945	552	(8)	0	241	0	2,143
Personal & Social Care	30	(35)	72	0	0	0	(28)	113	0	0	0	0	152
Other Pay	33	0	(1,108)	0	0	352	(1)	5	112	0	11	0	(596)
Emergency Services	0	0	0	0	0	0	0	0	(4)	0	0	0	(4)
Pay	3,506	3,485	5,159	869	1,219	1,566	(3,027)	5,018	(822)	1	387	1	17,361
Drugs	(9,801)	(148)	(312)	(154)	2	(675)	(460)	304	(4)	0	0	0	(11,248)
Medical Supplies	(3,637)	(295)	(651)	(124)	(111)	46	(97)	(31)	(1,045)	0	0	0	(5,946)
Maintenance Costs	(553)	(49)	(90)	(13)	(130)	0	(115)	(23)	(731)	0	0	0	(1,703)
Property Costs	(36)	31	(148)	(10)	(94)	(102)	(2)	(3)	(2,755)	0	0	0	(3,118)
Equipment Costs	(2,109)	(210)	(217)	(62)	(188)	30	(133)	(614)	104	0	(3)	0	(3,403)
Transport Costs	(1,063)	(228)	(198)	(49)	(14)	(9)	(256)	(59)	88	15	(2)	(6)	(1,780)
Administration Costs	1,215	838	(282)	301	(149)	167	1,136	(4,258)	2,289	(863)	(724)	17	(313)
Ancillary Costs	(983)	(34)	(1)	(30)	(44)	(7)	(63)	(702)	(1,053)	0	0	0	(2,916)
Other	7	(1)	108	(0)	(1)	0	1	739	169	0	0	0	1,022
Service Agreement Patient Serv	22	(67)	(33)	(3)	(107)	14	(484)	23	(2)	0	0	(726)	(1,364)
Savings Target Non-pay	(0)	0	0	0	0	0	0	1,627	0	184	0	0	1,810
Resource Trf + L/a Payments	(11)	(94)	(133)	(153)	(1)	0	5	(45)	0	0	0	0	(432)
Non-pay	(16,950)	(259)	(1,958)	(296)	(837)	(535)	(467)	(3,043)	(2,939)	(664)	(730)	(715)	(29,392)
Premises	(6)	0	0	0	0	0	0	0	0	0	0	0	(6)
Gms2 Expenditure	(25)	(190)	(542)	(77)	20	13	(6)	(27)	(13)	0	0	0	(846)
Ncl Expenditure	0	0	0	0	0	24	0	0	0	0	0	0	24
Other Primary Care Expenditure	(6)	0	0	0	0	0	0	0	0	0	0	0	(6)
Pharmaceuticals	0	(1,082)	(1,852)	(356)	(1,128)	(896)	0	0	0	0	0	0	(5,316)
Primary Care	(36)	(1,272)	(2,394)	(434)	(1,108)	(859)	(6)	(27)	(13)	0	0	0	(6,149)
Other	0	0	(11)	0	0	0	0	0	(438)	0	0	(231)	(681)
Income	3,263	18	(76)	36	(1)	(6)	(4)	419	(717)	142	342	7,090	10,505
Extraordinary Items	0	0	0	0	0	0	0	0	0	4	0	0	4
Operational Position	(10,217)	1,972	720	176	(728)	165	(3,504)	2,367	(4,929)	(517)	0	6,145	(8,351)
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Variance	(10,217)	1,972	720	176	(728)	165	(3,504)	2,367	(4,929)	(517)	0	6,145	(8,351)

Appendix 3 - NHS Lothian Month 6 FRP Summary showing % Delivery

	Target @ 3%	25/26 Schemes Identified	% Identified	CY Forecast @ M6	% CY Forecast Delivery	FY Forecast @ M6	% FY Forecast Delivery
	£'000	£'000		£'000		£'000	
Acute Divisional Management	1,290	779	1.8%	569	1.3%	527	1.2%
DATCC	6,846	5,667	2.5%	5,621	2.5%	5,081	2.2%
AHP Services	745	729	2.9%	729	2.9%	464	1.9%
Outpatients & Associated Services	593	660	3.3%	631	3.2%	631	3.2%
Royal Infirmary Edinburgh Site	6,166	6,565	3.2%	4,318	2.1%	2,072	1.0%
St Johns Hospital Site	2,666	3,042	3.4%	2,806	3.2%	2,576	2.9%
Western General Hospital Site	5,832	6,373	3.3%	6,555	3.4%	6,438	3.3%
Women + Children Services	4,300	3,601	2.5%	3,088	2.2%	2,770	1.9%
Acute Services Division Total	28,438	27,416	2.9%	24,317	2.6%	20,558	2.2%
Corporate Services Total	4,736	5,702	3.6%	5,354	3.4%	4,128	2.6%
Directorate of Primary Care	1,302	1,192	2.7%	1,099	2.5%	565	1.3%
East Lothian Partnership	3,375	3,375	3.0%	3,278	2.9%	2,541	2.3%
Edinburgh Partnership	10,460	6,699	1.9%	6,652	1.9%	6,652	1.9%
Midlothian Partnership	2,439	2,505	3.1%	2,455	3.0%	2,455	3.0%
West Lothian Partnership	4,396	3,312	2.3%	3,052	2.1%	2,948	2.0%
REAS	3,861	2,270	1.8%	1,170	0.9%	1,170	0.9%
Facilities	4,724	4,946	3.1%	4,952	3.1%	4,700	3.0%
Income/Healthcare Purchases	441	441	3.0%	441	3.0%	441	3.0%
Total	64,171	57,857	2.7%	52,769	2.5%	46,158	2.2%

Meeting: NHS Lothian Board

Meeting date: 03 December 2025

Title: Corporate Risk Register

Responsible Executive: Tracey Gillies, Executive 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 October 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in appendix 1.
- 2.1.2 Note the overview of the changes in the CRR over the past 2 years in table 1.
- 2.1.3 Agree to accept a new risk onto the CRR, relating to safe delivery of 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	Oct-23	Dec-23	Feb-24	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25	Sep-25	Oct-25
3600 - Finance	25	25	25	25	25	25	25	25	25	20	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	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	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
6134 - Reduced Working Week													16

Risk Removed from CRR (April 2025)													
5020 - Water Safety and Quality	12	12	12	12	12	12	12	12	8				
3828 - Nursing Workforce	20	20	20	12	12	12	12	12	6				
5784 - Low Secure Accommodation	Split of risk 5687		20	15	15	15	15	15	10				

2.3.2 Board members are asked to accept a new risk onto the CRR as detailed below.

Safe delivery of maternity services

Executive lead: Tracey Gillies

Context

The HIS Unannounced Maternity Services Inspection report for the Royal Infirmary of Edinburgh was published on Wednesday 29th October 2025. This has led to a decision from Scottish government to escalate NHS Lothian to stage 3 (enhanced monitoring and support) of the NHS Scotland support and intervention framework in relation to maternity services. The action plan arising from the inspection, together with the existing programme of work, represents a significant body of necessary work that will take time to complete. NHS Lothian has and continues to engage with HIS, demonstrating a clear and sustained commitment to implementing improvements.

Key aspects addressed as part of this work are:

- Patient safety
- Leadership
- Staffing
- Culture

During this period and given increasing media attention on maternity services locally and nationally, there is an elevated risk of adverse publicity, placing additional pressure on staff and potentially affecting public confidence. In recognition of these risks, the Board has agreed to add Maternity Services as a corporate risk on the corporate risk register.

Governance

The aspects of this risk will be managed through the two relevant governance committees: Healthcare Governance Committee will seek assurance on those aspects of the risk that pertain to the patient safety aspects of the risk mitigation plan, and Staff Governance Committee on the workforce aspects including staff availability and training, safety and wellbeing.

Monitoring through the quarterly safe staffing, whistleblowing and speak up reports provided to Staff Governance Committee will also complement management and assurance of this risk.

Management

There will be regular reporting to CMT of the HIS action plan.

Overseen by Medical and Nursing Executive Directors through the Maternity and Neonatal services Programme Board for the patient facing aspects and the professional midwifery group.

Risk description

There is a risk that women, babies and families accessing NHS Lothian Maternity services have a poor experience of care and are exposed to the potential for avoidable harm because of workforce issues in relation to staffing and culture, environment and care pathways.

This may lead to a loss of public confidence in the safety of NHS Lothian's maternity services and in turn, increased anxiety and a reluctance to access services, leading to increased pressure for staff in building confidence and supporting a positive safety culture within service and retention of sufficient numbers of staff.

Adequacy of controls - Weak

Grading - V High (20) Likelihood: almost certain (5); impact: major (4)

2.3.3 Quality/ Patient Care

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

2.3.4 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.

2.3.5 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.

2.3.6 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.

2.3.7 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.

2.3.8 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.

2.3.9 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 October 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- Note the overview of the changes in the CRR over the past 2 years in table 1.
- Agree to accept a new risk onto the CRR relating to safe delivery of 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 <i>Corporate Objective</i>	Executive Lead	Score (Oct)	Score (Aug)	Target Score	Assurance Committee	Assurance Level	October 2025 Update
3600	Finance <i>Revenue</i>	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	- Mid-year review of financial performance just concluded which evidences that the year-end forecast is now a £20m overspend position. This is an improvement from the Q1 forecast which was £27m deficit at year end. The key component of improvement has been evident from business unit efficiency programmes. - The key financial focus for the remainder of the year will be to deliver 3% efficiency savings on a recurrent basis, totalling £64m. At present, plans are in place for £55m but there is both a shortfall of delivery forecast and a shortfall in recurrency of the full 3%. - We are now starting the work to draft the financial plan for 2026/27. The UK economic forecast is not expected to deliver any budgetary positive surprises. The public sector therefore needs to plan for a tighter fiscal environment, while recognising the desire for service improvement. - In 2026 there will be an election to the Scottish parliament which could have an impact on the NHS in Scotland.
5186	4 Hours Emergency Access Target <i>Unscheduled Care</i>	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	Improved Breach Metrics: August 2025 saw a 25% reduction in 12-hour breaches and a 26% reduction in 8-hour breaches compared to August 2024, alongside a 17% improvement in time to first assessment. Please see Public Board Performance paper for fuller detail on performance. Targeted Flow Interventions: Sustained implementation of the In-Reach model and Frailty LES has reduced ED attendances by 5% and occupied bed days for older adults by 11.2%, easing front-door and inpatient pressures. Alternative Pathways Expansion: Services like SDEC, Ambulatory Care, and Hospital at Home accounted for 26.4% of urgent referrals in August, exceeding targets and helping to avoid unnecessary admissions. Funding & System Resilience: £1.1M allocated for Hospital at Home from NHS Lothian's transformation bid; while mobilisation is underway, further investment is needed to scale Flow Navigation Centre-linked community alternatives.

Appendix 1 - Risk Assurance Table – Executive/Director Updates

Risk Number	Title <i>Corporate Objective</i>	Executive Lead	Score (Oct)	Score (Aug)	Target Score	Assurance Committee	Assurance Level	October 2025 Update
3726	Hospital Bed Occupancy <i>Unscheduled Care</i>	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	Sustained Reduction in Delayed Discharges: Occupied Bed Days due to delayed discharges continue to decline compared to the 2024 baseline, though the rate of improvement has plateaued since June 2025, prompting the need for further targeted interventions. Please see Public Board Performance paper for fuller detail. Inpatient Capacity Gains Across HSCPs: Significant reductions in inpatient numbers were achieved in August 2025, notably in East Lothian (16%), Midlothian (10%), and West Lothian (9%), positioning these HSCPs as national outliers for low discharge-related delays. System Resilience Amid Rising Demand: Despite a 14% increase in admissions and 8% rise in attendances, HSCPs maintained progress in reducing delays, demonstrating the effectiveness of integrated system-wide approaches. Targeted Improvements for Older Adults & USC Bed Use: A 12% reduction in bed days for patients aged 75+ is linked to enhanced frailty services, while combined HSCP actions led to a net reduction of 93 Unscheduled Care beds used in August. Flow Navigation Centre performance remains strong, exceeding redirection targets and saving an estimated 100 bed days weekly.
5185	Access to Treatment <i>Scheduled Care</i>	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 Performance Against Trajectory: As of August 2025, both Outpatients and TTG waiting lists are ahead of planned trajectories. Please see the Public Board Performance paper for more detail. Monitoring & Governance: Weekly and monthly Access meetings are in place to track activity delivery, address deviations, and drive productivity improvements across both pathways. Capacity Expansion & External Support: Formal funding requests have been submitted to the Scottish Government to support additional activity via external providers, including See & Treat pathways and specialty-specific treatments. Targeted Initiatives & Recruitment: Recruitment is underway for posts funded through 2025/26 allocations, with additional capacity being delivered via High Impact Lists, insourcing contracts, and cross-board service agreements (e.g. Dermatology with NHS Forth Valley)
5388	HSDU Capacity <i>Capital</i>	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 The Critical Infrastructure Plan (from August 2025 update) is now complete with highest risk items now forming part of BCP planning/funding request to Scot Gov. Risk reduction is dependent on funding and installation/upgrade of current assets.

Appendix 1 - Risk Assurance Table – Executive/Director Updates

Risk Number	Title <i>Corporate Objective</i>	Executive Lead	Score (Oct)	Score (Aug)	Target Score	Assurance Committee	Assurance Level	October 2025 Update
								Because 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). The mitigation plan surrounding external resilience (or lack thereof) is currently being reviewed.
5189	RIE Facilities <i>RIE</i>	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 October 2025	- This risk will be reviewed and updated to ensure that it aligns with the current risks associated with Hard FM delivery on the RIE site. Review on hold while ongoing legal processes are concluded (outcome may have a bearing on the risk moving forward) - Elements of the risk mitigation plan will be impacted by the hand back of the RIE from Consort to NHS Lothian due in 2027 and will be revised at the appropriate time.
3455	Violence & Aggression <i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i>	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	- Programme Board closed with approval from H&S and Staff governance committee - Outstanding actions allocated for progression and monitoring through H&S committees - Agreement to transfer ownership of risk transferred to Director of People and Culture with planned review of risk and risk mitigation plan - Audit ongoing with 5 departments from each of the 13 local H&S committee audited for management of V&A – expected to be completed February 2026
3328	Roadways/Traffic Management <i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i>	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 September 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).
1076	Healthcare Associated Infection <i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i>	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 now re-advertised as candidate withdrew - Successful appointed to 3 x band 6 and 4 x band 4 roles - Nurse consultant role being established following unsuccessful recruitment for lead nurse role

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5322	Cyber Security <i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i>	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	- There are ongoing tasks for West Lothian council to complete following security breach, but no outstanding actions for NHS Lothian - New nationally procured security tool is currently under review for implementation - A new supplier for the NISR audit is currently being procured
5510	Royal Edinburgh Bed Occupancy <i>Mental Health, Illness, and Wellbeing</i>	Jim Crombie	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	System Leadership Enhanced Oversight: Gold and Silver command structures stood down; oversight now led by the Mental Health Whole System Executive Improvement Board and Operational Improvement Group, supporting sustained flow management. Infrastructure & Capacity Changes: Divert suite at REH remains operational; 6 contingency beds remain open following patient moves into new supported accommodation in EHSCP, with full transition expected by end of November 2025. Strategic Planning: MHAS options appraisal completed; implementation approaches currently under review to ensure optimal delivery. Governance Review: A formal review of REAS governance arrangements is underway to strengthen oversight and accountability.
5737	Royal Infirmary of Edinburgh Fire Safety <i>RIE</i>	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 October 2025	- Risk exits 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 with a staffing solution to issue is currently under consideration by CMT/LCIG. Work is ongoing to review data associated with this request and is expected to be concluded prior to end October 2025.
5785	Absence of Female High Secure Accommodation in the Estate <i>Mental Health, Illness, and Wellbeing</i>	Jim Crombie	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 - No significant change since last update and no issues or incidents to report - Work is progressing to review the grading of this risk, with a view to being able to remove this from the corporate risk register by end of 2025/26. Formal updates on this will be presented to the Healthcare Governance Committee, following appropriate clinical and corporate engagement and review.

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6134	Reduced Working Week <i>People and Culture</i>	Tom Powers	High: 16 Likelihood: Likely (4) Impact: Major (4)	N/A	*Not yet assigned	Staff Governance Committee Healthcare Governance Committee Finance & Resource Committee	New risk approved by Board Oct 2025	*Target risk grading to be considered as part of development of risk mitigation plan - CMT will meet end of October to review all returns from service to assess impact and agree prioritisation of resource - Risk mitigation plan will be presented to Staff Governance Committee in December.