

Agenda

09:30 - 09:33 1. Welcome

3 min

Verbal

John Connaghan

09:33 - 09:34 2. Apologies for Absence

1 min

Verbal

John Connaghan

09:34 - 09:35 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

09:35 - 09:40 4. Items proposed for Approval or Noting without further discussion

5 min


Decision

John Connaghan

4.1. Minutes of Previous Board Meeting - 03 December 2025

For Approval

John Connaghan

 4.1 03-12-25 Public Board Minutes (Draft).pdf (9 pages)

4.2. Staff Governance Committee Minutes - 24 September 2025

For Noting

Val de Souza

 4.2 Staff Governance Committee Minutes - 24 September 2025.pdf (9 pages)

4.3. Finance and Resources Committee Minutes - 22 October 2025

For Noting

Martin Connor

 4.3 Finance and Resources Committee Minutes - 22-10-25 Final.pdf (10 pages)

4.4. Healthcare Governance Committee Minutes - 18 November 2025


For Noting

Andrew Cogan

 4.4 Healthcare Governance Committee Minutes 18-11-2025 Final.pdf (12 pages)

4.5. Midlothian Integration Joint Board Minutes - 09 October 2025

For Noting *Val de Souza*


 4.5 Midlothian IJB Minutes - 09 October 2025.pdf (23 pages)

4.6. East Lothian Integration Joint Board Minutes - 30 October 2025

For Noting *Andrew Cogan*

 4.6 East Lothian IJB Minutes - 30 October 2025.pdf (6 pages)

4.7. West Lothian Integration Joint Board Minutes - 24 September 2025

 4.7 West Lothian IJB Minutes - 24 September 2025.pdf (6 pages)

4.8. Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 3, 01 September – 30 November 2025

For Noting *Alison Macdonald*

 4.8 Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report.pdf (18 pages)

4.9. Declaration of Surplus – Plot at Astley Ainslie Hospital

For Approval *Craig Marriott*

 4.9 Declaration of Surplus – Plot at Astley Ainslie Hospital (Inc. Appendix).pdf (4 pages)

4.10. NHS Lothian Area Clinical Forum Terms of Reference

For Approval *Tracey Gillies*

 4.10 NHS Lothian ACF Terms of Reference 2026-02-04.pdf (11 pages)

4.11. Board Appointments - January 2026

For Approval *John Connaghan*

 4.11 Board Appointments - February 2026.pdf (6 pages)

Items for Discussion

09:40 - 09:50 5. Board Chair's Report - February 2026

10 min

Verbal *John Connaghan*

5.1. NHS Lothian Annual Accountability Review Feedback

Information *John Connaghan*

 5.1 NHS Lothian Annual Accountability Review Feedback.pdf (12 pages)

09:50 - 10:10 6. Chief Executive's Report - February 2026

20 min

Discussion *Caroline Hiscox*

 6. Board Chief Executive's Report 2026-02-04.pdf (6 pages)

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

10 min

Verbal *John Connaghan*

10:20 - 10:30 **8. Escalation Update Maternity Services & CAMHS (Standing Item)**
10 min

8.1. Maternity Services

Discussion *Tracey Gillies*

 8.1 Maternity Services.pdf (13 pages)

8.2. CAMHS

Verbal Update *Jim Crombie & Jillian Torrens*

10:30 - 10:50 **9. Subnational Planning & Delivery Committee (East) Update**
20 min


Discussion *Colin Briggs*

 9. Subnational Planning & Delivery Committee (East) Update.pdf (6 pages)

10:50 - 11:00 ***Comfort Break***
10 min

11:00 - 11:20 **10. Agenda for Change - Reduced Working Week**
20 min

Discussion *Tom Power*

 10. Agenda for Change - Reduced Working Week.pdf (6 pages)

11:20 - 11:40 **11. NHS Lothian Board Performance Report**
20 min

Discussion *Jim Crombie*

 11. NHS Lothian Board Performance Report.pdf (32 pages)

11:40 - 11:50 **12. November 2025 Financial Position**
10 min

Discussion *Craig Marriott*

 12. November 2025 Financial Position (Inc. Appendices).pdf (9 pages)

11:50 - 12:00 **13. Corporate Risk Register**
10 min

Discussion *Tracey Gillies*

 13. Corporate Risk Register - February 2026.pdf (9 pages)

12:00 - 12:10 **14. Child Poverty Action Annual Update**
10 min

Discussion *Susan Webb*

 14. Child Poverty Action Annual Update.pdf (16 pages)

12:10 - 12:12 **15. Any Other Business**
2 min

Verbal *John Connaghan*

12:12 - 12:14 **16. Reflections on the Meeting**
2 min

Verbal *John Connaghan*

12:14 - 12:15 **17. Future Meeting Dates**
1 min

For Noting

John Connaghan

- 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 1030hrs on Wednesday 08 December 2025 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Board Chair)(chairing from 11.30am); Mr A. Fleming (Vice Chair)(chairing until 11.30am); Cllr S. Akhtar; Mr P. Allenby; Mr E. Balfour; Mr J. Blazeby; Ms H. Campbell; Dr P. Cantley; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Mr G. Gordon; Prof J. Innes; Mrs K. Kasper; Prof A. Khan; Mr P. Knight; Ms T. A. Miller; 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), Ms A. MacDonald (Executive Nurse Director); and Mrs S. Webb (Director of Public Health and Health Policy).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr T. Power (Director of People & Culture); Ms M. Carr (Chief Officer, Acute Services); Mr C. Briggs (Director of Strategic Planning); Dr J. Long (Director of Innovation and Transformation); Ms 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 F. Wilson (Chief Officer, East Lothian IJB); Ms C. Lavery (Chief Officer, Edinburgh IJB); Ms J. Torrens (Service Director, REAS); Mr D. Thompson (Board Secretary) and Mr. C Graham (Corporate Governance Team, minutes).

Apologies for Absence: Prof. L. Marson (Non-Executive Board Member); Cllr H. Cartmill (Non-Executive Board Member) and Ms A. White (Chief Officer, West Lothian IJB).

58. Welcome & Declaration of Interests

- 58.1 The Vice Chair welcomed members, colleagues, and observers to the Board meeting.
- 58.2 Members were asked 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.

MARTIN CONNOR – VALEDICTORY COMMENT

- 58.3 The Board noted that this was Mr Connor's final meeting before stepping down. Mr Connor had joined the Board in September 2017 and had been a highly supportive colleague throughout his tenure. He served on several key committees, including the Audit & Risk Committee, Reference Committee, Information Governance Assurance Board, West Lothian Integration Joint Board, and the St John's Hospital Stakeholder Group.
- 58.4 Mr Connor had also chaired the Finance and Resources Committee over the past year and played a significant role as co-chair of the Board's Pharmacy Practices Committee. The Board acknowledged that Mr Connor would now continue his involvement in this area as a lay member. His contribution and commitment to the Board were formally recognised and appreciated.

ITEMS FOR APPROVAL OR NOTING

59. Items proposed for Approval or Noting without further discussion

- 59.1 Members were reminded 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.” Members 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.
- 59.2 Minutes of Previous Board Meeting held on 08 October 2025 – Minutes were approved
- 59.3 Audit and Risk Committee Minutes – 11 August 2025 – Minutes were noted.
- 59.4 Finance and Resources Committee Minutes – 20 August 2025 – Minutes were noted.
- 59.5 Healthcare Governance Committee Minutes – 21 October 2025 – Minutes were noted.
- 59.6 Midlothian IJB Minutes – 21 August 2025 – Minutes were noted.
- 59.7 Edinburgh IJB Minutes – 22 September 2025 – Minutes were noted.
- 59.8 East Lothian IJB Minutes – 25 September 2025 – Minutes were noted.
- 59.9 Pharmacy Practices Committee Outcomes Report Q3 2025/26 – Outcomes were noted.
- 59.10 Q2 2025/26, National Whistleblowing Standards Performance Report – The content of the Whistleblowing Performance report was noted. The Board accepted moderate assurance that systems and process were in place to help create a culture in NHS Lothian which ensured staff had confidence in the fairness and objectivity of the procedure through which concerns were raised and acted upon and took significant assurance that the performance report met the requirement of the Standards.
- 59.11 Board Appointments – December 2025 - The Board approved the following appointments to Board Committees, Integration Joint Boards and the Pharmacy Practices Committee:
- 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).
 - The appointment of George Gordon, Non-Executive Board Member, as a Voting Member of the Midlothian IJB, for a 12-month term term (from 1 January 2026 to 31 December 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)
 - The appointment of Dr Anna Beaglehole, as a non-voting member of the Midlothian IJB, for a three-year period (from 22 December 2025), and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers”.

- 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.

59.12 Board & Committee Dates - The Board is noted the schedule of Board and Committee meeting dates for 2026/27 and approved the schedule of Board and Committee meeting dates for 2027/28.

ITEMS FOR DISCUSSION

60. Board Chair's Report – December 2025

- 60.1 The Chair briefed members on the recently held Board Chair's Group. There had been discussion with the Cabinet Secretary on the single authority model between Island Health Boards and Local Authorities, and maximising the benefit of public spend. There had also been discussion on sub-national planning arrangements, updates on this would come back to the Board for further consideration in due course.
- 60.2 As part of a look back on 2025, the Chair thanked the Board's Executive Team for their achievements over the course of the year. It was acknowledged that there had been a couple of challenging reports received i.e. Maternity and CAMHS. However it was encouraging to see the Board's response against these challenging issues. The success of the ongoing unscheduled care and emergency department work was also recognised as a local and national success.
- 60.3 The Chair also personally thanked all NHS Lothian staff for their dedication, and Non-Executive colleagues for the commitment to the work of the Board and the integration joint boards.

61. Chief Executive's Report – October 2025

- 61.1 The Board discussed the Chief Executive's Report, focusing on key areas including the Melville Unit, maternity services, and CAMHS escalation. Work continued with the Royal Edinburgh Hospital and partners regarding the Melville Unit, and these areas remained high priorities for the Corporate Management Team and the Board through established governance structures. The Board noted the publication of its Annual Ministerial Review recording online and congratulated all the NHS Lothian staff recognised at the recent Scottish Health Awards celebrations.
- 61.2 During discussion, Board members raised questions on several topics including recurring themes from recent town hall events, noting ongoing concerns around parking and catering, particularly at the Royal Edinburgh Hospital site. While strategic issues dominated formal discussions, staff engagement often focused on practical matters. Positive developments included the Scrán Café at RHCYP with additional third-sector cafés coming online.

- 61.3 The Board also considered resident doctor's industrial action risks. There was confirmation that planning groups had been reactivated, following the model used in 2023, and national guidance was being reviewed while awaiting a BMA mandate. A first situation report was due to the Cabinet Secretary by 12 December. The Board acknowledged the complexity of planning during the festive season and the potential impact on scheduled activity, with contingency measures under review. Communications with the Scottish Government were ongoing to manage planned care adjustments.
- 61.4 Further discussion addressed CAMHS and maternity escalation processes, with assurance meetings scheduled with senior government officials every four to six weeks. There had been recent engagement around CAMHS oversight, and additional support was being provided. The Board explored governance implications, noting that maternity and CAMHS reports would route through the Staff Governance Committee and Healthcare Governance Committee, with flexibility for informal sessions or briefings for Non-Executive colleagues, as needed. Members reflected on common themes from external inspection reports, including staffing, culture, and compliance, and questioned why some issues had not surfaced earlier through internal systems. The importance of learning from these findings and strengthening governance sensitivity was emphasised.
- 61.5 Finally, the Board acknowledged the value of external scrutiny and committed to addressing all recommendations. A paper on people and culture was planned to clarify committee responsibilities, and an informal Staff Governance Committee session was scheduled for January 2026. The discussion concluded with recognition of the need for robust governance, proactive risk identification, and continued engagement with staff to maintain quality and resilience across services.

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

- 62.1 There was nothing highlighted that was not already covered on the agenda.

63. Maternity Services – Healthcare Improvement Scotland Safe Delivery of Care Report & Action Plan

- 63.1 The Executive Medical Director presented a paper summarising the Healthcare Improvement Scotland (HIS) Safe Delivery of Care report and the associated action plan for Maternity Services. The report, together with appendices, outlined the actions currently underway and the governance arrangements in place to oversee them.
- 63.2 The Board noted that NHS Lothian fully accepted the HIS findings and recommendations and had developed its own action plan to address identified gaps in care. The plan focused on delivering evidence-based improvements rather than simply completing actions. Governance was being managed through dedicated groups, with weekly highlight reports reviewed by senior leaders. Additional workforce requirements had been identified through the Healthcheck process, and recruitment of 65 midwives was underway, alongside cultural and behavioural improvements and rotational programmes. Work was aligned with national benchmarking and the Scottish Perinatal Programme.
- 63.3 The Board noted the complexity of maternity services, particularly at the Royal Infirmary of Edinburgh as a tertiary unit managing high-risk cases. Members acknowledged that improvement work had been ongoing for several years, but the HIS report amplified the need for accelerated action. Questions focused on public confidence, staff experience, and communication. It was confirmed that engagement with HIS had been continuous and collaborative, and that governance arrangements were robust, with oversight through the Healthcare Governance and Staff Governance Committees.

- 63.4 Members noted that confidentiality requirements should not impede learning and that patient perspectives would continue to inform improvement work. The Board discussed HIS's recent change in approach to inspections, which now included briefing the media the day before publication, which was a step not previously shared with Boards. NHS Lothian was working with HIS to clarify communication protocols. A request was made for a clear chronology of events to help orient members and learn from recent reports.
- 63.5 Further discussion highlighted the importance of adopting best practice from acute governance standards, ensuring grip, control, and oversight as part of future updates. Questions focused on how staff perceived progress and how cultural change would be measured. It was confirmed that a baseline cultural review had been completed and a re-run was commissioned for March 2026, alongside the implementation of a culture charter and recruitment of culture champions. Workforce stability and sustainability were recognised as interdependent with cultural improvement.
- 63.6 The Board welcomed the discussion and agreed that future reports should provide high-level assurance on impact, cultural progress, and workforce developments. Members endorsed the approach outlined in the paper and recognised the seriousness of the issue, noting the scale of work required and the commitment to improvement.
- 64. Implementation of Sub-National Planning: Co-operation & Planning Directions 2025**
- 64.1 The Board welcomed the paper on the implementation of DL(2025)25 regarding Sub-National Planning, published on 14 November 2025. The Direction included a Ministerial requirement for Health Boards to collaborate on developing joint plans for key priorities, which carried significant implications for NHS Lothian.
- 64.2 The paper provided background on the process, noting that Board Members had been briefed, ahead of the publication, at the Strategic Planning and Performance Committee on 13 November. This briefing had considered the likely contents of the Direction, which was subsequently confirmed on 14 November.
- 64.3 The DL required Boards to participate fully in planning and execution to improve healthcare performance and align financial plans, particularly in preparation for the next Scottish spending review. It was highlighted that NHS Lothian was the only East Scotland Board expected to achieve financial balance, and while responsibilities remained unchanged, lead director posts would go out for recruitment.
- 64.4 Board members discussed the four key components of the Direction: meeting ministerial requirements, regional collaboration, transitioning from regional to sub-national planning, and reconfiguring existing networks such as cancer services. The conversation acknowledged the complexity of the task, the accelerated timescales, and the need for clarity on governance and assurance. Members raised concerns about the limited focus on primary and community care, the impact on Integration Joint Boards, and the importance of communication and engagement beyond the Board into communities.
- 64.5 The Board also noted the lack of engagement between Scottish Government and Trade Unions in the development of the DL and that this would impact discussions with Trade Unions until resolved.
- 64.6 Finance implications were also considered, including the development of a single East finance model and the potential risks for NHS Lothian. It was stressed that while the timescale was challenging, the process offered a significant opportunity for transformation, particularly in areas such as orthopaedics, urgent and emergency care, and primary care.

- 64.7 It was confirmed that the NHS Lothian Board Chair and Chief Executive would each act as leads for the East region, maintaining their existing accountabilities while supporting sub-national planning.
- 64.8 Discussion concluded by recognising the scale of work required, the need for innovative approaches, and the importance of maintaining flexibility and collaboration with partners. The Board agreed that further updates would be provided as lead director appointments were confirmed and planning progressed toward the March 2026 deadline.

65. Agenda for Change Reform – Implementation of 36 Hour Reduced Working Week

- 65.1 The Board received an update on the ongoing work with the Corporate Management Team (CMT) to confirm arrangements for managing risks associated with the implementation of the 36-hour reduced working week. The dual aim of minimising risks to the lowest practical level while maximising the opportunities for change and transformation that the reform presented was emphasised. The Board was also updated on the outcomes of the CMT discussion held on 2 December 2025, which had focused on reviewing final recommendations for backfill funding.
- 65.2 The Board was invited to discuss the report, the Implementation Plan, and the approach being taken. The Director of People & Culture confirmed that the Staff Governance Committee had been regularly updated and that professional leads had agreed the submitted data. The CMT had agreed to provide backfill funding for services identified as Very High Risk and High Risk, and that such funding would be time-limited, anticipating service change and redesign. It was acknowledged that the financial implications were significant, with large whole-time equivalent (WTE) numbers required for recruitment, and the need to use this as a catalyst for innovation and transformation was stressed. The Board recognised that there was no single elegant solution and that a programme of ongoing work would continue beyond April 2026.
- 65.3 Board members raised questions about partnership working, workforce availability, and the complexity of implementation. It was reported that even with sufficient funding, recruitment challenges remained, particularly in nursing, where Scotland would require a tripling of university student numbers to meet demand. It was noted that NHS Lothian was in a stronger position than other areas due to links with local universities. Discussions also focused on staff wellbeing, flexibility, and avoiding overly prescriptive approaches, with unions and STAC supporting the potential for locally adapted solutions. The importance of encouraging innovative thinking and flexibility in delivery was reiterated.
- 65.4 Further contributions highlighted the complexity of the change, the need for adaptability, and opportunities to leverage digital technology and transformation. The Board noted that funding was available for boards to adopt new approaches and that digital skills development would be a priority. Suggestions included identifying “agents of change” to build confidence and spread innovation. The discussion concluded by recognising the scale of work required and the importance of maintaining staff engagement throughout the process.

66. Corporate Objectives & Annual Delivery Plan Mid-Year Review 2025

- 66.1 The Board received the paper reviewing progress against the Corporate Objectives and the Annual Delivery Plan at the mid-year point of 2025. The review aimed to provide the Board with an update on delivery performance and to seek moderate assurance on progress toward achieving the agreed objectives.

- 66.2 The report highlighted that overall performance was mixed. While some objectives were well advanced and showing strong progress, others continued to present challenges. The report tracked progress against the system's reporting framework, offering a detailed view of where delivery was on track and where further effort was required.
- 66.3 Objectives that were reported as "on track" were primarily qualitative in nature, reflecting strong engagement and implementation in those areas. It was noted that Scheduled Care was performing ahead of expectations at this stage of the year, demonstrating significant improvement compared to the original trajectory. Similarly, "ahead of plan" performance was recorded in several areas, although a few elements required attention.
- 66.4 The Board agreed to take moderate assurance on progress toward delivering the corporate objectives. While there were notable successes, the mixed picture indicated that continued focus and targeted action would be necessary to ensure full delivery by year-end.

67. NHS Lothian Drug Related Deaths Annual Report 2024

- 67.1 The Board received the NHS Lothian Drug Related Deaths Annual Report for 2024. Board Members noted that 152 drug-related deaths were recorded during the year, representing a 16% decrease compared to 182 deaths in 2023. While this reduction was welcomed, it was highlighted that it was too early to confirm any ongoing trend and the need for a prevention-focused approach across the wider system was emphasised. The Board noted that patterns among individuals affected remained consistent.
- 67.2 The discussion explored upstream prevention strategies and their articulation, including the impact of mental health. The importance of access to services, housing, and universal youth work as foundational supports was stressed. Specific initiatives in Edinburgh, such as work in the Pilton area to assist young men aged 18–25 during transition periods and promote positive destinations, were highlighted as examples of targeted interventions.
- 67.3 Questions were raised about the types of drugs present at death, noting that while all deaths were drug-related, it was not always possible to specify substances, and prescription drugs were often involved. Members discussed the concentration of cases in deprived areas and the need for services to be accessible in those communities. Concerns were expressed about the demographic profile, particularly white males over 45 years old, and the resources available to address these issues.
- 67.4 The impact on children exposed to drug-related deaths within families was raised, the importance of early intervention and prevention standards was acknowledged. The Board noted that community planning partnerships were working to integrate resources more effectively and bring support closer to those in need. The Board concluded by recognising ongoing work by the Edinburgh Integration Joint Board to progress a public consultation on a drug consumption facility in Edinburgh. This was on track for consideration by the IJB later in the month.

68. NHS Lothian Board Performance Paper

- 68.1 The Deputy Chief Executive presented the latest Board Performance Report, summarising overall performance against key indicators. Two areas of escalation were noted: maternity services and CAMHS outpatient performance. The potential impact of resident doctor's industrial action and winter pressures on performance trajectories was highlighted, with modelling adjusted accordingly.

- 68.2 Progress was reported on outpatient activity and Treatment Time Guarantee (TTG) targets, with positive movement against planned trajectories. Challenges remained in diagnostic capacity, particularly radiology and endoscopy, which are critical for cancer pathways. Additional sessions had been established, but the loss of an endoscopy room due to ventilation work and unsuccessful bids for scheduled care improvement funding limited capacity.
- 68.3 Despite being ahead of activity trajectories, resources had been skewed toward urgent suspected cancer referrals, affecting 62-day cancer performance. Measures to increase diagnostic capacity included a mobile scanner at the Western General Hospital, external expertise, and expanded robotic prostatectomy capacity.
- 68.4 CAMHS performance continued to be a concern. It was reported that compliance with the 18-week standard had fallen from 67.4% to 62.4% this quarter, although the waiting list remained stable and the number of patients waiting over 18 and 52 weeks had reduced. Activity levels had increased from 215 to 260 patients per month, supported by weekly oversight and backlog clearance.
- 68.5 A digital patient services contract had been awarded, and additional Scottish Government funding was being used to expand workforce capacity from January. The agreed trajectory aimed to reduce patients waiting over 52 weeks to zero by June, while maintaining at least 65% compliance with the 18-week standard. Members expressed concern that 65% was insufficient and stressed the need for improvement toward the national 90% standard.
- 68.6 Further discussion covered outpatient initiatives, including dermatology collaboration with Forth Valley and Lanarkshire, and progress on reducing delayed discharges, particularly for patients over 75 years of age. Positive reductions were noted, with scope for further improvement through system-wide collaboration. Primary care activity data was reviewed, showing trends in in-hours and out-of-hours services, with indications that process changes were working. Urgent care pressures were highlighted, with flu presentations up by 40%, impacting four-hour emergency performance.
- 68.7 The Board also discussed recent questions raised by Non-Executive Directors about assurance in relation to environmental sustainability objectives. The Deputy Chief Executive confirmed that a dedicated informal session was scheduled for 11 December to review risks and plans, and that an exercise was underway to secure the appointment of a new Head of Sustainability. The Board reaffirmed its commitment to resourcing sustainability effectively and encouraged full attendance at the upcoming Non-Executive informal discussion.

69. October 2025 Financial Position and 2026/27 Financial Plan Update

- 69.1 The Board reviewed the financial October 2025 position and considered the latest year-end forecast. The Board noted that as of the end of October 2025, the Board faced an overspend of £8.4 million. Additionally, there was a shortfall of £2.1 million in the delivery of Financial Recovery Plans (FRPs) for September, prompting escalation to the Finance Oversight Board (FOB) for business units that were not meeting targets.
- 69.2 The Board also noted its ongoing commitment to the Scottish Government to achieve the outstanding FRP balance, aiming for 3% savings and financial balance. Moderate assurance had been given regarding the likelihood of achieving this goal. Flexibility within new medicines fund and Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) was expected to assist in reaching breakeven. The total FRP requirement had risen to £58 million, with forecast delivery at £53 million and recurring savings at £46 million, requiring continued effort.

- 69.3 Looking ahead, the financial gap for 2026/27 was projected at £67 million, which was considered broadly achievable within the 3% savings realm. The Scottish Budget announcement scheduled for January 2026 was expected to influence planning. The Board also discussed the ongoing challenge of drug costs, noting that acute drug expenditure was increasing by approximately 10%, while any uplift was likely to be around 2%. At the start of the year, the recurrent deficit stood at £90 million, and although the gap had reduced to £74 million, further work was needed to push this down.
- 69.4 Several transformation commitments were highlighted as key to improving the financial position moving forward. The Board expressed its desire to see the delivery of greater financial benefits through these initiatives and maintain progress toward long-term sustainability.

70. Corporate Risk Register (CRR) (Including new Maternity Risk)

- 70.1 The Board noted the overview of the changes in the CRR over the past two years and agreed to accept a new risk onto the CRR, relating to safe delivery of maternity services. It was recognised that in relation to the new maternity services risk, the patient care side would be monitored through Healthcare Governance Committee and staffing elements through Staff Governance Committee. It was important that each committee clearly understood its respective assurance role in relation to the risk and that there were no gaps in the assurances required by the Board. It was acknowledged that there would be a slight amendment to the risk wording and this would be reflected in the CRR at the next Board meeting.

71. Any Other Business

- 71.1 There was no other business.

72. Reflections on the Meeting

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

73. Date of Next Board Meeting

- Wednesday 4 February 2026 at 09:30am

Chair's Signature
Date

Prof. John Connaghan
Chair – Lothian NHS Board

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 24 September 2025 via Microsoft Teams.

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

In Attendance: **Mr T. Power**, Mr T. Power, Director of People & Culture, Human Resources, **Mrs R. Kelly** (Deputy HR Director), **Ms A. MacDonald** (Executive Nurse Director); **Ms M. Campbell** (Director of Facilities); **Ms A. Langsley** (Associate Director - People and Culture); **Ms L. Cunningham** (Partnership Representative); **Ms H. Johnstone** (Partnership Representative); **Ms K. Moffatt** (Lead Nurse - Palliative Care, WGH – Item 2) **Ms F. Ogundipe**, (Director of Occupational Health & Safety Services – Item 7.4); **Ms V. Graham** (Clinical Lead, Advanced Practice Physiotherapist- Observing) and **Mr G. Ormerod** (Corporate Governance Team -Minute).

Apologies for absence was received from: **Miss T. Gillies** (Executive Medical Director) and **Ms T. Miller** (Employee Director); **Ms C. Hiscox** (Chief Executive); **Mr J. Crombie** (Deputy Chief Executive); **K. Kasper** (Non-Executive Board Member) and **Mr D. Thompson** (Board Secretary).

Observing: Vicky Graham - Clinical Lead GP Advanced Practice Physiotherapist (Shadowing Amanda Langsley)

CHAIR'S WELCOME AND INTRODUCTIONS

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

24. Declaration of Conflicts of Interest

24.1 No interests were declared

25. Presentation on iMatter Story Board - *Kelly Moffatt, Lead Nurse – Palliative Care*

The Chair welcomed Kelly Moffatt, Lead Nurse, Palliative Care at Western General Hospital to the meeting.

- 25.1 The palliative care service covers three Acute sites with 12 nurse specialists and consultant input. It provides specialist support for people with life-limiting illnesses, focusing on symptom control, person-centred care and family support. The team attends wards across the hospital sites, receiving high and rising demand (3,355 referrals this year), and contributes to improved patient flow and journey.
- 25.2 The iMatter survey achieved an 85% response rate, indicating strong staff engagement. The entire team collaborated to create the storyboard, which staff found useful. Communication has improved but remains a development area, influenced in part by the challenge of working across three acute sites.
- 25.3 The team's working practices are more patient-focused than before, which reduces time available for development, administrative tasks, and autonomous working. Team members are learning from one another within the specialist service and are positive about what the service is achieving.

25.4 Staff expressed interest in completing eLearning and progressing into specialist practitioner roles, and emphasised the importance of effective team communication, regular team meetings, and access to information about external services. Staff highlighted that more could be done to provide information within the hospital and signposting for families to external services, which is particularly important when staff are covering across sites. A staff contact list, and an external agencies phonebook have been created and maintained within the team. Team management coincided with the reduced working week and as part of agenda for change, protected learning time was added to support research/mandatory training and other specialist areas to enhance staff skills.

25.5 The team feels valued, listened to, and positive about leadership. A Student Nurse Passport was developed and its evaluation demonstrated clear improvements in resource sharing and student support. A Tuesday teaching sessions now include participation from West Lothian Palliative Care, strengthening learning across all sites and has helped build trust, helped the service thrive and supported successful project delivery.

25.6 The Committee commended the excellent presentation and effective team working. It noted the Nurse Lead has held the role for three years and has been nominated for this year's Leadership Excellence Award at Celebrating Success.

26. Minutes & Action Note of Previous Meeting held on 27 July 2025

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

27. Matters Arising

27.1 None.

28. STAFF EXPERIENCE

28.1 Advancing Equalities Action Plan 2024/26 update

28.1.1 The Deputy Director of HR provided an update on the Advancing Equalities Action Plan for 2024-26. The Committee noted that work is progressing against all the actions within the plan with work ongoing to improve data quality with equality and diversity data by removing the many "Don't know" responses and are keeping records are up to date. Improvements Disability and Carers passports will be discussed at sessions in October with UNISON and trade union representatives when supporting staff with a disability or caring responsibility.

28.1.2 Work to establish the Maternity Support Hub launched in September 2025 and is making steady progress. A staff survey delivered positive feedback about how maternity leave creates disconnection from the organisation because accounts are currently suspended when staff go on maternity leave. Discussions with IT are in progress to prevent account suspension so staff on maternity leave can continue to access online information and updates.

28.1.3 Work is progressing on related actions for Equality Safe at Work in collaboration with colleagues in Medical Education and with our charity partner on Violence Against Women initiatives. A meeting is scheduled in October with the Chair to discuss the 2026–28 network plan, and draft plans will be brought to future meetings.

28.1.4 The Committee noted the same situation for accounts being suspended when staff are on long term sick leave. The Deputy Director of HR would provide an update on reactivating user accounts. **RK**

28.1.5 The Chair asked what is the timeframe for the LGBT action. The Deputy Director of HR confirmed that conversations are ongoing, but this work may be slightly delayed. **RK**

28.1.6 The Director of People and Culture confirmed a recent meeting with Scottish Government colleagues to discuss anti-racism work and progress on the Advancing Equalities Action Plan, receiving positive feedback on current activity. Scottish Government representatives affirmed that anti-racism forms a key strand of the Advancing Equalities Action Plan and offered assurance on continued support for this part of the equality agenda.

28.1.7 The Committee accepted a moderate level of assurance.

28.2 Whistleblowing Report

28.2.1 The Director of People and Culture provided an update on the Whistleblowing Report, confirming this is not the final report as Q2 has not yet concluded. A copy will be circulated when it becomes available.

- Five cases ongoing, two new and one possibly to be incorporated into an investigation near conclusion.
- Four cases had been referred to INWO; one report has been published and the complaint partially upheld, with the part of that claim that whistleblowing processes were followed by NHS Lothian not upheld. The INWO recommended further action to ensure the service implements the initial recommendations and addresses the concerns.

28.2.2 A separate document prepared for the Committee in response to questions raised at the Committee and the Board about timescales reinforces the view that the current 20-day standard for completing investigations is unrealistic; typical investigations are taking around six months or longer. The SBAR highlights case-specific drivers: volume of data, number of witnesses, nature of concern, and level of support to the whistleblower, all of which exacerbate standard features such as annual leave, sick leave and workload, and can extend timescales. The Director of People and Culture confirmed increasing the investigation team is possible but may introduce challenges about consistency that could undermine the robustness of outcomes. He emphasised prioritising actions that can be completed quickly without commissioner involvement to shorten timescales. The Chair suggested to track timescales and benchmarking data annually.

RK/TP

28.2.3 The Committee accepted a moderate level of assurance.

28.3 Protection of Vulnerable Groups – Retrospective Checks -update

28.3.1 The Committee noted the position regarding retrospective PVG checks and the number of staff requiring checks. There are 1,300 PVG applications across facilities, estates, support functions and among staff who have contact with patients or children; 1,000 PVG checks have been completed to date.

28.3.2 Disclosure Scotland has set a 14-day turnaround expectation, but meeting that deadline is difficult because many staff in facilities do not have access to PCs. Once a PVG certificate is returned, staff must share it within the required timeframe so it can be linked to the board.

28.3.3 The Deputy Director of HR confirmed that she is working with a group in Facilities and Estates and with individual managers to speak to staff who do not yet have PVGs. The process is complex for different staff levels; an offline option exists but takes longer. Staff on long-term leave and maternity leave will be picked up, and the remaining numbers are being worked through.

28.3.4 Internal Audit is undertaking a review of PVG processes and will provide feedback and assurance on this report. This review will include a five-yearly compliance check and clarification of whether responsibility for PVG renewal lies with the individual staff member or the board.

28.3.5 The Committee noted a verbal update would be presented in December.

RK

29. SUSTAINABLE WORKFORCE

29.1 Workforce Report

29.1.1 The Committee noted the Workforce Report for June 2025 and the proposed approach for the three-year workplan. Members discussed progress against completed actions and welcomed the strong progress made with the workforce board, annual actions, the rolling programme, and a number of national initiatives that provide clear visibility of workforce planning and activity aligned to the LSDF.

29.1.2 The Committee noted a focused three-year plan to deliver a multi-professional review, drive service redesign and workforce diversification, whilst embedding digital, AI and machine-assisted working that is useful to the board and elevates the national position.

29.1.3 The three-year plan will also review Band 5 and Band 6 nursing and midwifery roles, assess their impact on service planning, and align workforce change with the wider reform agenda.

29.1.4 The Committee noted that the current three-year plan, with developed actions and tracking in place, provides a strong foundation to progress this work.

29.1.5 The Committee noted the update on the Workforce report and acknowledged the three-year work plan had commenced which provides significant assurance to this work.

29.2 Agenda for Change

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

- **B5 Nursing Review** – work is progressing and meeting scheduled to agree an appeals process, no final deadline for review of this project.
- **Reduced working week-** implementation plan to move to 36 weeks is progressing. Implementation plan will be submitted to Scottish Government by 1 October, shared at CMG and Agenda for Change Reform Group and this Committee.
 - **SITREP** – information has been included showing backfill, prioritisation criteria and where funding would be allocated.
 - **Corporate Risk Register** – information shows the organisation risks that come to this Committee for assurance and scrutiny.
- **Protected Learning Time-** Work continues at a national level on a one for Scotland approach, modules are expected to be confirmed and rolled out locally.

29.2.2 The Committee noted that all staff employed under Agenda for Change will have the option to reduce contracted hours to 36 per week. This creates financial, service-delivery, and staffing risks that require mitigation through targeted actions between now and the end of the year.

29.2.3 The Committee noted the comprehensive paper and the volume of information requiring further consideration. Members agreed that additional time should be allocated for a detailed discussion. The Chair will ask the Board how to improve awareness of AfC among all Board members. **VdS**

29.2.4 The Committee noted the Agenda for Change update, accepted moderate assurance that actions are progressing, and accepted limited assurance that the impact of the reforms can be mitigated without finance, service, or workforce implications. The Committee supported the inclusion of a risk relating to the reforms on the Corporate Risk Register.

29.3 Employability Programme update

29.3.1 The Committee noted the Employability Programme update and progress over the last 12 months. The programme aligns with Workforce Planning and Training (Anchors Programme Board) and with Improving Health and Wellbeing (Education and Employability Programme Board).

29.3.2 The Committee highlighted successful engagement with schools, noting work experience placements, apprenticeships, and initiatives that attract people into healthcare careers while also creating pathways into other areas for administration, clerical, and pharmacy roles. The Committee also recognised efforts to sustain the existing workforce through graduate recruitment and the importance of maximising return on investment.

29.3.3 The Committee noted a new Gateway and Project Search programme that creates opportunities for individuals facing barriers to employment, supports strategic workforce development, and promotes inclusion. The Gateway will continue to offer six-month Modern and Graduate Apprenticeships, and funded places will increase from 12 to 17 for 2025/26. This expansion will create emerging opportunities to meet NHS employability needs at both regional and national levels.

29.3.4 The Committee discussed the retention of staff. The Associate Director, People and Culture reported that the target for apprentices retained last year was 80 people and confirmed she will supply additional retention data that could support a request for further Scottish Government funding. **AL**

29.3.5 The Committee accepted significant level of assurance that the work aligns to the workforce needs and Anchors Institute position.

30. **ASSURANCE AND SCRUTINY**

30.1 Corporate Risk Register

30.1.1 Corporate Risk 3328 Traffic Management - The Director of Facilities provided an update on the traffic management risk, confirming the risk remains high with limited assurance.

- REH traffic enforcement order has been granted by Edinburgh City Council. The team will review operational effectiveness and link findings to the risk register with the aim of downgrading the risk where appropriate.
- Work is being progressed to retain the one-way system. A specification and tender will be prepared and works scheduled; some temporary road closures will be required while services are maintained.
- Planned works will limit WGH parking. RVH car park will be used to accommodate parking while the multi-storey is closed. RVH grounds are intended to be sold, which will reduce parking capacity once completed.
- Little France zebra crossing and path is progressing with letters have been issued to progress a zebra crossing that will permit NHSL to undertake works. Further discussions are ongoing about a footpath and whether it is required.
- A working group is in place for the high risk area in ED and a subject expert has revisited the area. Remediation options have been identified but there is no straightforward solution.

30.1.2 The Committee approved the report's recommendations.

30.2.1 RIE Fire Safety - The Director of Facilities provided an update on the RIE Fire Safety Risk, confirming that this Committee oversees health and safety matters, including fire safety, while the Finance & Resources Committee receives updates relating to the PFI provider.

- 30.2.2 The team continues to review how the service manages fire-hazard bin stores in the basement with no immediate capital solution available, a business case will be developed. A trial using the identified labour resource has taken place and was successful.
- 30.2.3 Partitioning works have moved to Ward 119 and to maternity, and work is progressing.
- 30.2.4 Phase 2 of the fire strategy is underway but taking longer than anticipated; the team is awaiting expert advice on the proposed approach. Project management support will be required; this is being arranged through Consort.
- 30.2.5 Discussions are ongoing with the Scottish Fire & Rescue Service regarding the enforcement notice; wording changes are being considered, and the matter is progressing with legal representatives. An update will be provided at the private Board session.
- 30.2.6 The Committee noted that further work is required to bring the fire systems up to the expected standard, and highlighted the progress made in risk mitigation and the commitment of staff working on site.
- 30.2.7 The Committee approved the report's recommendations.
- 30.3.1 Health and Safety Update
- 30.3.2 The Committee noted the Health and Safety update and the summary outcomes from the most recent Health and Safety Committee meeting. Any questions should be directed to David Collins, Head of Health and Safety.
- 30.3.3 The Prevention and Management of Violence and Aggression (PMVA) risk has been removed from the risk register following progress and supporting education and training across the workforce. Residual work on any significant adverse events is ongoing and is being led by The Director of People and Culture as a separate piece of work.
- 30.3.4 The Water Safety Risk has been removed from the Corporate Risk Register and will be monitored through Facilities. The SOP for waste management, including bin bag handling, is in progress.
- 30.3.5 The Committee accepted a moderate level of assurance regarding the effectiveness of the Board's governance and oversight of health and safety risks and issues.
- 30.4.1 Exposure to Nitrous Oxide in NHS Lothian Healthcare Facilities
- 30.4.2 The Director of People & Culture reported that the Nitrous Oxide review is a follow-up on work assessing staff and patient exposure during care delivery.
- 30.4.3 Measured levels do not pose a likely harm to staff or patients. Priority areas have been assessed and issues requiring action identified. Remedial work will continue over the next few months. Continued monitoring is in place at SJH and the labour wards at RIE, with levels being assessed until the Board is satisfied.
- 30.4.4 The Committee will receive further updates following completion of the current monitoring and remediation activities.
- 30.5.1 Occupational Health and Safety Report - The Director of Occupational Health & Safety Services presented the NHS Lothian Occupational Health and Safety Annual Report 2024/25, which included the key points:
- Strategic objectives: Continue to work towards agreed objectives to improve health care delivery and financial sustainability.

- Workforce safety: Emphasis on preventing harm and protecting the health and safety of the workforce.
- Vaccination coverage: Each service maintains robust vaccination arrangements for staff.
- Training: The Manual Handling Team provides manual handling and ergonomic training and works in alignment with other services.
- Achievements and challenges: The report includes examples of achievements aligned to objectives and outlines the current challenges.
- Legal responsibility and wellbeing: Continued support for NHSL in meeting its legal responsibilities, promoting safe working, and delivering proactive employee health and wellbeing support to enable the workforce to provide safe patient care.

30.5.2 One change since last year was removal of the firewall, requiring an agreed programme of work with the software provider and mandatory downtime planned between November and December 2024. Teams and services have progressed a broader digital transformation to improve IT provision.

30.5.3 Services are proactively identifying gaps, including joint injection therapy, and noting where staff currently lack access to systems needed to review and deliver services; these access issues will be addressed during the coming year.

30.5.4 Reprovision away from the RIE site reduced the physiotherapy footprint at RIE and enabled service expansion into East Lothian Hospital, with continued training for allied professionals and continued access to higher education.

30.5.5 The Committee noted challenges and future plans:

- Higher levels of DNAs were reported; staff release from the frontline remained difficult despite introducing a 72-hour text reminder.
- The IT change introduced a new system and cohort approach that teams are still learning.
- Staffing constraints persist with a largely static workforce; staff counselling has been identified and offered.
- Empower managers through targeted engagement to improve local decision-making and patient flow so the right person is seen at the right time and in the right place.
- Continue collaboration with the wellbeing team to deliver proactive staff support and resilience measures.
- Maintain focus on enabling staff to remain healthy, productive and supported in the workplace.

30.5.6 The Committee noted the financial challenges and the support provided by OHS to other suppliers, and agreed there is an opportunity to realise some benefit from those arrangements. The Committee agreed to discuss this opportunity further. **TP, FO & JI**

30.5.7 The Committee accepted the Report as evidence of assurance that the Board's Occupational Health Service was progressing the objectives agreed in 2024.

30.6.1 Health and Care (Staffing) Act – Quarter 2 Report - The Executive Nurse Director presented the Q2 report and the board's legal duties under the Health and Care Staffing Scotland Act 2019. The Committee accepted a moderate level of assurance across all staff groups and settings covered by the Act. The Committee noted that work for the coming year will progress across four key areas: board-wide education and targeted education, communication and planning on the legislation; profession-specific actions; and optimisation of staffing tools.

30.6.2 A draft mental health staffing tool is currently out for consultation, including a specific module for mental health. The Professional Leads Group has been established to develop profession-specific approaches for dentistry, medicine and chaplaincy. Objectives for the year were agreed

to improve assurance for severe and enduring risk. An assurance process for nursing exists and will be reviewed for effectiveness before being extended to other services.

- 30.7.1 Implications of the Supreme Court judgment on meaning of sex in the Equality Act 2010 – Update
The Director of People & Culture presented an update on the Supreme Court judgement. Two meetings of a short-life working group have been held to consider its implications and to develop recommendations for the Chief Legal Officer and operational response.
- 30.7.2 An audit of facilities, including toilet and changing spaces across main sites, has been completed and required changes implemented. Further work is needed in additional areas; a summary of Phase 1 findings will be reviewed at the October short life working group meeting to assess facilities compliance.
- 30.7.3 Draft legal advice received in July identified points for clarification with the CLO, including the consistent use of terminology around sex and gender to avoid misinterpretation. Further legal work is underway, and a revised legal position is expected in the coming weeks, with elements to be shared with the board.
- 30.7.4 The short-life working group will develop guidance and determine appropriate staff support informed by the audit findings. The group is awaiting the code of practice and the outcome of the NHS Fife report to finalise recommendations, and the Terms of Reference will be shared with the Committee.
- 30.7.5 The Committee noted that rules and regulations must be applied so all staff are treated equally and that the group will continue to consider issues on a case-by-case basis
- 30.8.1 Committee Effectiveness – Actions Agreed - The Committee noted the update on Committee Effectiveness and the usefulness and importance of sharing the feedback and the role of Non-Executive Directors with the Board and other committees.
- 30.8.2 The Chair confirmed that this will be brought back to the Committee next year ahead of the annual delivery plan.

31 FOR INFORMATION AND NOTING

- 31.1 Staff Governance Statement of Assurance Need - The Committee noted the Statement of Assurance Need.
- 31.2 Staff Governance Work Plan – 2025/26 - The Committee noted the Staff Governance Work Plan for 2025/26.
- 31.3 Remuneration Committee Agenda – 21 July 2025 - The Committee noted Remuneration Committee Agenda on 21 July 2025.

32. REFLECTIONS ON THE MEETING

- 32.1 Matters to be highlighted at the next Board meeting - The Chair confirmed that she would raise the Effectiveness and Governance and Agenda for Change items. **VdS**
- 32.2 Matters to be highlighted to another Board Committee - The Chair confirmed that she would raise the Effectiveness and Governance item with the other Board Committees. **VdS**

33 Any Other Competent Business

33.1 The Committee discussed an unauthorised access at WGH following a break-in during which a person gained access to boxes of documents containing handwritten notes. The items believed to have been accessed included building and patient information. An internal investigation is underway and further updates and guidance will be provided by Information Governance team.

33.1.1 The Committee noted that a report would be useful to provide confidence and assurance on what happened. **MC/RK**

32.2 The Director of People and Culture provided an update on the Women's Services work and the independent review of culture by Zuhra which was published, and the Board received a briefing note on in May. Town-hall sessions have been held at RIE, SJH and within community teams to share progress and next steps arising from the Zuhra review, particularly in Maternity Services. Culture development remains an ongoing journey; engagement has been positive, with approximated 60 staff expressing interest in becoming culture champions and visible involvement from service directors. Some less visible activities are also ongoing through HR processes and staff will hopefully see changes from this over time. Health Improvement Scotland (HIS) will publish its report of an unannounced inspection at the end of June on 16 October. It was noted that this was likely to reflect many of the themes already acknowledged in the improvement work and response to the Zuhra report that are ongoing.

33.3 The Executive Nurse Director confirmed that three external reports will be published within the next month: the Mental Welfare Commission report, the Melville Unit review, and the Healthcare Improvement Scotland (HIS) visit report to acute mental health. She expressed disappointment that the ongoing quality improvement and culture work had not been recognised in those impending external reports.

34. Date of Next Meeting

34.1 Date of Next meeting: Monday 15 December 2025 at 9.30am

***Agreed by Chair
15 December 2025***

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 22 October 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; Facilities; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr D. Thomson, Board Secretary; Mr. C. Kerr, Programme Director, Capital Planning; Ms I. Tricker, Interim Head of Property and Asset Management; Ms S. Smith, Senior Innovation Programme Manager; Ms J. Hopton, Programme Director, Facilities; Ms S. Rippinger, Senior Circular Economy and Waste Minimisation Manager; Mr A. Hay, Deputy Head of Procurement (item 4.6) ; Ms J. Paris-Newton, Programme Manager, Sustainability & Value (item 5.3); and Mr G. Ormerod, Committee Administrator (minutes)

Observing (Talent Management): Ms. O. McConnell; Ms L. Sinclair; Mr P. Maguiness; Ms S. Smith; Ms. N. Rigglesford; Mrs T. Stewart; Ms R Middlemiss; Mr J. Hollington.

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

Chair's Welcome

The Chair welcomed members to the meeting and Talent Management colleagues observing today's meeting.

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

15. DECLARATION OF INTEREST

15.1 None

16. COMMITTEE BUSINESS

17. Draft minutes of the meeting held on 20 August 2025

17.1 Members accepted the minutes from the meeting held on 20 August 2025 as a correct record, with the exception of paragraph 10.1.3. Paragraph 10.1.3 was updated to show that the £20m had been identified in the system through sustainability funding, which allowed the board to create non-recurring funding.

17.2 Running Action Note

17.2.1 The updated action note had been previously circulated. All updates discussed would be included in the action plan circulated before the next meeting.

17.3 Committee Terms of Reference Annual Review

- 17.3.1 The Chair confirmed that the Terms of Reference have been reviewed recently and proposed no new additions.
- 17.3.2 Mr Thompson advised that the Terms of Reference should be reviewed annually as part of the blueprint for good governance and aligned with the board assurance framework and other committees for collective reporting before being formally signed off by the Board prior to the next financial year.
- 17.3.3 Mr Allenby advised there might be a future need for resources to support transformation and monitor performance.
- 17.3.4 Members agreed the current Terms of Reference.

18. **CAPITAL**

18.1 Property and Asset Management Improvement Programme (PAMIP)

- 18.1.1 Mr Kerr reported no major issues on the project tracker. The BCP update is progressing with the Scottish Government, was discussed at LCIG this week and will be submitted in November, with the final BCP due to this committee on 17 December. For the BCP 2025/26 programme, funding has been received to deliver nine major and seven small projects. Under the equipment budget, £3.7m has been allocated for high-risk equipment and assets.
- 18.1.2 As the PAEP reprovision project advances, the project team must be expanded and the authorised PCP budget increased to support IPCT training and communications. The paper proposes that additional funding will be requested from the Scottish Government. Four contractors have progressed to commercial evaluation following an initial submission review. A communications plan for the public and PAEP users is required to manage the impact of delays.
- 18.1.3 Liberton Hospital faces a challenge decanting patients to other facilities. Ferryfield, which is partly empty, could temporarily accommodate patients from Ellen's Glen while works proceed there. Some overnight patients have already been moved from Liberton to Ellen's Glen.
- 18.1.4 A tender was put forward for works to the top and bottom floors, but the scope has changed, and the costs are higher than anticipated because bathroom en suites must be removed due to water-control issues and fully reinstated. Groundworks start on Monday to support Hospital-at-Home operations, increase staff parking for home visits and install vehicle charging.
- 18.1.5 Ellen's Glen remains on programme for completion by 19 December and staff at Liberton have been informed. The main challenge is IT, as the site is highly IT dependent. Additional works required a contractor re-tender for groundworks; the re-tender was priced on a competitive basis for the ground floor to secure best overall value, and retendering again would miss the final deadline.

- 18.1.6 Forecast spending has changed due to additional work identified. Mr Allenby welcomed the underspend and effective forecasting but flagged the rising administrative burden from capital bidding and reporting. Mr Crombie noted the burden will grow further because of the Scottish Hospital Inquiry and said early discussions are under way to consolidate processes and reduce duplication.
- 18.1.7 Mr Fleming suggested calculating the administrative and reporting costs of producing business cases to quantify the work. He asked for the latest position on additional bids and on PAEP project timescales and service installation costs, including any water requirements from Scottish Water. Mr Barron confirmed there are serviced sites. The contractor and partner programme plans a 2.5-year build with final completion in 2030/31. Groundworks are expected to be completed by 2028. Water requirements need to be checked further; recent discussions have focused on electricity.
- 18.1.8 Mr Roberts queried whether PAEP IPC and communications roles would be permanent, how workload would vary, and whether staff would be embedded in the team or dedicated to PAEP. Mr Crombie confirmed the IPCT post will be full time and specialist within IPCT. The communications role will be flexible but will lead the project's engagement work. Mr Barron highlighted the importance of user engagement at various stages, including group modelling during the design process.
- 18.1.9 Mr Gordon said environmental projects are supported by the Scottish Government and asked for clarification on the allocation of a shared £10m and how the £20m has been split across separate areas. Ms Tricker said she has not received formal confirmation for Western General Hospital (WGH). A formal letter has been requested outlining the split between emissions/decarbonisation and main project funding. If the WGH is awarded one of the major projects, the decarbonisation funding would be applied to WGH. There is £10m for decarbonisation and £20m for project funding (lighting etc.), but no confirmation that the two allocations are linked.
- 18.1.10 Cllr Akhtar asked whether PAEP services that have been devolved to other areas would be brought back or remain in their current locations, noting that consolidation would improve environmental impact. Mr Crombie advised that patient feedback has been positive; the services are specialist and should be centralised and contained, and this approach will continue.
- 18.1.11 Members queried the risks of contracting ahead of confirmed funding and whether Scottish Government support might be withdrawn. Mr Marriott confirmed funding was secured in last year's budget and that quarterly update meetings with Scottish Government are ongoing.
- 18.1.12 The Committee approved the report's recommendations.

18.2 National HSDU Resilience Plans

- 18.2.1 Mr Crombie provided a verbal update on HSDU across NHS Scotland. He reported that the NHS Grampian shutdown will continue for a further two weeks and that major upgrading work is required to replace kit. He advised this situation has uncovered a lack of resilience for HSDU across NHS Scotland.
- 18.2.2 Discussion at the Chief Executive forum has taken place; £3 million has been identified and the external provider Steris has been considered, with a capacity pot available should it be required. The Scottish Government is taking a more focused, medium-term approach to options at Cowlares.
- 18.2.3 Mr Crombie confirmed that additional capacity has been provided and that work is under way to review how to make this area more resilient; he added that Cowlares would not provide full capacity for NHS Lothian and that HSDU work comprises temporary, phased resilience upgrades to maintain provision.
- 18.2.4 Ms Campbell confirmed that NHS Lothian is still supporting Grampian with 50 trays.

18.3 RIE Commercial Compromise Joint Lifecycle Management

- 18.3.1 The paper updates members on the position to be taken once the supplementary agreement with Consort is finalised and funding is transferred. Consort will be retained and paid through 2027; the funding will service sub-debt, meet operational costs and settle payments to Equans for catering services. The available funds are estimated at £80m, much of which is pre-committed to projects set out in the report. Current project workstreams include fire-stopping, resilience design, HSDU and emergency power generator provision; all projects will follow committee approval processes.
- 18.3.2 Mr Marriott emphasised the paper's importance in tracking the £80m position and reminded the board that responsibility transfers after the supplementary agreement is signed. He reported ongoing conversations with Scottish Government, confirmation that they are sighted on the liability and approval of the process and noted RIE financial pressures.
- 18.3.3 Mr Roberts raised concerns about spend and deliverability, especially fire work (3.1.6) which Consort struggled to complete due to limited space; delivery will return to us and space needs must be identified. CM said formulary capital would not change automatically on PFI return; any change must link to business continuity funding and Scottish Government engagement.
- 18.3.4 Mr Barron reported that Ward 203 is now the designated decant ward. Each ward decant typically lasts about 10 weeks and has required IPCT works, fire-alarm upgrades and wall repairs. Fire detection installation has encountered several issues. A proposed 17-bed side extension was rejected due to timescales, capital impact and lack of short-term benefit.
- 18.3.5 Mr Barron advised that required fire-safety notices and cladding remediation will involve internal and external works, will take several years to complete and must be managed against tight timescales to ensure safety and regulatory compliance.

- 18.3.6 Mr Fleming queried clarity on scope, solutions and affordability, and asked that priorities be clearly defined so work is driven by them. Mr Barron agreed that the supplementary agreement contains several schedules, one of which triggers specific work on signing and covers electrical resilience, including required generators plus an additional unit. A contract provision of £10m is in place to convert this into a delivery project. Mr Barron said the supplementary agreement also addresses void detection (which sits within the enforcement notice) and HSDU matters, including steam generation and fire-safety resilience; each project will deliver at different times.
- 18.3.7 Mr Marriott noted the board is inheriting works from Consort and has prioritised water, fire and ventilation through fundamental reviews, which informed the supplementary agreement. He referenced national reports on risks at PFI hand back and recommended this forum be used to discuss project delivery and the financial impact across the estates.
- 18.3.8 The recommendations outlined within the report were approved.

18.4 Royal Infirmary Fire Safety Risk update

- 18.4.1 Ms Campbell presented the previously circulated paper. She confirmed that there is no change to the risk profile for rating or grading.
- 18.4.2 Work on compartmentation and decanting continues to progress on time and to a high standard but once work on the Level 1 design progresses it will affect the decant. Several items are being progressed to comply with the enforcement notice, but there are delays in some areas.
- 18.4.3 Mr Barron confirmed that substantial work is needed to comply with the enforcement notice, which is linked to the fire strategy. The enforcement specifically covers external walls and cavities. A solution is needed to address these either from the outside in or by installing sprinklers within the hospital. The deadline for completion is the end of January 2026. Additional fire-strategy work will follow from the external walls and cavities issue.
- 18.4.4 Mr Barron said void detection is another area included in the enforcement notice. The service has proposed using the HEPACART to access above ceilings, decant patients, and carry out surveys and designs to install Level 1 fire detection. The current problem is that each ward requires a specific design and decanting plan before the surveys can proceed.
- 18.4.5 Mr Robers asked what proportion of the total work is covered by the projects escalated within the report and what assurance is available that escalation will resolve the issues. Mr Barron advised that work is progressing well and that fire experts ACRON have been appointed jointly to ensure jobs are completed on time and appropriate measures are in place.
- 18.4.6 Mr Allenby noted that the enforcement notice was served on all three parties, and that liability is joint. He asked whether corrective action will be completed before 2027. Mr Marriott confirmed an update had been given at the private board and that there is active dialogue with the Scottish Fire and Rescue Service and Consort, but said work is unlikely to be complete by the handover date. Mr Allenby warned that

legal action against the board could be possible under the enforcement notice once the handover from Consort is complete.

18.4.7 Members approved the recommendations within the report

18.5 Royal Infirmary Facilities Risk

18.5.1 Ms Campbell provided an update on the pre-circulated paper, which was taken as read. There is no change to the risk profile. Ms Campbell confirmed that a strategic review will be completed once the legal issues are resolved and that, once the document has been agreed and signed, this will give greater flexibility in how money is allocated to risks on the site.

18.5.2 Mr Fleming asked whether key electrical areas can be protected in the event of a power outage. Ms Campbell confirmed that the order for the generators is known, reallocation plans are in place, and the team knows which systems can be switched off if required.

18.5.3 Members approved the recommendations within the report.

18.6 Procurement Annual Report

18.6.1 Mr Hay presented an update on the Procurement Annual Report, focusing on national capabilities and regional work. The compliance position is assessed through a capability assessment, which reflects well on the procurement team and places them in a strong position for future work. Publication of this work provides transparency on spending. The procurement report subgroup continues to meet to discuss the areas detailed in Section 2.

18.6.2 The report notes delivery of £3m savings in 2024/25 while maintaining safe frontline services. These savings include the £1m anticipated savings, and the market continues to change. Savings activity is supported by the procurement and finance savings group. Financial recovery remains the team's primary objective, and they are making progress. Inflation is currently 3.3%, contributing to a challenging market position due to geopolitical risks, higher labour costs, National Insurance increases and energy prices.

18.6.3 Cllr Akhtar highlighted that the East and North procurement savings (section 2.2.4) are paused, delaying benefits. Modern apprenticeship spends and community benefits are low; these depend on increased construction activity. The formal East and North project are paused but ready to resume; the Director of Procurement is supporting NHS Tayside and NHS Fife.

18.6.4 Members welcomed the £3m savings and asked how this aligns with the overall target and whether shared regional services could scale delivery. Mr Hay said procurement and finance are working together, with Lothian leading regional collaboration and prepared to progress further.

18.6.5 Mr McCredie highlighted the non-pay efficiency group and the range of activity underway to address cost pressures and confirmed that business units will be set targets above 3% as part of their own plans.

18.6.6 Members accepted the report's recommendations.

18.7 Public Sector Reform Act Disclosures

18.7.1 Mr Marriott presented an update on Public Sector Reform Act disclosures and the requirement under the Public Services Reform (Scotland) Act 2010 to publish information on expenditure and other matters annually.

18.7.2 Members highlighted the associated costs of £105k for overseas travel and the £139k hospitality recharge and asked whether larger items should be pulled out for visibility. Mr Marriott confirmed that work has been ongoing to limit hospitality costs and overseas travel, noting that travel is classified as employee training and has been restricted over the years.

18.7.3 Mr McCredie advised that costs are often subject to Freedom of Information (FOI) requests, that publishing this information is useful, and that a great deal of work has been done to reduce expenditure. Performance in this area has improved in recent years.

18.7.4 Mr Allenby asked about disclosure of gifts received by staff. Mr Thompson advised that the Principles of Good Business Conduct set out the rules on interests, gifts and hospitality, and that no member of staff should accept gifts unless they are of no monetary value. He advised that revised rules may be issued by the Scottish Government in liaison with HR directors and will be shared with subsequent committees.

18.7.5 Ms Akhtar asked what is being done to build on modern apprenticeships and to highlight work on anchor institutes. She emphasised the opportunity to continue developing this. Mr Marriott advised that opportunities are being created and that there is an active, ongoing focus on the matter.

18.7.6 The recommendations set out in the report were approved by members.

19 **REVENUE**

19.1 Financial Position

19.1.1 Mr McCredie provided a financial update confirming the position shows an overspend of £2.8m and a year-end forecast of £22m. Efficiency savings are being delivered but not in full; further savings are expected towards the end of the year. Within the £22m forecast there remains a shortfall to achieve a balanced position. Key financial pressures relate to non-pay costs and additional resources made available this year; non-pay flexibility and SLA benefits are expected to materialise in Month 6.

- 19.1.2 All pay awards are still to be finalised; full funding is expected. Agreement on Agenda for Change pay is 4.25%, with a provision that if inflation exceeds that level the increase will be inflation plus 1%, which is expected to be funded by the Scottish Government.
- 19.1.3 The paper notes three ambitions: to achieve financial balance for this year as previously expected; to create budgetary flexibility to support reprofiling for 2026/27 across over- and underspent areas; and to reduce the recurring gap and shortfall. A mid-year review is currently under way and will be presented in December, with an anticipated improved position.
- 19.1.4 Mr Allenby noted recurring themes across the paper and asked how the 3% target will be delivered by each business unit. Mr McCredie advised that the system takes the 3% target seriously: 2024/25 achieved a 7% reduction, so 3% appears more realistic. Services are identifying opportunities, including work with agencies and nursing; savings this year have come from drug procurement and biosimilars. Mr McCredie warned this year will be difficult and some savings may be non-recurrent; the 3% is the Scottish Government target. Finding efficiencies is the only viable route to cost reduction while maintaining service levels, but the board may need to consider difficult choices in future to sustain the target.
- 19.1.5 Members discussed the link between the Board and IJBs. Mr McCredie advised that transformation programmes will continue, including efficiency initiatives and strategic programme boards with integrated services to support delivery. Mr Crombie added that the Unscheduled Care Strategic Programme Board focuses on options to meet demand and that there is clear IJB leadership on linking key issues.
- 19.1.6 Mr Roberts asked for clarity around the 3% target and associated financial information. Mr McCredie advised that £64m represents the 3% target; some schemes have been identified but several are falling short (below 2%), and work is ongoing to increase delivery into 2026/27.
- 19.1.7 Members accepted the report's recommendations.

19.2 Financial Plan 2026/27

- 19.2.1 Mr McCredie updated members on the initial high-level Finance Plan for 2026/27, noting that an agreed budget is expected to follow in January 2026. He identified four key figures for the plan, highlighting a recurring gap of £73m, which has reduced. The plan assumes an increased cost base, a 3.75% pay award and local cost assumptions to be confirmed through Scottish Government and aligned nationally.
- 19.2.2 Recurring resources and uplifts have been modelled with pay assumptions fully funded at 2.8%. The Scottish Government will provide support for Agenda for Change, including a £300m allocation for protected learning time, reduction of further working hours to 36 hours, and banding reviews for Bands 5–6.
- 19.2.3 The New Medicines Fund and sustainability funding form part of a shared £150m allocation; this follows a total funding level of £250m, which is lower than in 2024/25.

- 19.2.4 Mr McCredie advised that 3% savings plans are required against £67m. Some areas remain short of the 3% target, and there is some non-recurrent support in the current and upcoming financial year. Assumptions on additional expenditure will be refined over the coming months, with updates on drugs and local work in pharmacy and care teams.
- 19.2.5 Mr Fleming enquired how transformational change will be financed. Mr McCredie responded that the board has set a 3% efficiency target, is focused on maximising existing resources and is establishing invest-to-save proposals. He emphasised the difficulty of securing recurring funding and the significant challenge of consistently delivering 3% efficiencies. Directorates were asked to prioritise recurring cost pressures, identify required savings and outline mechanisms for budget reallocation.
- 19.2.6 The recommendations outlined in the report were approved by members.

19.3 Corporate Accommodation

- 19.3.1 Ms Paris-Newton provided an update on the previously circulated report on the preferred options for corporate accommodation. She confirmed that the previous office move was completed in 2025, and that workshops and forums were held using a SMARTER working approach. She outlined the risk assessment, associated costs and business case contained in the report and explained how the decision was reached.
- 19.3.2 Members noted the report's key points, and the clear process used to develop the options, and praised the work for progressing in a short timescale.
- 19.3.3 The recommendations within the report were approved.

20. **SUSTAINABILITY**

20.1 Climate Emergency and Sustainability update

- 20.1.1 Ms Hopton updated the on the report, outlining the current status from each team assessment, and described how delivery risks and environmental changes were measured against the Sustainable Development Framework.
- 20.1.2 Members noted the following highlights within the report:
- Performance on greenhouse gas emissions was moved from red to amber due to an overall reduction in 2024/25 and ongoing work through the Medical Gases Committee.
 - Governance and FRCs reported this area as red because of changes across public sector organisations and increased monitoring by SEPA, and they emphasised the need to ensure compliance across the whole organisation.
 - The built environment remains red, but there has been some progress on the biosimilar programme.
 - The importance of governance and compliance with legislation was emphasised, managing the risks and reporting on them. The status update identifies four areas

of non-compliance relating to clinical waste and assigns ownership for managing these risks.

- The circular economy strategy presents a significant opportunity to reduce spend by cutting waste and consumption. Progress has been made on waste reduction, but further work is required to improve data on consumption and to expand reuse and repair initiatives.

20.1.3 Members highlighted that the organisation currently buys single-use items that become waste and stressed the need to change this mindset to achieve financial and environmental benefits.

20.1.4 Members noted the direction of the LSDF for sustainability and its alignment with the transformation agenda and different ways of working.

20.1.5 The report was noted for information by members.

20.2 Climate Emergency and Environmental Sustainability

20.2.1 The Chair outlined the concerns from the recent non-executive meetings and advised that he had agreed to meet with Deputy Chief Executive to discuss these. The DCE would then take a process forward to address the concerns raised and bring this back to F&R in the near future.

20.2.2 Committee members agreed that Non-Executive Board members would discuss the matter with the Deputy Chief Executive.

21. **REFLECTIONS ON THE MEETING**

21.1 Matters to be highlighted at the next Board meeting – None

21.12 Matters to be highlighted to another Board Committees – None

22. **Date of Next Meeting**

22.1 9.30am on Wednesday 17 December 2025

***Agreed by Chair
17 December 2025***

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 18 November 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; Professor A. Khan, Non-Executive Board Member.

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Miss L. Baird, Committee Administrator; Mr N. Boyle, Associate Nurse Director, WGH; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms L. Cameron, General Manager Cancers Services; Ms H. Cameron, Director AHPs; Ms M. Carr, Chief Officer, Acute Services; Mr S. Garden, Director of Pharmacy; Ms S. Gibbs, Quality & Safety Assurance Lead; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health and Health Policy; Mr I. Gorman, DATCC Service Director, Theatres and Anaesthetics; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Mr J. Hetherington, Diagnostics General Manager Theatres & Anaesthetic; Dr I. Johannessen, Director, Laboratories; Dr K. Kefala, Associate Medical Director ATTC & Consultant Intensive care Critical Care; Dr C. Love, Women and Children; Ms A. MacDonald, Executive Nurse Director; Ms J. McDonald, General Manager Anaesthetics Theatres & Critical Care; Ms J. McNulty, Associate Nurse Director Theatres and Anaesthetics; Ms J. Morrison, Head of Patient Experience; Ms F. Ogilvie, Public Health Consultant; Mr P. Rafferty, Director of Nursing and Care NHS 24; Ms L. Rumbles, Partnership Representative; Mr D. Thompson, Board Secretary; Mr A. Tyrothoulakis, Women and Children; Ms H. Wallace, Business Manager DATCC; Ms C. Whitworth, Medical Director, Acute Services; Ms C. Wylie, Director of Public Protection Public Health & Health Policy; Mr P. Wynne, Nurse Director, Primary Care; Ms L. Yule, Chief Nurse.

Talent Management Attendees: Ms L. Sinclair, AHP Strategic Practice Education Lead; Mr L. Dault, Clinical Nurse Manager Children's Services; Ms S. Smith, Senior Innovation Programme Manager Research & Development; Mr A. Davie, Healthcare Science Professional Lead/ Clinical Scientist Medical Physics; Ms J. Hollington, Head of Assistive Technology Southeast Mobility and Rehabilitation; Ms N. Rigglesford, Service Manager Lothian Analytical Services; Mr C. Hewitt, Professional Lead for Clinical Psychology; Ms S. McMillan, Performance and Evaluation Manager Strategic Planning; Dr A. Rideout, Lead Consultant in Health Protection, East Region Public Health NHS Fife.

Apologies: Mr P. Knight, Non-Executive Board Member; Ms J. Gillies, Associate Director of Quality; Ms J. Crombie, Deputy Chief Executive; Ms J. Irwin, Chief Nurse and Head of Quality Health and Social Care.

Chair's Welcome and Introductions

The Chair welcomed members, Talent Management Programme attendees and service colleagues to the meeting.

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

51. Committee Business

51.1 Committee Cumulative Action Note and Minutes from Previous Meeting (21 October 2025)

- 51.1.1 The minutes from the meeting held on 21 October 2025 were approved as a correct record.
- 51.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

52. Matters Arising

52.1 March Healthcare Governance Committee Meeting

- 52.1.1 It was agreed that ahead of the March Meeting there would be a separate workshop for the non-Executive Board Members, Medical Director, Associate Director of Quality and Quality & Safety Assurance Lead. The workshop would consider the assurance framework in detail, what had gone well, identify areas of improvement etc. The Committee Administrator would seek a suitable venue for the workshop. **LB**
- 52.2 Mental Health colleagues would attend Healthcare Governance Committee in January as part of their normal annual reporting cycle, considering this the Melville Unit Welfare Commission Inspection Report would be deferred to the January Meeting.
- 52.3 There were no other matters from the previous minute.

53. Acute Services Assurance Reports

53.1 Diagnostics, Anaesthetics, Theatres and Critical Care (DATCC) Annual Report

- 53.1.1 Mr Gorman, Ms McNulty, Dr Kefala, Mr Hetherington and Ms Macdonald presented the previously circulated paper, drawing attention to the key points and data therein.
- 53.1.2 It was noted that from a recent UKAS blood sciences assessment, a finding was raised in relation to clinical cover of the laboratory activities for the Immunology service. There will be a UKAS Extra Assessment, in early 2026, to assess the progress of plans to mitigate the risk.
- 53.1.3 It was noted that Lothian was not an outlier in respect of discharging patients to home from ICU in comparison to other NHS Boards. Patients discharged to home were typically short stay patients, who are not complex in nature with specific diagnosis who did not require to be stepped down.

- 53.1.4 Interim measures in place to mitigate risks associated with the potential move of the Blood Laboratories on the Western General Hospital (WGH) site were discussed. Members received assurances that if there were problems at the WGH site, workflow would be diverted to the Royal Infirmary of Edinburgh (RIE) and St. John's Hospital (SJH) as required.
- 53.1.5 It was noted that the standalone service currently housed within the WGH blood laboratory would be relocated to SJH to minimise exposure to inadequate estates and facilities.
- 53.1.6 The local WGH Estates Teams continue to support the Blood Laboratory Service in expediting and resolving issues as they arise and move forward with a long term solution and are considering how they can make the existing site fit for purpose for the duration whilst long term arrangements are finalised.
- 53.1.7 In addition to the measures described the Lothian services are synchronised with both NHS Fife and Borders under one managerial team. Lothian was unique in terms of Intra-Scotland Laboratory Medicines point of view, in that there is managed service contracted for all three Boards with Roche where Lothian holds the main contract.
- 53.1.8 Specific attention was drawn to Radiology complaints, access to care treatment and waiting times and the internal processes put in place by Radiology to mitigate them. Members took assurance from the improvement seen following the implementation of additional measures.
- 53.1.9 Reference was made to an incident relating to unsafe equipment into a controlled area on one site and its detailed discussion at the Radiation Committee. Members were assured that the Radiology Committee continue to oversee this matter and all mitigate actions, ensuring that there were no further instances. Work remained in progress.
- 53.1.10 The Committee discussed the use of InHealth as a provider for image acquisition and opportunities related to reporting to meet additional demand. Members received assurance that services provided by InHealth were aligned to Lothian processes and fit for purpose. Next steps would focus on moving forward with tendering for reporting.
- 53.1.11 Members observed the extra level of assurance that information relating to external accreditation processes and systems described within the report provided.
- 53.1.12 The impact of the long term lack of capital investment for clinical services and the impact this would have on the provision of service was noted.
- 53.1.13 Members accepted the recommendations laid out and accept a moderate level of assurance based on the evidence presented.

53.2 Cancer Services Annual Report

- 53.2.1 Ms Cameron, Dr Reid and Mr Boyle presented the previously circulated paper, drawing attention to the key points and data therein.
- 53.2.2 It was noted that the deep dive into all elements of the Urology pathway was crucial to understand the impact of each part rather than in isolation and continued oversight of mitigating actions by the group would ensure that services are held to account to deliver against them.
- 53.2.3 Reference was made to National Level work relating to emerging developments in tumour DNA testing that would pick up diagnosis, reducing the number of patients going through staging and speeding up processes for patients.
- 53.2.3 The risk relating to the power outage and actions in place to mitigate it were discussed and assurances were received that the WGH Estates Team were investing time in the circuitry at the front door now to mitigate future power outage and keep services running.
- 53.2.4 In addition to this work there was an extensive programme of work and continued dialog with the Director for Estates and Facilities focusing on all aspects of contingency on the WGH including back up generators.
- 53.2.5 The high profile nature of prostate cancer, capacity held, recent media attention due to high profile celebrities being diagnoses with the disease, and the impact this would have on the number of men presenting for screening was discussed.
- 53.2.6 Members accepted the recommendations laid out and accept moderate accept a moderate level of assurance based on the systems in place to deliver safe and person centred care described.

54. **Safe Care**

54.1 Public Protection Update

- 54.1.1 Ms Wylie presented the previously circulated paper, drawing attention to the key activity relating to child and adult protection, children and young people who are care experienced and individuals who are referred to PREVENT statutory processes and multi-agency public protection arrangement for offenders who are managed in the community.
- 54.1.2 Members accepted the recommendations laid out and accepted a moderate level of assurance that based on the evidence presented.
- 54.1.3 Ms Macdonald drew attention to the forthcoming internal audit of Public Protection and the additional scrutiny that would bring.

54.2 Management and Learning from Adverse Events

- 54.2.1 Miss T. Gillies presented the previously circulated report, drawing attention to key actions taken, activity that had taken place since the paper was last presented in May 2025, the programme of work relating to improved training, additional faculty support from the Quality Directorate for staff and safety alerts.
- 54.2.2 Members noted requests from Health Improvement Scotland (HIS) for data and self-evaluation in relation to framework compliance.
- 54.2.3 There was some uncertainty around how the HIS process worked in relation to the receipt of reports and how they feed into external assessment. Some frustration was noted at a National Level regarding the HIS definition of a level 1 event and how this could be practically applied by Boards.
- 54.2.4 Miss T. Gillies explained that the comments made in the HIS Maternity reviews relating to DATIX reporting were not based on evidence that would link to this type of significant adverse event (SAE) reporting, noting that DATIX is a risk management tool employed by NHS Lothian that encompasses a variety of subjects.
- 54.2.5 It was noted that HIS are helping NHS Board to look at the management and learning from adverse events more clearly but there was further work to be undertaken in this area.
- 54.2.6 Members noted that the majority of DATIX reporting from the community was attributed to Health and Social Care Partnerships relating to broader Primary Care community service provision. Although DATIX was available to Primary Care it is rarely used within General Practice compared to the Significant Event Analysis (SEA) process which allowed for greater practice management oversight.
- 54.2.7 It was noted that there would be opportunity for Boards to pick up shared learning from level one events across Board as part of work with HIS in Maternity Services.
- 54.2.8 Members accepted the recommendations laid out and accepted:
- Significant assurance that local processes are in place to identify events that require to be reported to Healthcare Improvement Scotland (HIS) to comply with the national notification process and to note the number and types of events reported
 - Moderate assurance in the progress made in improving processes for the management of significant adverse events (SAEs), with further improvements being progressed under the Adverse Events Improvement Programme.
 - Moderate assurance on the process for safety alerts and the associated report up to 30 September 2025
- 54.3 Maternity Services Update
- 54.3.1 Dr Love presented the previously circulated report, drawing attention to the breadth of work undertaken in Maternity Services since the last update in May 2025 and data therein.

- 54.3.2 It was noted that the zero figure presented for the single week in October related to a week where no audit was undertaken.
- 54.3.3 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented.
- 54.4 Healthcare Improvement Scotland (HIS) Reports and Action Plans
- 54.4.1 Mr Tyrothoulakis presented the previously circulated HIS report and action plans, drawing specific attention to key areas, action taken since the October meeting and data therein.
- 54.4.2 Members were assured that since the development of the paper all actions had been updated to include a timeline for delivery.
- 54.4.3 Mr Tyrothoulakis confirmed that identification numbers for actions were sequential and those action marked complete are removed the action plan. He explained that evidence that supports the closure of actions is scrutinised at weekly management meetings, weekly meetings with the Medical Director and thereafter escalated to the Corporate Management Team (CMT) for formal sign off.
- 54.4.4 It was agreed that further clarification was required internally and externally via Scottish Government, specifically around the delivery of HIS actions and oversight of Maternity Risk as the service and organisation transition from limited assurance to a position of moderate assurance. Members awaited further information on this. **TG**
- 54.4.5 It was noted that the journey over the last six months had been extremely challenging for all maternity services staff. Management remained focused on improving culture within the department, retaining and recruiting staff and signposting to support service as required.
- 54.4.6 A further visit from HIS was expected, in the interim the service would continue to make improvements and deliver against actions outlined within the plans.
- 54.4.7 There was no further detail available regarding the National Taskforce, further information on this was awaited.
- 54.4.8 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented. It was agreed that Maternity Service would return to the normal reporting cycle, noting that if there are significant changes of matters that require escalation, they can be brought in advance of the normal reporting cycle.
- 54.5 HIS Mental Health Acute Inspection Reports and Action Plans
- 54.5.1 The Mental Health Acute and Inspection Reports and Action Plans were deferred to January 2026 meeting.

54.6 Wound Care Improvement Group

- 54.6.1 Mr Wynne presented the previously circulated report, drawing specific attention to the key actions taken since the October meeting, updated timelines and next steps focusing on the development of the Pressure Ulcer Collaborative.
- 54.6.2 It was noted that work on wound care would be contingent on the creation of the digital tool and the Trak re-fresh and the team continued to work with Digital colleagues to progress this. In the interim the service would continue to focus on education around wound care with staff.
- 54.6.3 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented.

55. **Effective Care**

55.1 Stroke Care

- 55.1.1 It was noted that the Stroke Care Annual Report had not been submitted via the correct governance route to Healthcare Governance Committee.
- 55.1.2 Miss T. Gillies presented the previously circulated paper. She drew attention to the data contained with the paper that sets out and provides moderate assurance to the Committee that stroke standards are broadly met and provided to patients in Lothian.
- 55.1.3 It was agreed that the paper would be withdrawn to allow the service to re-work the narrative, provide greater contextualisation around the very high risk and the take the guideline through the appropriate route of approval and bring a full paper back to Healthcare Governance Committee for consideration in March 2026. **Stroke Care**
- 55.1.4 Members received assurance that issues relating to thrombectomy flagged within the report were National issues and noted the National plans in progress to mitigate them.
- 55.1.5 There was some discussion around the resource required to support 24/7 Thrombectomy Services and the changes to National Planning approaches that would allow for overnight hours (between 8pm and 8am) for one site working for the whole of Scotland for Thrombectomy. Precedent for this type of service had been established in patients with intracerebral haemorrhage requiring coiling, allowing for this NHS Scotland should consider something similar for Stroke Services.
- 55.1.6 It was clear that the issues around Thrombectomy would not be resolved before the report was resubmitted in March considering this the report would be updated to clarify the risks that sit with Lothian, opportunities to manage Lothian service and nation risk and where they are being managed. **Stroke Care**

55.2 Drug Related Deaths Annual Report

- 55.2.1 Ms Goodfellow and Ms Ogilvie presented the previously circulate report, drawing specific attention to the key areas and data within the report.
- 55.2.2 The Committee noted report for information.

56. Risk Mitigation Plans

56.1 4 Hour Emergency Access (Unscheduled Care) Risk Mitigation Plan

- 56.1.1 Ms Wilson presented the previously circulated report, drawing attention to the key points therein.
- 56.1.2 The risk grading of very High (25), for both risk ID 3726 and 5186 and that there has been no change from the re-grading accepted by the Healthcare Governance Committee in July 2024 was noted.
- 56.1.3 An audit of attendance at the Emergency Department had identified that patients under 60 years old are making different choices and deviating from advice in favour of attend the Emergency Department due to a fear of waiting, lack of knowledge etc. The organisation recognised this is an emerging theme and agreed further work was required to build capacity into the whole system and create and promote alternatives to attending the Emergency Department to ensure that patient achieve better outcomes.
- 56.1.4 Specific attention was drawn to NHS Lothian's performance against the 4 hour target in comparison to NHS Tayside and the difference in the models used within each Board. NHS Lothian noted the good performance in Tayside but remained focused on ensuring that Lothian Patients are directed to the correct pathway at the right time to ensure that they access treatment at the earliest opportunity.
- 56.1.5 Members observed the significant increase in attendance at the Emergency Department in August 2025, which had historically been attributed to the increased number of visitors to the city during the fringe festival. Further investigation had determined that the increased demand was population driven and had been sustained in the following months.
- 56.1.6 Attention was drawn to the improvement weeks that focused on a whole system approach, including out of hours and work to embed processes and procedures in the evening to drive forward compliance. The hard work of the service was acknowledged and the improvements made demonstrated in the fluctational in performance noted.
- 56.1.7 The service remained committed to learning from other Board and their models for Unscheduled Care. In addition to NHS Tayside, the service had visited NHS Bradford to learn from their model of care and identify areas of improvement that could be implemented on the RIE site.
- 56.1.8 The significant investment in Unscheduled Care from Scottish Government and the opportunity to reach out for additional funds was noted. Scottish Government continues to monitor the progress made against improvement on a weekly basis with Ms Cameron, Ms Carr and Mr Campbell and are impressed with performance to date and action taken by the service to mitigate reduced performance as issue arise in real

time. Considering this a further bid for funding had been submitted to Scottish Government and a response was awaited.

- 56.1.9 It was noted that colleagues in Unscheduled Care remained focused on delivering performance and meeting the expectations of Scottish Government to support their case for further funding.
- 56.1.10 Members observed that other Boards had been asked to visit NHS Lothian and learn from their model of care, noting the assurance this provided around policy and processes in place.
- 56.1.11 The Committee accepted the recommendations laid out and accepted limited assurance in respect to:
- The ability to deliver the mitigation plan to the full extent required to effect the necessary change
 - Even if the mitigation plan is fully delivered, it still may be insufficient to improve performance to the extent of achieving the 4-hour Emergency Access Standard.
- 56.1.12 The Committee noted the significant work underway to mitigate these risks, and the resultant improved performance, and complementary feedback on these mitigation plans (contained within the LSDF) by the Centre for Sustainable Delivery.

56.2 Access to Treatment (Scheduled Care) Risk Mitigation Plan

- 56.2.1 Ms Carr presented the previously circulated report, drawing attention to the clinical priorities commitment to deliver, focus on long waits, risk mitigate plans in place, cancer pathways and realistic medicine.
- 56.2.2 The report showed that despite improvements made the risk associated with access to treatment remained very high.
- 56.2.3 Members received assurance that those patients removed from waiting lists are monitored closely and audited by the Board on a regular basis to ensure that those removed from lists are appropriate.
- 56.2.4 The Committee discussed the non-recurring nature of additional funding and how this impacts the Boards ability to create capacity. It was agreed that improvement to processes and speed of decision making would be welcomed, in the interim the organisation would work with colleagues in Finance on how they respond to this, consider innovative ways of working that bring efficiencies within the system and manage services within capacity held.
- 56.2.5 Reference was made to the work undertaken by the Scheduled Care Delivery Board to re-configure the delivery of scheduled care with a greater focus on the strategic elements and what delivers the true improvement initiatives rather than focusing on figures.

56.2.6 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented.

56.3 Edinburgh Health and Social Care Partnership Delayed Discharge / Bed Occupancy Risk Mitigation Plan

56.3.1 Mr Hall presented the previously circulated report, drawing attention to progress that had been made since the report was last presented and the data therein.

56.3.2 The Committee welcomed the extensive work undertaken by colleagues within Edinburgh HSCP related to delayed discharge, bed occupancy, adults within capacity etc as the Board moves into the winter period.

56.3.3 The Committee deferred accepting the recommendations laid out and accepting the moderate level of assurance described. The Chair would review the paper and data in detail out with the meeting and seek further advice from colleagues before confirming that the Committee was happy to accept a moderate level of assurance.

AC

56.4 REH Bed Occupancy Risk Mitigation Plan

56.4.1 The REH Bed Occupancy Risk Mitigation Plan was deferred to January 2025.

57. Exception Reporting Only

57.1 Pregnancy and Newborn Annual Report

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

57.1.2 Members received assurance that audiology had been escalated via the Acute structures. Going forward Mr Tyrothoulakis would report regularly on this matter to Acute Senior Management Group (SMG). In addition to this the service would consider what lessons Paediatric Services could learn from processes utilised within Adult Services and make improvements if required.

57.2 Edinburgh Transplant Service Annual Report

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

57.3 Tissue Governance Annual Report

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

57.4 Controlled Drug Governance Team Annual Report

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

57.5 Spiritual Care Annual Report

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

57.6 Scottish Trauma Audit Annual Report

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

57.7 Organ and Tissue Donation Group Annual Report

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

57.8 Cervical Screening Annual Report

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

57.9 AAA Annual Report

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

58. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

58.1 Health and Safety Committee, 28 May 2025

58.2 Clinical Management Group, 9 September, and 14 October 2025.

58.3 Area Drugs and Therapeutics Committee, 1 August 2025.

58.4 Policy Action Group, 29 July 2025.

59. Corporate Risk Register

59.1 Ms T. Gillies presented the previously circulated paper.

59.2 It was noted that Board had accepted the implementation of Agenda for Change Reforms – Reduced Working Week on to the CRR and the development of a Maternity Services risk.

59.3 Members accepted the recommendations laid out in the paper.

60. Reflections on the meeting

60.1 The Committee welcomed the detailed discussions held, noting that there were a number of papers that would return in January 2026. There were no matters to raise with the Board.

61. Date of Next Meeting

61.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 27th January 2026** via MS Teams.

62. Further Meeting Dates

62.1 Meetings would take place on the following dates:

- 27 January 2026
- 17 March 2026
- 19 May 2026
- 21 July 2026
- 22 September 2026
- 20 October 2026
- 17 November 2026
- 26 January 2027
- 16 March 2027

Signed by the Chair on 27 January 2026



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 9 October 2025	14:00	Normandy Court / Hybrid via Microsoft Teams

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

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)

In attendance:

Midlothian Integration Joint Board

Gill Main (Integration Manager) (Virtual)	Jim Sherval (The Public Health Consultant) (Virtual)	Elouise Johnstone (Performance Manager) (Virtual)
Hannah Forbes (Democratic Service Officer)	Louise Middleton (Democratic Service Officer)	Fiona Kennedy (Interim Head of Service)
Grace Cowan (Head of Primary Care and Older Peoples Services)		

Apologies:		
Jay Johnson (Lived Experience Member)	Roxanne King (Executive Business Manager)	

1. Welcome and Introductions

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

The Chair wished to formally acknowledge and extend sincere thanks to Keith Chapman, who has stepped down as a long-standing member of the Midlothian Integration Joint Board (IJB). Keith has made a significant and valued contribution to the work of the IJB over the years. It was noted that Keith will continue to serve as a member of the Midlothian Strategic Planning Group (SPG), ensuring his expertise remains part of the broader strategic conversation.

The Chair further noted that this meeting marks the final attendance of Dr Rebecca Green, in her capacity as Clinical Director. The Chair thanked Dr Green for their valuable contributions towards the work of Midlothian IJB and extended best wishes for success in their new role in NHS Borders.

2. Order of Business

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

Midlothian Integration Joint Board

The Chair noted the apologies submitted by Jay Johnson, Lived Experience Member and Roxanne King, Executive Business Manager.

3. Declarations of Interest

There was no declaration of interests noted to the Board.

4. Minute of Previous Meetings

- 4.1 The Minute of the previous Midlothian IJB Meeting, held on 21st August 2025, was approved as an accurate record.
- 4.2 The Minute of the meeting of the MIJB – Strategic Planning Group, held on 24th July 2025, was noted by the Board.
- 4.3 The Minute of the meeting of the MIJB – Audit and Risk Committee, held on 4th September 2025, will be presented to the Board in December 2025.

5. Public Reports

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>5.1 Chair's Update – Val de Souza, Chair</p> <p>The Chair provided a verbal update, reminding the Board that the next Development Session will be held on Thursday the 13th of November 2-4pm at Normandy Court, with the option to attend virtually via Microsoft Teams. The Development Session will focus on the current financial position.</p> <p>The Chair also informed the Board of their attendance at the NHS Lothian Development Session held the 2nd of October 2025. During this session, a dedicated slot was allocated to the Midlothian Integration Joint Board (MIJB), during which key themes were discussed, including strategic priorities, system-wide pressures, and the imperative for transformation across NHS services.</p> <p>The Chief Officer highlighted that this was a valuable opportunity to share Midlothian's perspective and ongoing work. They noted that while the challenges are well understood locally, this forum allowed for broader engagement and awareness among colleagues who may not be as familiar with the specific issues and initiatives underway.</p>			
<p>5.2 Chief Officers Report – Morag Barrow, Chief Officer</p> <p>The Chief Officer presented the report noting that the paper sets out the key strategic updates of the Midlothian IJB Board meeting October 2025.</p> <p>As a result of this report Members are asked to: Note the content of the report.</p> <p>The Chief Officer informed the Board that the Chief AHP and their team successfully hosted a Community Appointment Day in late September, which was attended by 221 individuals. The event focused on falls prevention and management. The Chief Officer noted that a comprehensive evaluation of the initiative is</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>underway. The concept behind the event was to enable members of the public, including patients and carers, to self-present and be appropriately signposted to relevant services based on their needs.</p> <p>The Chief AHP noted it was an effective experience with positive feedback. One of the key outcomes identified through the wider frailty programme was the proposal to develop a self-management passport—an accessible resource designed to support individuals in navigating self-directed care. An additional benefit of the event was to intentionally create a welcoming environment to address social isolation. Attendees were encouraged to stay for refreshments, including tea, coffee, and home baking, providing an informal space for individuals to share and reflect on the information they had received.</p> <p>The Chief AHP confirmed that a full Evaluation Report is currently in development, with completion anticipated by the end of the year.</p> <p>The Board engaged in a discussion regarding rehabilitation services, during which members sought further clarification from the Chief Officer. Specifically, the Board requested additional information on whether these services are contributing to earlier hospital discharge or if they are primarily targeted towards older adults' population.</p> <p>The Chief Officer explained that the initiative is designed to support patient flow from hospital and facilitate early discharge. It extends beyond rehabilitation alone, focusing also on assessing an individual's ability to safely return to and live in their own home environment. It was noted that ten rehabilitation units have been established, which will be supported by community teams to ensure a smooth transition for individuals back into their homes.</p> <p>The Board raised several questions regarding the financial recovery actions, specifically seeking clarity on</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>how the Integration Joint Board (IJB) intends to manage the short-term financial implications associated with these measures. In addition, Polton Street was highlighted during the discussion, and the Board requested an update on the current status of the Equality and Children's Rights Impact Assessment (ECRIA), including any regulatory considerations relevant to the IJB's responsibilities.</p> <p>With regards to the Care Home relocation, the Chief Officer advised that an ECRIA is not suggested as there is no change to the model of care. The Chief Officer also provided an overview of the extra care housing component, noting that the facility comprises three floors. Two of these are designated for extra care provision, while the third floor presents an opportunity to address other service gaps. For example, Midlothian currently lacks a complex Grade 5 facility for individuals with mental health needs. Work is ongoing to determine the most appropriate and effective use of the third floor in response to such challenges.</p> <p>The Board concluded with a question regarding discharge pathways, specifically seeking clarity on the expected length of stay for individuals residing in the rehabilitation flats, and whether there are risks associated with delayed progression in rehabilitation.</p> <p>In response, the Group Service Manager advised that the current model in place at Highbank is operating effectively. It was noted that length of stay is determined on a case-by-case basis, with some individuals requiring extended support within the rehabilitation flats. This approach enables a thorough, independent assessment of each person's needs, facilitating either a return home or a transition to extra care housing. The extra care facility offers enhanced support for individuals who are unable to return home but can be safely accommodated within an alternative tenancy arrangement.</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Chair thanked the Chief Officer for the report and opened to questions and comments from the Board.			
<p>5.3 Strategic Planning Group Update – Andrew Fleming, Strategic Planning Group Chair</p> <p>The Chair of the Strategic Planning Group (SPG) reported that the Group last convened on 25 September 2025, noting that the meeting was not quorate. It was further noted that Magda Clark, representing the Third Sector, was nominated as Vice Chair—an encouraging development that reflects a commitment to collaborative partnership working.</p> <p>The Chair also confirmed that several of the papers included in today’s agenda have previously been considered by the SPG and welcomed further discussion from Board members.</p> <p>The Chair congratulated Magda Clark on the position of Vice Chair of Strategic Planning Group.</p>			
<p>5.4 Audit and Risk Committee Update– Councillor Connor McManus</p> <p>Councillor Connor McManus advised the Board this was their first meeting as Chair for the Audit and Risk Committee, with Dr Amjad Khan appointed as Vice Chair. The meeting took place on 4th September 2025.</p> <p>At that meeting, the Committee discussed the Annual Accounts, which have since been formally approved by the Board. The Chief Internal Auditor attended to provide a refresher on key audit principles and</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
processes. Additionally, the Standards Officer led a review of the Standing Orders, Scheme of Delegation, and Scheme of Administration, with full sign-off of these governance documents anticipated by 2026.			
<p>5.5 Midlothian IJB Membership Recommendations - Democratic Services (for noting and approval)</p> <p>Democratic Services presented a report outlining proposed changes to the voting and non-voting membership of the Midlothian Integration Joint Board (IJB). The report seeks the Board's formal endorsement of the membership nomination as detailed within its contents.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> Review and endorse NHS Lothian nomination of Heather Campbell, NHS Lothian Non-Executive Director as a voting member of the Midlothian Integration Joint Board for a 3-year term from 13th August 2025. Review and endorse the appointment of Jay Johnson as a non-voting Lived Experience member to the Midlothian IJB <p>The Chair thanked Democratic Services for the report. The Board formally noted its contents and approved the recommendations as outlined.</p>	Approved		
<p>For Decision</p> <p>5.6 Midlothian IJB Strategic Plan 2025-2035: Final recommendation to approve and publish - Paper presented by Morag Barrow, Chief Officer</p> <p>The Chief Officer presented the report noting that this report sets out the final actions in the development of the Midlothian Integration Joint Board (IJB) Strategic Plan for 2025-2035.</p>	<p>Mid IJB Strategic Plan Approved.</p> <p>Mid IJB Strategic Plan to be published on</p>	HSCP Integration Manager	31st October 2025

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> • Note the small edits and the design changes made following the 28th August 2025 IJB Board meeting noted in the change log (appendix 2), • Subject to any amendments, approve the Midlothian IJB Strategic Plan 2025-2035, and • Give delegated authority to Morag Barrow in her capacity as Chief Officer to publish this strategic plan on the Midlothian Health and Social Care website before 31st October 2025. <p>The Chair thanked the Chief Officer for the report and opened for questions and comments by the Board.</p> <p>The Board acknowledged the significant volume of work undertaken in the development of the Midlothian Integration Joint Board Strategic Plan, particularly recognising the meaningful involvement of people and communities throughout the consultation process.</p> <p>The Integration Manager was formally thanked for their leadership and dedication in coordinating the development of the Plan, which was commended for being truly person-centred—shaped by the individuals who both access and deliver services.</p> <p>The Chair also extended appreciation and congratulations to the entire Health and Social Care Partnership (HSCP) for their collective efforts, noting that the Strategic Plan represents a substantial achievement and is something the IJB can take great pride in.</p>	Midlothian HSCP Website.		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>For Discussion</p> <p>5.7 Midlothian IJB draft Participation and Engagement Statement 2025-2028 - Paper presented by Gill Main, Integration Manager</p> <p>The Integration Manager presented the Midlothian Integration Joint Board (IJB) draft Participation and Engagement Statement 2025-2028 (appendix 1).</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none">• Review and provide feedback on the Midlothian draft Participation and Engagement Statement 2025-2028, and• Subject to any amendment, approve the Midlothian draft Participation and Engagement Statement 2025-2028 and give delegated authority to the Integration Manager to publish this as soon as practicably possible. <p>The Chair thanked the Integration Manager for the report and opened to questions and comments from the Board.</p> <p>The Board highlighted that this was discussed at the last SPG meeting, and the issue identified was around how the IJB engage with the community, it was noted that the IJB need to go to the community to improve visibility and engagement within the community.</p> <p>The Chair recommended that the Integration Joint Board (IJB) actively pursue all available opportunities to engage with individuals and communities through face-to-face interactions, in order to strengthen visibility and build meaningful connections.</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>The Chair also raised a concern regarding the current documentation, noting the absence of any reference to Social Work within the Health and Social Care narrative. It was emphasised that Social Work plays a critical and statutory role in the delivery of IJB functions, and its omission from the narrative does not reflect the integral contribution it makes. The Chair underscored the importance of ensuring that Social Work is appropriately recognised and represented in all strategic documentation moving forward.</p> <p>The Integration Manager noted the valuable contribution of Social Work at the centre of what the IJB do. The Integration Manager also noted that not all professional groups are referred to specifically in the board publications asked the Board if they would like Social Work to specifically mentioned, suggested there could be a statement added into the document detailing what Health and Social Care is and the elements it includes.</p> <p>The Head of Adult Services and Chief Social Work Officer advised that they were happy to have a look at making the distinction between Social Care and Social Work. It was stated that it would be helpful for Social Work to be more prominent in these documents.</p> <p>The Chair agreed that the Head of Adult Services and Chief Social Work Officer and the Integration Manager would look to discuss this further offline.</p> <p>The Board reflected on the Integration Joint Board's (IJB) approach to public engagement and queried whether there was an intention to convene a collective forum involving all IJBs, noting that other Boards may also wish to participate in coordinated engagement efforts.</p>	<p>The Head of Adult Services and Chief Social Work Officer and the Integration Manager will discuss making Social Work more prominent in the document.</p> <p>The Chief Officer to meet with other officer to discuss if there would be an opportunity to have all IJBs together regarding public engagement.</p>		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>In response, the Chief Officer acknowledged that this had not yet been considered but committed to raising the matter with fellow Chief Officers to explore the potential for a collaborative approach. Feedback will be provided either virtually or at the next scheduled meeting.</p> <p>The Board agreed the recommendations in the report.</p>			
<p>For Discussion</p> <p>5.8 Midlothian IJB Performance Update – Paper presented by Gill Main, Integration Manager</p> <p>The Integration Manager advised the Board that the report provides an update on the progress towards the Midlothian IJB performance goals set for the period 2023-2025 and an overview of progress towards the Midlothian IJB Directions 2025/26.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> • Note performance against the Midlothian IJB Improvement Goals for 2023-25 (appendix 1), • Review the synthesis and insight reports generated in columns 4 and 5 of the Midlothian IJB Strategic Governance Outcomes Map for recommendation to Midlothian IJB (appendix 2), and • Provide feedback to inform the early development of Midlothian IJB Directions for 2026/27. <p>The Chair thanked the Integration Manager for the report and opened to questions and comments from the Board.</p>	<p>Recommendations noted</p>		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>The Chief Officer provided an overview of the broader system pressures, noting that partner services—such as the ambulance service—are experiencing significant increases in demand. Lothian hospital admissions are currently up by 25%, and the ambulance service is operating at 20% above typical activity levels.</p> <p>The Chief Officer highlighted that responsibility for addressing challenges in unscheduled care has been refocused towards Health and Social Care Partnership (HSCP) teams. Analysis has identified that delays within the system are a key contributing factor. These pressures are having a notable impact on the four-hour emergency department target. While efforts are underway to mitigate the effects, the system is also working to identify the underlying, as yet unresolved, factors preventing a reduction in overall demand. Current work is focused on understanding bed turnover rates and the drivers behind increased admission and attendance levels.</p> <p>The Performance Manager acknowledged the scale of ongoing work and agreed with the Chief Officer’s assessment. In relation to delayed discharges, it was noted that there is considerable variation, and the current data presentation makes it challenging to identify consistent patterns. Work is ongoing to improve the clarity and interpretability of the data visualisations.</p> <p>The Board requested any available data or evidence from primary care settings to determine whether similar increases in demand are being observed at the community level, in line with the trends highlighted by the Chief Officer.</p> <p>The Chief Officer informed the Board that there remains a degree of uncertainty regarding the current activity figures.</p> <p>The Head of Primary Care and Older People’s Services added that a review of acute care attendances is scheduled to take place the following day, as part of a planned Day of Care audit. This audit will involve a</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>detailed assessment of every patient who attended an emergency department on that day, examining whether each presentation met the criteria for hospital admission and identifying the route by which the patient arrived—such as through the inflow navigation centre.</p> <p>The purpose of this exercise is to determine whether there are any issues within the inflow navigation process, including how patients are screened or triaged, or whether attendance was based on individual decision-making. The findings will support efforts to improve system flow and ensure appropriate use of emergency care pathways.</p> <p>The Clinical Director responded to the comment made by the Board in relation to the data that may suggest that primary care is becoming quieter and advised that this reflects capacity and not demand. The Clinical Director highlighted issues with general practices that are operating at reduced income and not being able to fill all their clinical slots with some practices running under capacity that reflects in the data as reduced activity. However, it was added the Accident and Emergency attendance per practise, there is not an increase from practices.</p> <p>The Integration Manager detailed the challenge on the MSG rate as rate is not always the most helpful measure for this type of data. Additionally, it was noted that the Midlothian's contribution is difficult to identify as a small percentage of the whole of Lothian. The Integration Manager added it would be helpful to identify a different measure of success.</p> <p>The Board acknowledged the progress made on the strategic directions for 2025–2026 and the proposed reporting framework. Members sought clarification on the use of green, amber, and red indicators, specifically querying whether there were any areas of concern and how performance against these</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>indicators will be reported. The Board also asked whether any corrective actions have been identified or are being considered in response to areas flagged for improvement.</p> <p>The Chief Officer advised that there are currently no concerns. However, in relation to business-as-usual (BAU) reporting, it was noted that a mechanism is required to ensure this information is appropriately integrated. This would enable Midlothian IJB to gain a clearer understanding of the proportion and impact of BAU activity within overall performance reporting.</p> <p>The Chair requested confirmation that a forthcoming Development Session would provide dedicated time to address areas of Directions as the mechanism to deliver the Strategic Plan where actions are currently underdeveloped.</p> <p>Additionally, the Chair sought further information regarding the strategic focus on unscheduled care, specifically in relation to efforts aimed at reducing demand and the potential impact on the capacity to deliver other components of the programme.</p> <p>The Chief Officer acknowledged the ongoing challenges related to service reduction and capacity constraints. While recognising the significant progress and commendable work being undertaken, it was noted that the substantial time and resources currently allocated to unscheduled care are beginning to affect the delivery of mental health services.</p> <p>The Chair acknowledged that there is a clear understanding of Midlothian IJB's current position. However, it was emphasised that maintaining an appropriate balance across priorities is essential. Should pressures escalate to a concerning level, the Board must be promptly informed to ensure full awareness of system dynamics and emerging challenges. The Board noted the recommendations on the report.</p>	<p>Future development session to focus on Directions.</p>	<p>Integration Manager</p>	<p>January 2026</p>

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>5.9 Midlothian Integrated Assurance Report - Paper by Fiona Stratton, Chief Nurse, Claire Ross, Chief AHP, Nick Clater, Head of Adult Services and Chief Social Work Officer & Roxanne King, Executive Business Manager, presented by Fiona Stratton, Chief Nurse</p> <p>The Chief Nurse presented the report noting that this is the Integrated Assurance report provided by the Midlothian HSCP to the Midlothian Integration Joint Board (IJB).</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> • Discuss and approve the content of this report. <p>The Chair thanked the Chief Nurse for the report and opened to questions and comments from the Board.</p> <p>The Board requested clarification on the anticipated timescale for the alignment and implementation of revised Social Work structures. In addition, members raised a query regarding the Scottish Public Services Ombudsman (SPSO) report, seeking insight into the current processes in place and how existing systems might be adapted to adopt a more preventative, upstream approach.</p> <p>The Chief Officer outlined the challenges currently facing district nursing services, noting that local pressures during the summer period were largely due to staff absences and school holidays. Reference was made to the recently published Scottish Public Services Ombudsman (SPSO) report, which highlighted unacceptable standards of care dating back three years. While the report did not comment directly on the quality of care delivered, the majority of feedback related to deficiencies in documentation. It was acknowledged that district nursing is under considerable system-wide pressure. In response, targeted work has been initiated to address broader issues, including improvements in diabetes management for</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>older adults and the implementation of electronic case records. This programme of work has been ongoing for the past year.</p> <p>A local improvement plan was introduced over the summer, aligning performance enhancements with the recommendations outlined in the SPSO report. Weekly audits of case notes are now being conducted, supported by additional staff training.</p> <p>The Chief Officer further advised that they had been invited to present progress to the NHS Lothian Performance, Scrutiny and Oversight Board. The Executive Team expressed satisfaction with the reporting provided and, as a result, no further attendance has been requested to date. However, an update on the Pan-Lothian improvement work is expected to be submitted to the Oversight Board within the next three weeks. The Chief Officer provided assurance that there are plans in place and the improvements identified have been completed, however remain in a difficult position in Lothian around District Nursing where there is work needed around criteria and case load safety tools and would be happy to bring back updates on the work that is taking place.</p> <p>The Chief Nurse noted that the development of a care assurance system represents an additional strand of work within community nursing. This system is designed to provide early indicators of positive performance, while also enabling targeted attention on areas requiring improvement.</p> <p>The Head of Adult Services and Chief Social Work Officer advised there was an agreement at the Corporate Management Team to take a Council wide approach in relation to bring all the adverse event policies together for Social Work that can be developed centrally and has since proven that it can't, therefore there will be internal resource within Social Work for development. It was stated that there is no timeframe at the</p>	<p>The Chief Officer to provide the IJB with an update on the work that is needed around District Nursing relating to criteria and case load safety tools.</p>		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>moment as this is an in-depth large piece of work however, once the work is complete there will be a discussion held to identify how to integrate that into our structures within Midlothian HSCP.</p> <p>The Board referenced the complaints outlined in section 3.23 of the report and requested clarification on the associated learning pathways. Members sought to understand how insights from these complaints are being translated into tangible service improvements.</p> <p>Additionally, with reference to section 3.27 of the meeting papers concerning future-proof workforce planning, the Board queried how the Third Sector could contribute to the development and integration of volunteering roles within the broader strategic framework.</p> <p>The Chief Officer advised that, in relation to complaints, there is no specific learning required regarding the process itself, which is functioning effectively. However, given the varied nature of complaints received, there are ongoing opportunities for learning and service improvement. The team continues to work closely with Elected Members, recognising that, within the context of local politics, Members often bring forward concerns raised by constituents within their wards. The Chief Officer also emphasised the critical role of the Third Sector in future workforce planning and welcomed continued collaboration and support in shaping and delivering sustainable service models.</p> <p>The Board noted and approved the Recommendations in the report.</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>5.10 Midlothian and East Lothian Drug and Alcohol Partnership Annual Report - Presentation by Nick Clater, Head of Adult Services and Chief Social Work Officer</p> <p>The Head of Adult Services and Chief Social Work Officer presented a presentation to the Board that details the Midlothian and East Lothian Drug and Alcohol Partnership Annual Report. It was noted that this item had been carried forward from the previous meeting of the Midlothian Integration Joint Board.</p> <p>The Chair thanked the Head of Adult Services and Chief Social Work Officer for the report and commended the detail within the report; the Chair opened for any comments or questions from the Board.</p> <p>The Board noted from the report, the resources for alcohol related issues in comparison to drugs. The Board asked if there have been any issues in Midlothian relating to new alcohol licences.</p> <p>The Public Health Consultant explained that it is difficult to meet the levels of proof and evidence that are required to turn down an application or uphold the amount that has been asked for. It was also noted that Midlothian do not receive many licensing applications.</p> <p>The Board requested information on the correlation between near-fatal overdoses, individuals currently engaged in treatment, and drug-related deaths. Specifically, members sought to understand how many individuals with a history of treatment or prior near-fatal overdose may be represented within the drug death statistics. The Head of Adult Services and Chief Social Work Officer explained that drug-related deaths can be broadly categorised between those who are actively engaged in treatment and those who are no longer receiving support but have previously accessed services. It was noted that the majority of deaths involve individuals who were previously known to services. The importance of sustained engagement was emphasised, with evidence suggesting that individuals who remain connected to support services are at reduced risk of drug-related harm. However, it was acknowledged that not all cases can be</p>			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>effectively managed, and outcomes may vary depending on the substances involved. Forecasting drug-related deaths for the coming year remains complex and uncertain due to these variables.</p> <p>The Group Service Manager explained there is a proactive in reach model in relation to non-fatal overdose that identifies individuals that have had a non-fatal overdose and a bespoke service to support the individuals to ensure they are brought further into services. An individual would then be supported through the various pathways to ensure they are receiving the required support.</p> <p>The Chair confirmed that there will be another invitation to visit number 11 for the Board.</p> <p>The Board noted the report.</p>			
<p>5.11 Public Health Practitioners Update – Weight Stigma and Bias Training Programme - Paper presented by Jacqueline Kirkland, Public Health Practitioner</p> <p>The Public Health Practitioner presented the report noting that this report sets out an update on the Weight Stigma and Bias Training Programme.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> • Note this update and promote the programme to relevant staff groups. • Continue to endorse initiatives that impact positively on NHS Lothian's obesity position. <p>The Chair thanked the Public Health Practitioner for the report and opened to any questions or comments from the Board.</p>	The Public Health Practitioner/the Chief Officer to have a discussion		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>The Chief Officer noted that they are Co-Chairing a new oversight group for NHS Lothian for healthy weight and type 2 diabetes management. Currently the group are looking at some digital opportunities, where the group will be focusing on what they can do for Lothian.</p> <p>The Board raised a query in relation to the NHS Lothian charity that are involved in prevention work and asked whether it would be beneficial to submit a bid for funding following completion of the current evaluation. It was noted that this may present an additional opportunity to support and enhance preventative work within the system.</p> <p>The Chair agreed that the proposal should be taken forward to have a discussion with NHS Lothian Charity to discuss potential funding opportunities.</p> <p>The Board noted the recommendations in the report.</p>	with the NHS Charity to discuss the possibility of funding.		
<p>5.12 Midlothian HSCP Unscheduled Workstream Update - Presentation by Morag Barrow, Chief Officer on behalf of Grace Cowan, Head of Older People and Primary Care Services</p> <p>The Chair noted the Chief Officer's suggestion to circulate the presentation after the meeting, as there has been little change since this was last presented to the IJB.</p> <p>The Board agreed to have the presentation circulated.</p>	Midlothian HSCP Unscheduled Workstream Presentation to be circulated to Board Members	Democratic Services	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
<p>For Noting</p> <p>5.13 East Lothian & Midlothian Public Protection Committee Annual Report - Paper provided by Nick Clater, Head of Adult Services and Chief Social Work Officer, Midlothian HSCP</p> <p>The Head of Adult Services and Chief Social Work Officer, Midlothian HSCP presented the report introducing the East Lothian and Midlothian Public Protection Committee Annual Report 2024/25.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> Note the contents of this report. <p>The Chair thanked the Head of Adult Service, Chief Social Work Officer, Midlothian HSCP for the report and opened to questions and comments from the Board.</p> <p>The Chair proposed that it would be beneficial for Keith Mackay to attend a future meeting of the Integration Joint Board (IJB) to deliver a brief presentation, given the volume and complexity of information contained within the report.</p> <p>The Head of Adult Services and Chief Social Work Officer supported the proposal, further recommending that both Keith Mackay and Kirsty McDermott be invited to attend in order to facilitate a more focused discussion on the report's content.</p> <p>The Board endorsed the suggestion and agreed that Public Protection Officers will be invited to a future IJB meeting to present and discuss the report in greater detail.</p>	<p>Public Protection Officers to attend a future IJB to provide more information around recommendations and actions that are outlined in the report.</p>	<p>Business Support Manager / Integration Manager</p>	

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 will be held on Thursday 11th December 2025, from 14.00 – 16.00. This meeting will be held at Normandy Court and online.

Please note: The IJB Board Development Session scheduled for Thursday 13th November 2025 from 14.00 – 16.00 at Normandy Court is for Board Members only.

Meeting concluded at 16:01pm

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

**THURSDAY 30 OCTOBER 2025
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

Councillor L Allan
Councillor S Akhtar
Mr J Blazeby
Dr P Cantley
Mr A Cogan (Chair)
Ms E Gordon
Councillor C McFarlane
Councillor G McGuire (*Substitute)

Non-voting Members Present:

Ms M Allan	Mr D Binnie
Mr D Bradley	Ms S Gossner
Dr J Hardman	Mr D Hood
Dr K Kasengele	Mr M Porteous
Ms F Wilson	

Officers Present from NHS Lothian/East Lothian Council:

Ms H Barnett	Ms L Berry
Mr P Currie	Ms C Goodwin
Ms J Jarvis	Mr E John
Ms L Kerr	

Clerk:

Ms F Currie

Apologies:

Councillor J Findlay*
Ms M McNeill

Declarations of Interest:

None

The Chair welcomed everyone to the meeting.

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

1. MINUTES FOR APPROVAL: EAST Lothian IJB ON 25 SEPTEMBER 2025

The minutes of the IJB meeting on 25 September were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 25 SEPTEMBER AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 25 September were discussed:

Page 4 (Item 6) – Councillor Akhtar referred to the helpful presentation from MELDAP and her suggestion of a future development session. The Chair supported this suggestion and asked that it be built into the development session programme

Rolling Actions Log:

The Chair sought members' agreement to close the items highlighted and this was agreed.

Laura Kerr provided an update on the first action; confirming that an update would be provided in around 6 months or as part of the normal reporting cycle.

3. CHAIR'S REPORT

The Chair had nothing to report as the recent partners meeting had been cancelled.

Councillor Akhtar reported that the last IJB Chairs and Vice Chairs meeting had focussed on housing and technology, and she had passed on the information to members. She also provided details of her attendance at the Carers of East Lothian AGM.

In response to a question from Jonathan Blazeby, Councillor Akhtar advised that the new legislation relating to breaks for carers had been discussed at a recent CoSLA meeting along with the need to ensure that local authorities received an appropriate level of support from the government to meet the expectations of carers.

Ms Kerr confirmed that the Programme Board for Carers was keeping abreast of developments in this area.

4. EAST Lothian INTEGRATION JOINT BOARD MEMBER'S CODE OF CONDUCT

A report was submitted by the Standards Officer seeking approval of an updated East Lothian Integration Joint Board (IJB) Code of Conduct and reminding members of their personal responsibilities under the Code.

Hayley Barnett presented the report highlighting the minor drafting changes to the Code of Conduct which members were being asked to approve. She also gave a brief presentation on members' responsibilities under the Code including general conduct and declarations of interest.

Ms Barnett and Fiona Wilson responded to questions and the Clerk confirmed that IJB members were asked to sign the Code and complete an annual update of the register of interests. The Chair welcomed a proposal to include an annual training session on the Code as part of the development session programme, and he invited Ms Barnett to present this session.

Decision

The IJB:

- i. Agreed the amended East Lothian IJB Code of Conduct to maintain compliance with the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- ii. Noted that it was each member's personal responsibility to comply with the Code.

5. HEALTHCARE GOVERNANCE COMMITTEE REPORT

A report was submitted by the Chief Officer updating the IJB on the HSCP annual report provided to the NHS Lothian Healthcare Governance Committee.

Sarah Gossner provided a detailed summary of the annual report highlighting some of the challenges facing services and some of the improvement way that was currently underway. The report provided an overall rating of 'moderate assurance' following an assessment of quality and safety of care across services. She advised that, while presented from a multi-disciplinary perspective, it was a health-based report, and that work was underway to consider how best to integrate reporting on social care and social work services.

For transparency, the Chair confirmed that he was also the chair of NHS Lothian's Healthcare Governance Committee.

In reply to questions from Mr Blazeby, Ms Gossner outlined the work undertaken on the recording and handling of complaints, as a result of a recent SPSO review. She also provided information on the level of data and analysis which had taken place when assessing services as part of the governance process and the detailed discussion which took place at the Committee.

Mr Blazeby thanked Ms Gossner for this explanation and suggested that when bring this report forward to the IJB in future she might include a short executive summary.

Ms Gossner acknowledged this point and, in response to a further question, she outlined the current and expected results of the improvement work undertaken on pressure ulcer care and treatment.

Ms Wilson and David Hood replied to questions from Councillor Akhtar the work being done to ease pressure on acute services. Ms Wilson referred to money received the previous year from the Scottish Government to support the front door of RIE, target delayed discharges and reduce bed occupancy. While money had been given on a recurring basis was subject to the board meeting its performance targets. East Lothian was only one part of the pan-Lothian picture and meeting future targets to secure funding was by no means certain. Mr Hood outlined the work being done locally in mental health

services to address bed occupancy and support patient flow at the Royal Edinburgh Hospital. East Lothian had the shortest length of stay of all 4 HSCPs.

Ms Wilson added that while they could evidence positive progress, they would like to see other areas do the same. However, they needed to consider the pace of change and acknowledge that not all IJBs in Lothian were at the same point in the transformation journey.

The Chair thanked members for a useful discussion.

Decision

The IJB agreed to note the content of the report which conformed with the standard reporting required to be presented to the IJB on an annual basis:

6. EAST Lothian HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE

A report was submitted by the Chief Officer updating the IJB on the HSCP Clinical and Care Governance Committee (CCGC).

Ms Gossner provided a detailed summary of her report which outlined the work undertaken as part of the review of governance structures. She drew particular attention to work on staff awareness and understanding, data collection and analysis, scheduling of meetings, and the presentation of just a few services at each meeting to allow for a more in depth discussion of the issues. She said that further work would take place in the spring to raise staff awareness of their role in clinical governance. She concluded that while good progress had been made over the past year, there was still some improvement work to be done.

John Hardman endorsed Ms Gossner's summary of the review and improvement actions.

Officers replied to questions from members. Ms Gossner and Dr Hardman explained that the functions of the short-life working group had been to look at the overall structure and function of meetings; mapping of governance structures across the HSCP and ensuring all processes linked together to allow issues to be escalated appropriately. Good progress had been made but there was still work to do. The working group would be closed once this work was complete.

Ms Gossner, Ms Kerr and Mr Hood provided further context to the IJB's role in clinical governance and how this report contributed to that. The IJB needed to be assured of the quality and effectiveness of the services which supported delivery of its strategic plan and a key part of that was being confident that appropriate governance structures were in place.

The Chair commented that NHS Lothian and East Lothian Council both had their own in-house processes for reporting governance issues, and these were separate to the arrangements for the IJB. Both he and Mr Blazeby acknowledged that it was not always clear how these processes were reconciled or what exactly should be the focus of the IJB's scrutiny.

Ms Kerr suggested that it might be useful to include a session on governance roles and responsibilities as part of the development session on the Code of Conduct.

Councillor Akhtar welcomed the paper and the suggestion of further clarity on roles and responsibilities, adding that it might be helpful to consider how the IJB communicates these structures more widely, as part of this session.

Ms Gossner commented on the importance of including all areas of the partnership in reporting, not just health. Ms Kerr reminded members that the Chief Social Work Officer annual report was presented annually to the IJB, and it should come forward at the next meeting.

Mr Hood suggested looking at what other IJBs were doing and the Chair said he would take this up at the next Chairs/Vice Chairs network meeting. He also supported the suggestion of including this in a development session.

Decision

The IJB agreed to note the content of the report.

7. FINANCE UPDATE AND FORECAST FOR 2025/26 AND 2026/27 FINANCIAL PLAN UPDATE

A report was submitted by the Chief Finance Officer laying out the Quarter 2 (Q2) financial position and updating the forecast position for 2025/26. The report also provided an update on the Financial Plan for 2026/27 and the financial planning process to the year end.

Mike Porteous presented the report highlighting the outcome of the Q2 review, the forecast overspend for the year, progress with efficiency measures, work on the 5-year financial plan and potential risks from future staff pay awards and the 2026/27 budget settlement from the Scottish Government which would impact the partners' financial planning.

Officers responded to questions from members. Mr Porteous outlined work taking place on a set of principles for all 4 Lothian IJBs to support a more accurate allocation of set aside services. Ms Wilson agreed that this service was a challenge as it sat outside of the day-to-day operational management of the HSCP.

The Chair suggested that a discussion on set aside should form part of the development session on finances taking place in November. Councillor Akhtar welcomed concurred.

Mr Hood replied to a further question on core and cluster accommodation and its role in supporting people being cared for closer to home and in the future housing strategy. He agreed to share information on the financial and other benefits gained from a recent development.

Mr Blazeby urged members and officers to reflect on the planning process for 2026/27, especially as the Scottish Government's budget announcement had been delayed to January. With a projected funding gap of £5M plus and future political uncertainties, they needed to be planning now and not leaving it until next April or May, and any discussions or decisions needed to be taken on the basis of a combined health and social care budget, rather than separately.

Mr Porteous pointed to the development sessions and business meetings scheduled before the end of March and confirmed that both the Council and NHS Lothian were aware of the need to prepare offers to allow the IJB to set a balanced budget by the end of this financial year. He added that members would have a more detailed understanding

of the position at the second development session; but that they were working on the basis that they would have a significant gap to fill.

Ms Wilson and Ms Kerr acknowledged the need to make further savings and address ongoing challenges and doing this using a joined-up approach across services, rather than considering each individually.

Councillor Akhtar reported that at a recent meeting of CoSLA's Health and Social Care board, all attendees agreed that this area was top of the list of pressures facing local and national government. She said it had been their understanding that there would be a 3 year settlement which may help future planning.

Decision

The IJB agreed to:

- i. Note the Q2 financial position and the updated forecast position for 2025/26.
- ii. Note the updated Financial Plan position for 2026/27.
- iii. Note the proposed Financial Planning Process for the remainder of the year.

8. APPROVED MINUTES OF THE AUDIT & RISK COMMITTEE MEETING ON 3 JUNE 2025 (FOR NOTING)

The Chair invited members to note the most recently approved minutes of the Audit & Risk Committee. The Clerk advised that while the Committee had been unable to appoint a Chair at its September meeting, it would do so at its next meeting on 2 December.

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

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 24 SEPTEMBER 2025.

Present

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

Non-Voting Members – Lesley Cunningham, Damian Doran-Timson, Steven Dunn, Hamish Hamilton, David Huddleston, Jo MacPherson, Douglas McGown, Ann Pike, Alison White and Linda Yule

Apologies – Alan McCloskey

Absent – Donald Noble

In attendance – Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Susan Gordon (Community Planning Development Officer), Fiona Huffer (Chief Allied Health Professional), Bhav Joshi (General Manager for Mental Health and Addictions Services), Lesley Montague (Standards Officer), and Diane Stewart (Project Officer)

At the start of the meeting, the Chair thanked Councillor Tom Conn for chairing the IJB for the previous two years.

1 ORDER OF BUSINESS

The Chair ruled that agenda item 15 (*Clinical Governance Report*) would be considered immediately after agenda item 9 (*Audit of the 2024/25 Annual Accounts*).

2 DECLARATIONS OF INTEREST

Agenda item 10 – West Lothian Primary Care Strategy Action Plan 2025-2028

Councillor Andrew McGuire stated that his mother was employed as a senior nurse with primary care NHS Lothian. He would participate in the item of business.

3 MINUTES

The IJB approved the minute of its meeting held on 13 August 2025 as a correct record.

4 MINUTES FOR NOTING

- a The IJB noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on Wednesday 04 June 2025.
- b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 29 May 2025.
- c The IJB noted the minutes of the West Lothian Integration Joint Board ADP Executive held on 28 May 2025.

5 MEMBERSHIP & MEETING CHANGES

The IJB agreed the following:

Decision

- 1. To appoint Andrew McGuire as Chair of the Audit Risk and Governance Committee.
- 2. To appoint George Gordon as Vice-Chair of the Audit Risk and Governance Committee.
- 3. To note that the Lothian Health Board would advise of a voting member replacing Martin Connor in due course.

6 CHIEF OFFICER'S REPORT

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

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

Decision

To note the terms of the report.

7 2025/26 FORECAST OUTTURN

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

It was recommended that the IJB:

- 1. Consider the forecast outturn for 2025/26, which took account of

delivery of agreed savings;

2. Note that updates on the forecast budget position and progress towards achieving a balanced budget position would be reported to future Board meetings;

Decision

1. To note the terms of the report.
2. To prepare correspondence to each partner organisation relaying the difficult budget position of the IJB.

8 AUDIT OF THE 2024/25 ANNUAL ACCOUNTS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer advising members on the conclusion of the audit of the Integration Joint Board (IJB) Annual Accounts for 2024/25 and highlighting key points from the draft Annual Audit Report.

It was recommended that the IJB:

1. Consider the audited 2024/25 Annual Accounts;
2. Consider the draft Annual Audit Report for 2024/25;
3. Note that the Audit, Risk and Governance Committee had reviewed the Annual Accounts and Annual Audit Report on 8 September 2025 and had no recommendations for the Board; and
4. Agree the audited Annual Accounts 2024/25 for signature and publication.

The Chair of the Audit, Risk and Governance Committee had sent an email with comments to the IJB Chair, which were noted in the course of discussion.

Decision

To approve the terms of the report.

9 CLINICAL GOVERNANCE REPORT

The IJB considered a report (copies of which had been circulated) by the Clinical Director providing assurance to the Board in relation to the clinical governance arrangements in place for services delegated to the IJB; providing assurance that professionals associated with the IJB were following usual and normal practice in their field and acted with the skill expected of an ordinary and competent professional in line with strategic goals of Improving Health Inequalities, a Home First Approach and whilst enabling the highest realistic quality care support and treatment with the

available finances; and providing assurance that all staff associated with the IJB provided a competent and reasonable level of safety and quality, compliance to standards, found risks and addressed failings, supported continuous improvement, showed accountability including financial, and provided support to inform strategic decision making.

It was recommended that the IJB:

1. Note the contents of the report;
2. Take assurance that a range of clinical governance arrangements were in place and were working well; and
3. Note that a range of new developments were being implemented across all IJB delegated clinical areas.

Decision

To note the terms of the report.

10 WEST LOTHIAN PRIMARY CARE STRATEGY ACTION PLAN 2025–28

The IJB considered a report (copies of which had been circulated) by the General Manager for Primary Care and Community Services inviting members to consider the proposed West Lothian Primary Care Strategy Action Plan 2025–2028 for ratification. The Action Plan had been presented to the Strategic Planning Group (SPG) for initial review on 4 September 2025 and to the Third Sector Strategy Group on 11 September 2025.

It was recommended that the IJB:

1. Approve the proposed West Lothian Primary Care Strategy Action Plan 2025–2028;
2. Note WLHSCP's intention to provide an annual update report on Action Plan progress to the Board in Autumn 2026; and
3. Note that the action plan would be a 'live' document regularly reviewed and updated based on progress made and ongoing engagement with relevant stakeholders.

Decision

To approve the terms of the report, subject to the update report on the Action Plan progress being presented six-monthly rather than annually.

11 HSCP WORKFORCE PLAN 2025-2028

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the

development of the new HSCP Workforce Plan for 2025–2028 and seeking approval to publish the Workforce Plan.

It was recommended that the IJB:

1. Note that the development of the new HSCP Workforce Plan 2025–2028 and associated action plan was complete;
2. Note the outcome of engagement with staff and partners to date; and
3. Approve the Workforce Plan for publication.

Decision

To approve the terms of the report.

12 IJB INTERIM PERFORMANCE REPORT

Councillor Andrew McGuire left the meeting during consideration of this item and did not participate in the remaining items of business.

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing a performance report based on the latest published data available on the Core Suite of Integration Indicators, the latest Ministerial Strategic Group Integration Indicators and Primary Care Improvement Plan Performance. The report also contained an overview of the Directions issued to both West Lothian Council and NHS Lothian. The draft Annual Performance Report had been presented to the IJB in June 2025, and the Board had agreed that the Chief Officer be given delegated to approve the publication of the finalised report prior to its publication on 31 July. The finalised report was attached as Appendix 4 to the report.

It was recommended that the IJB note the contents of the report.

Decision

To note the terms of the report.

13 WEST LOTHIAN COMMUNITY PLANNING PARTNERSHIP UPDATE

The IJB considered a report (copies of which had been circulated) by the Community Planning Officer providing an update on.

It was recommended that the IJB note the update on CPP activity and consider further opportunities for collaboration and delivery.

Decision

To note the terms of the report.

14 ALCOHOL AND DRUGS PARTNERSHIP (ADP) UPDATE

The IJB considered a report (copies of which had been circulated) by the General Manager Mental Health and Addictions providing information on the 2024 West Lothian Drug Related Deaths, an update on the Medication Assisted Treatment (MAT) standards and associated actions.

It was recommended that the IJB note the contents of the report.

Decision

To note the terms of the report.

15 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

Meeting: NHS Lothian Board
Meeting date: 04 February 2026
Title: Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report
 Quarter 3, 01 September – 30 November 2025
Responsible Executive: Alison Macdonald, Executive Nurse Director
Report Author: Fiona Tynan, Associate Nurse Director (Corporate Nursing)

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

- 2.1.1 The Health and Care (Staffing) (Scotland) Act 2019 (hereafter referred to as the “Act”) stipulates that the Executive-level clinician on the Board responsible for the legislation, in this case the Executive Nurse Director, must submit quarterly reports to the Board, outlining compliance with the duties across all staff groups and settings covered by the Act. The views of staff on compliance must be included in these reports.
- 2.1.2 The Board are provided this report (appendix 1) as part of the legislative requirement under the Act and are recommended to accept this report as meeting that obligation under the Act. The report also provides an update on progress made against the Board-approved recommendations outlined in the 2025/26 Q1 Health & Care Staffing Board Compliance Report.
- 2.1.3 Utilising the Corporate Governance and Assurance system the Board are asked to accept Moderate Assurance on how effectively NHS Lothian is meeting its legal duties in this area. This assurance level is based on an overall “Reasonable Assurance” rating generated by the Scottish Government’s compliance scoring.

2.2 Background

- 2.2.1 The Act aims to ensure appropriate staffing is in place, to enable high quality care and outcomes by setting out a number of duties around staffing. These apply to all clinical staff and leaders/managers of clinical teams and requires clearly defined systems and processes to be in place, and used, to enable transparent staffing decisions to be made and recorded.
- 2.2.2 The Annual Board Compliance Reporting Plan was approved by the Staff Governance Committee in March 2025. Under this plan, specific Board quarterly reports are scheduled for submission before each quarter ends, ensuring timely approval and compliance with statutory deadlines. Reporting timelines are tailored to legislative requirements and aligned with Board meeting dates to prevent delays and maintain regulatory compliance.

2.3 Assessment

Quality/ Patient Care

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

Workforce

- 2.3.2 The report presents overall compliance levels by financial year quarter (point 4.1). In response to feedback, to better understand compliance over time, this information can also be found in **Table 1** below.

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

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

2.3.4 The report also highlights progress that has been made in advancing Board-approved recommendations through the establishment of dedicated subgroups and development of annual objectives, with initial actions underway to support governance, education, and system optimisation (points 4.18 to 4.23).

Financial

2.3.5 There are no specific financial implications associated with this paper, however, the paper reports on compliance with the 12IB Duty to ensure appropriate staffing: agency worker (points 4.4 to 4.12).

Risk Assessment/Management

2.3.6 The report includes an overall level of assurance by duty, and across all duties (points 4.0 to 4.3).

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

Equality and Diversity, including health inequalities

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

Other impacts

2.3.9 None

Communication, involvement, engagement and consultation

2.3.10 The Board has carried out its duties to gather and consider the views of staff from across professions and settings on their views as to NHS Lothian’s compliance with the duty to ensure appropriate staffing and on how clinical advice is sought and taken

account in decision making. Detail of how this was carried out can be seen in point 3.1 and 3.2 of the report. In addition, professional leads for Health and Care Staffing who represent a range of different professions, reviewed, contributed and approved the content of this report.

Route to the Meeting

2.3.11 This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this paper.

- Health and Care Staffing Programme Board, Tuesday 25 November 2025.
- Staff Governance Committee, Monday 15 December 2025.

2.3 Recommendation

2.41 The Board are:

- provided with this quarterly report as part of the legislative requirement under the Act and is recommended to accept this report as meeting that obligation under the Act.
- Note that the report attached is constructed using the Scottish Government rating criteria.
- Note the progress made against the Board-approved recommendations outlined in the 2025/26 Q1 Health & Care Staffing Board Compliance Report.
- Accept **Moderate Assurance** on how NHS Lothian is meeting its legal duties under the 2019 Act, based on the Scottish Government's compliance scoring and its rating of "Reasonable Assurance" for NHS Lothian.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 3, 01 September – 30 November 2025

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

Quarter 3

01 September – 30 November 2025

Date: 19 December 2025

Report Authors:

Fiona Tynan, Associate Nurse Director (Corporate Nursing)
Kevin Dickson, Health and Care Staffing Lead

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Table of Contents

- Situation3
- Background.....4
 - Assurance Level Rating.....4
- Assessment6
 - Overall level of assurance6
 - 12IB Duty to ensure appropriate staffing: agency workers.....7
 - Agency Submission Narrative | 01 July to 30 September7
 - The Professional Leads Group (PLG).....8
- Progress | Board recommendations.....9
- Progress | Subgroups10
 - Subgroup Progress | Severe & Recurrent Risk Definition10
 - Objective.....10
 - Sub-objectives10
 - Progress to Date.....10
 - Next Steps10
 - Subgroup Progress | Board-wide Communications & Education11
 - Objective.....11
 - Sub-objectives11
 - Progress to Date.....11
 - Next Steps11
 - Subgroup Progress | Policy and Guidance Development12
 - Objective.....12
 - Sub-objectives12
 - Progress to Date.....12
 - Next Steps12
 - All subgroups | Next Steps13
- Risks13
- List of appendices14

Situation

- 2.0 The provisions in the Health & Care (Staffing) (Scotland) Act 2019 (hereafter referred to as the Act) came into force on 1 April 2024.
- 2.1 The Act aims to enable high quality care and improved outcomes for people using services in both health and care by helping to ensure appropriate staffing. The Act places duties on health boards, care service providers, Healthcare Improvement Scotland, the Care Inspectorate and Scottish Ministers.
- 2.2 All clinical staff, including staff who provide clinical advice, are subject to the duties within the Act. Leaders/ Managers of clinical teams also have specific duties under the Act to comply with. The Act does not apply to non-clinical staff e.g. administrative staff.
- 2.3 Section 12IF of the Act sets out that quarterly reports, as a minimum, on compliance with the Act, are to be provided to the Board of the relevant organisation(s) by the Executive-level clinician on the board with responsibility for the legislation, in this case, the Executive Nurse Director. These reports must include staff's views on compliance. A board-wide Compliance and Assurance Audit was distributed to managers during quarter 1 (Q1) to gather staff views.
- 2.4 This quarterly report provides NHS Lothian's Board with an overview of compliance with all health duties under the Act and updates on progress made against the board approved recommendations from the Q1 Health & Care Staffing Board Compliance Report. This supports board-level assessment and decision-making on the duties within the Act since accountability for compliance with the health duties rests at Board level and not with individuals who may be charged with carrying out certain actions. This paper does not include reporting on any workforce data as this is not a requirement of the Act.
- 2.5 Applying the Scottish Government rating system, the overall (across all professions) level of assurance across all duties is "Reasonable". That is, systems and processes that are aligned with the duties in the Health & Care (Staffing) (Scotland) Act 2019 are in place for, and used by, 50% or above of all services/ professional groups managed by respondents to the Q1 Compliance and Assurance Audit. Utilising the Corporate Governance and Assurance system employed within NHS Lothian's Board, the assurance level for Q3 is **Moderate** on how effectively NHS Lothian is meeting its legal duties within the Health & Care (Staffing) (Scotland) Act 2019.

Background

- 3.0 The duties under the provisions of the Act set in statute the 12IA Duty to ensure appropriate staffing; “that at all times suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients or service users and the provision of high-quality health care.” Information on further duties and the guiding principles to be met within the Act can be found in Appendix 1.
- 3.1 NHS Lothian’s Health and Care Staffing Programme Board, chaired by the Executive Nurse Director sets direction and provides oversight on multi-professional efforts pan-Lothian to ensure compliance with the Act. A core implementation team and network of lead professionals have been established to support this work.
- 3.2 A Q1 2025/26 Compliance and Assurance Audit used to inform this report was made available online from the 4 April to 3 May 2025 and consisted of 70 multiple choice and free text questions covering health duties within the legislation. Responses were analysed to assess NHS Lothian’s compliance with the Act, identify gaps, and informed the development of Q1 recommendations. These findings also shaped the subsequent objectives and actions outlined in this report.
- 3.3 The Annual Reporting Plan was formally approved by the Staff Governance Committee in March 2025. As part of this plan, certain Board quarterly reports are scheduled to be prepared and submitted prior to the end of each quarter. This approach ensures timely approval through the agreed governance route and supports adherence to statutory reporting deadlines. The reporting timelines have been approved as bespoke to meet strict legislative requirements, which necessitates aligning report submissions with Board meeting dates. This proactive scheduling helps avoid delays in subsequent reporting cycles and ensures compliance with all relevant statutory obligations.

Assurance Level Rating

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

3.5 **Table 1.** Red, Amber, Yellow and Green (RAYG) Compliance Ratings

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

- 3.6 RAYG ratings are based on average responses from the April 2025 audit. Further detail on how the RAYG Ratings were calculated can be found in Appendix 2.
- 3.7 The RAYG reporting scale is broad, which may result in incremental improvements within an assurance level being under-reported. However, assurance of progress is supported through a combination of narrative insights from the audit and the oversight provided by HCSA Professional Leads, highlighting variation and advancement within each RAYG category.
- 3.8 Increases in assurance levels reported may, in whole or in part, reflect improved understanding of the Act resulting from ongoing education efforts within and across professions.
- 3.9 The Scottish Government has indicated that Boards will be expected to demonstrate robust processes are in place to meet legislative requirements. A common thread throughout the Statutory Guidance is that the legislation is not prescriptive in nature, therefore with the exception of the Staffing Level Tools, the processes, practices and procedures Boards choose to use is often at their discretion.
- 3.10 Since enactment on 1 April 2024, Healthcare Improvement Scotland’s (HIS) role and function has changed to monitoring health boards compliance with the duties as cited within the legislation.
- 3.11 Each quarter, HIS request a copy of the Board’s Internal Quarterly Report and the Use of High-Cost Agency Staff Report and at the end of the financial year, request the Board’s Annual Report to Scottish Government. To support this function, NHS Lothian’s Executive Leads for the Act participate in bi-annual Board Engagement Calls with HIS, providing an opportunity to discuss the quarterly reports content and review progress against the duties set out in the Act.

Assessment

Overall level of assurance

4.0 The overall compliance ratings across all professional groups and individual duties remain unchanged in Q3, 2025/26 compared with Q2, 2025/26. This is expected, as assurance levels for both quarters are based on the same Q1 2025/26 audit results. A detailed narrative outlining the shifts in assurance between Q1 2024/25 and Q1 2025/26 including analysis by duty and professional group is set out in the Q1 2025/26 Board Compliance Report (Appendix 3).

4.1 **Table 2.** Overall Level of Assurance by Individual Duty and Across All Duties Under the Health and Care (Staffing) (Scotland) Act: 2024/25 and 2025/26 to Date

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

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

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

Reasonably Assured

12IB Duty to ensure appropriate staffing: agency workers

- 4.4 The Act stipulates that, the board must report on the number of occasions that it has paid an agency worker more than 150% of the amount that would be paid to a full-time equivalent employee to fill the equivalent post for the same period. The report must include the number of occasions on which it is paid more than 150%, the amount paid on each occasion and the circumstances that have required the higher amount to be paid. The Scottish Government provide a template for this report which includes the figures to be used for a full-time equivalent employee for each band / grade so that all Boards are using the same.
- 4.5 The duty does not prohibit the use of workers above the 150% figure, rather it states that the amount to be paid to secure the services of an agency worker should not exceed 150%, but if it does then all instances of this have to be reported quarterly to the Scottish Ministers.
- 4.6 Compliance with the Duty to ensure appropriate staffing: agency workers is not surveyed within the Compliance & Assurance Audit. The reporting obligations for Registered Nurses, Midwives, Health Care Support Workers, Medical Locums, Allied Health Professionals, Health Care Sciences Staff and Pharmacy are managed through supplementary staffing services within Corporate Nursing rather than the wider workforce. It should be noted that Agency spend will be managed through appropriate operational lines and appropriate professional leads.
- 4.7 Reports should cover the following periods and be sent by the corresponding deadlines:
- 4.8 **Table 3.** NHS Lothian: Agency Reporting timeline and Update

Period	Deadline	Status
1 April to 30 June	31 July 2025	Submitted
1 July to 30 September	31 October 2025	Submitted
1 October to 31 December	31 January 2026	Not Yet Started
1 January to 31 March	30 March 2026	Not Yet Started

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

Agency Submission Narrative | 01 July to 30 September

- 4.10 During the period 1 July to 30 September 2025, NHS Lothian recorded 101 agency shifts exceeding the 150% cost threshold, representing an increase of 48 shifts compared to Q1. All high-cost shifts were within medical staffing, with no nursing or AHP shifts reported above the threshold. The majority of these shifts (approximately 52%) were linked to vacancies in the Hospital at Home service which covers the City of Edinburgh, filled by FY2 Resident Doctors. The remaining shifts were associated with gaps in the trainee programme across multiple specialties, notably ENT, Neurosciences, A&E, Paediatrics, and the Regional Eating Disorder Unit, as well as one Specialty Doctor post at HMP Addiewell.
- 4.11 The organisation provides full assurance on data completeness, as all agency shifts are reconciled through the Staff Bank before invoice processing. Accuracy is considered high, though the report notes that the 150% comparator excludes certain costs (e.g.,

apprenticeship levy) and uses standardised assumptions for NI contributions, which may affect threshold calculations.

- 4.12 Overall, the data indicates that the primary driver of high-cost agency usage in Q2 was medical staffing vacancies, rather than systemic reliance on agency staffing.

The Professional Leads Group (PLG)

- 4.13 The PLG serves as the operational arm of the Health & Care Staffing Programme Board, tasked with delivering strategic objectives and ensuring multi-professional alignment across NHS Lothian. This includes recommendations from the Q1 2025/26 Board Compliance Report.
- 4.14 The PLG comprises senior professional leaders from allied health professions, healthcare science, registered chaplains (Spiritual Care), dentistry, medicine, midwifery, nursing, pharmacy, psychology and public health. The group meets every six weeks and reports quarterly to the Health & Care Staffing Programme Board, ensuring consistent oversight and accountability.
- 4.15 The PLG has agreed annual objectives to guide subgroup activities and ensure strategic alignment. These are based on the recommendations from the Q1 Board Compliance report, multi-professional judgment and Q1 compliance audit findings.
- 4.16 To meet these objectives and address the compliance gaps identified in Q1 2025/26, the PLG agreed to establish three dedicated subgroups:



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

Progress | Board recommendations

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

4.19 **Table 4.** Progress on Board-Approved Recommendations

Recommendation	Status	Next Steps
Continue the work on Board-wide communication and education planning to raise awareness of duties under the Act.	On Track	Priorities include building subgroup infrastructure, improving resource visibility, tailoring engagement, and using analytics to shape the Board-wide Communications and Education Plan.
Produce Board-wide policy and guidance outlining definitions, responsibilities, and expectations under the Act, aligned with Statutory Guidance.	On Track	Priorities include mapping Board policies for updates, aligning terminology with Severe & Recurrent Risk subgroup, presenting draft policy/ templates for review, and working with Policy Hub Manager to ensure approval process compliance.
Health and Care Staffing Professional Leads to analyse audit results by profession group and area. Report findings through local governance structures. Identify and address profession-specific gaps.	On hold	Implementation is sequenced pending outputs from communications and policy workstreams, which will establish the framework and priorities for profession-specific analysis. Current subgroup capacity is focused on building governance and infrastructure to ensure alignment. AHP audit results for Q1 have been analysed and shared with the profession-specific workforce group, with next steps identified.
Continue onboarding and optimising systems such as HealthRoster, SafeCare, and eJobPlan.	On hold	Implementation is sequenced to follow completion of foundational priorities, including Board-wide policy and communication plans, which will set governance, engagement, and reporting standards before advancing to systems such as SafeCare and eJobPlan.

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

Progress | Subgroups

Subgroup Progress | Severe & Recurrent Risk Definition

Objective

- 4.21 Strengthen assurance across all professions in relation to the duty to have arrangements to address severe and recurrent risks (Duty 12IE), by establishing a Board-wide definition and understanding of what constitutes “severe” and “recurrent” staffing risks and how these should be recognised and addressed.

Sub-objectives

Enable	Enable transparent, evidence-based approaches to identifying recurring staffing level risks.
Strengthen	Strengthen governance and escalation pathways through clarity and consistent application.

Progress to Date

- The Severe & Recurrent Risk Definition subgroup held its first meeting to establish membership and shape the initial agenda for addressing severe and recurrent risks.
- The subgroup has begun gathering nominations for operational members and confirming their availability for upcoming meetings.

Next Steps

- Review and compare definitions, escalation criteria and risk thresholds from other Boards to inform a consistent Board-wide approach.
- Develop and agree standardised definitions to support a shared understanding of “severe” and “recurrent” staffing risks.
- Address compliance gaps regarding Duty 12IE identified in the Q1 2025/26 audit (currently rated Limited).
- Present draft definitions and pathway recommendations to the Professional Leads Group for approval prior to wider engagement and feedback across services.

Subgroup Progress | Board-wide Communications & Education

Objective

4.22 Develop and roll out a Board-wide Communications & Education Plan.

Sub-objectives

Develop	Develop targeted communication materials tailored to clinical staff.
Plan	Plan delivery through staff meetings, intranet updates, and newsletters.
Ensure	Ensure all clinical staff understand their responsibilities under the Act.

Progress to Date

- The subgroup has met regularly and progressed priority workstreams, despite the Chair not taking up post until November.
- Baseline understanding of current awareness, induction content and available learning resources has been established.
- Early analysis indicates variation in induction access across professions, highlighting the need for tailored communication approaches.
- Work is underway to improve the visibility and accessibility of Health & Care Staffing information on the intranet and in education materials.

Next Steps

- Analyse training uptake data to target communication and learning priorities.
- Refresh intranet content to improve visibility and access to resources.
- Develop profession-specific engagement and education approaches.
- Confirm subgroup governance and representation to support Board-wide delivery.

Subgroup Progress | Policy and Guidance Development

Objective

4.23 To develop Board-wide policy, guidance and supporting documentation that enables the consistent application of the duties within the Health & Care (Staffing) (Scotland) Act 2019.

Sub-objectives

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

Progress to Date

- The subgroup has met twice and membership from relevant professional leads has been confirmed.
- Existing guidance and resources from other Health Boards and national bodies have been reviewed to ensure alignment and prevent duplication.
- A Standard Operating Procedure (SOP) for the Common Staffing Method has been developed and tested within DATCC, with learning informing final refinement before wider rollout.

Next Steps

- Map existing Board policies to identify where updates or consolidation are required to reflect the duties of the Act.
- Work collaboratively with the Severe & Recurrent Risk subgroup to ensure shared terminology and aligned escalation processes.
- Prepare draft Board-wide policy and supporting templates for review by the Professional Leads Group. Work with the Policy Hub to progress the formal approval process and ensure clear implementation for services.

4.24 Before the next PLG session, subgroups will generate detailed workplans with specific actions to achieve their objectives. Progress will be monitored through regular PLG reporting to NHS Lothian’s Health & Care Staffing Programme Board and through the quarterly reports to NHS Lothian’s Board, as required under the Health & Care (Staffing) (Scotland) Act 2019.

Risks

4.25 The following risks represent key areas requiring continued focus to support full compliance with the Health & Care (Staffing) (Scotland) Act 2019. Risk levels reflect current assurance and progress within subgroups.

4.26 **Table 5.** Key Risks, Impacts, and Mitigation Actions

Risk	Impact	Mitigation	Current Action
Lack of Board-wide definition for severe and recurrent staffing risk (12IE)	Inconsistent escalation and response to sustained staffing pressures across services.	Develop and implement standardised definitions and escalation pathways.	Subgroup progressing development of Board-wide definitions and pathways; benchmarking against other Boards underway.
Incomplete Board-wide policy and guidance framework with regards to the Act.	Variation in interpretation and application of statutory duties; reduced staff confidence in governance processes.	Finalise and approve policies and SOPs aligned with statutory guidance.	Subgroup reviewing existing policies; draft SOP for Common Staffing Method tested; alignment with Severe & Recurrent Risk subgroup ongoing.
Variable uptake of education and communication initiatives	Uneven understanding of duties under the Act; potential gaps in compliance and decision-making.	Deliver targeted, profession-specific communications and training.	Subgroup analysing training data; refreshing intranet content; developing tailored engagement strategies.
Continued use of high-cost agency staffing	Financial strain and potential workforce sustainability issues.	Advance PLG subgroup work to support the Act’s aim of appropriate staffing by strengthening governance, planning, and reporting, and reducing reliance on agency staff.	Agency shift data reconciled via Staff Bank; quarterly reports submitted to Scottish Ministers; vacancies in medical staffing identified as key driver.

List of appendices

The following appendices are included with this report:

Appendix 1

Further information on duties placed on health boards within the Health & Care (Staffing) (Scotland) Act 2019



Further information
on duties placed on

Appendix 2

Red, Amber, Yellow and Green (RAYG) Calculations



Red, Amber, Yellow
and Green (RAYG) C

Appendix 3

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



Appendix 3_Q1
Health and Care (St

Meeting: NHS Lothian Board
Meeting date: 4th February 2026
Title: Surplus Land at Astley Ainslie Hospital
Responsible Executive: Craig Marriott, Director of Finance
Report Author: Campbell Kerr, Programme Director, Capital Planning

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

The purpose of this report is to invite the Board to formally declare an area of land at the Astley Ainslie Hospital (AAH) site surplus to requirements following recent consideration by the Finance and Resources Committee.

2.2 Background

NHS Lothian's published long term strategy for the future of the AAH site is to dispose of the facility and seek to reduce property costs.

The site has a mixture of building types, healthcare and administrative uses, green spaces of a variety of ages and qualities. The biodiversity and general setting within or adjoining conservation areas give rise to significant heritage and community interests.

An oversight group, the Astley Ainslie Strategic Steering Group (AASSG), chaired by the Director of Strategic Planning has been formed to provide leadership in planning the future of site services and identifying potential disposal strategies.

An early disposal opportunity has arisen at the northern boundary of the site and this paper seeks agreement that the area should be declared surplus in advance of the main property disposal.

All property transactions, including disposals, are required to follow the NHS Scotland Property Transactions Handbook (PTH)

2.3 Assessment

NHS Lothian's Property Advisor, Ryden, is assisting in the hospital sites disposal strategy. They have recommended a zoned and phased disposal approach which has been endorsed by the AASSG. At a presentation to AASSG, Ryden presented an opportunity to potentially sell a small area of land to a neighbouring property for £35k [**Appendix 1**]. The AASSG approved this opportunity.

The Board is asked to note that the Finance and Resources Committee, of 17th December 2025, considered the requirements of the NHS Scotland Property Transactions Handbook (PTH), and agreed that the area of land should be declared surplus to requirements.

The next stage is to offer the site to other public sector interests, through Scottish Government's "trawl process" and if no interest is forthcoming, the site would be sold to the owner of the neighbouring property.

2.3.1 Quality/ Patient Care

The area highlighted in Appendix 1 has no impact on patient care.

2.3.2 Workforce

The area highlighted in Appendix 1 has no impact on workforce.

2.3.3 Financial

A receipt of circa £35k is anticipated in accordance with the Ryden's advice.

2.3.4 Risk Assessment/Management

Due to the community engagement undertaken to date, this particular transaction is a low risk.

2.3.5 Equality and Diversity, including health inequalities

Statutory Impacts on equality including health equality are considered as part of the service decant options and are not affected by the area noted in Appendix 1

2.3.6 Communication, involvement, engagement and consultation

The Chair of the AASSG has met with representatives of the Astley Ainslie Community Trust (AACT) to engage on community aspirations for the site. The engagement has been positive and the AACT welcomed a high-level demonstration of ambitions the NHS Lothian has for the AAH site, which is largely reflected in the Place Plan submitted by AACT to City of Edinburgh Council (CEC) on 31st December 2025.

The next steps are for CEC to produce a Place Brief for the site which NHS Lothian will engage with and refer to when finalising the site Masterplan.

2.3.7 Route to the Meeting

This is a proposal has been supported by the following committees:

- Lothian Capital Investment Group – 19 November 2025
- Finance and Resources Committee – 17 December 2025

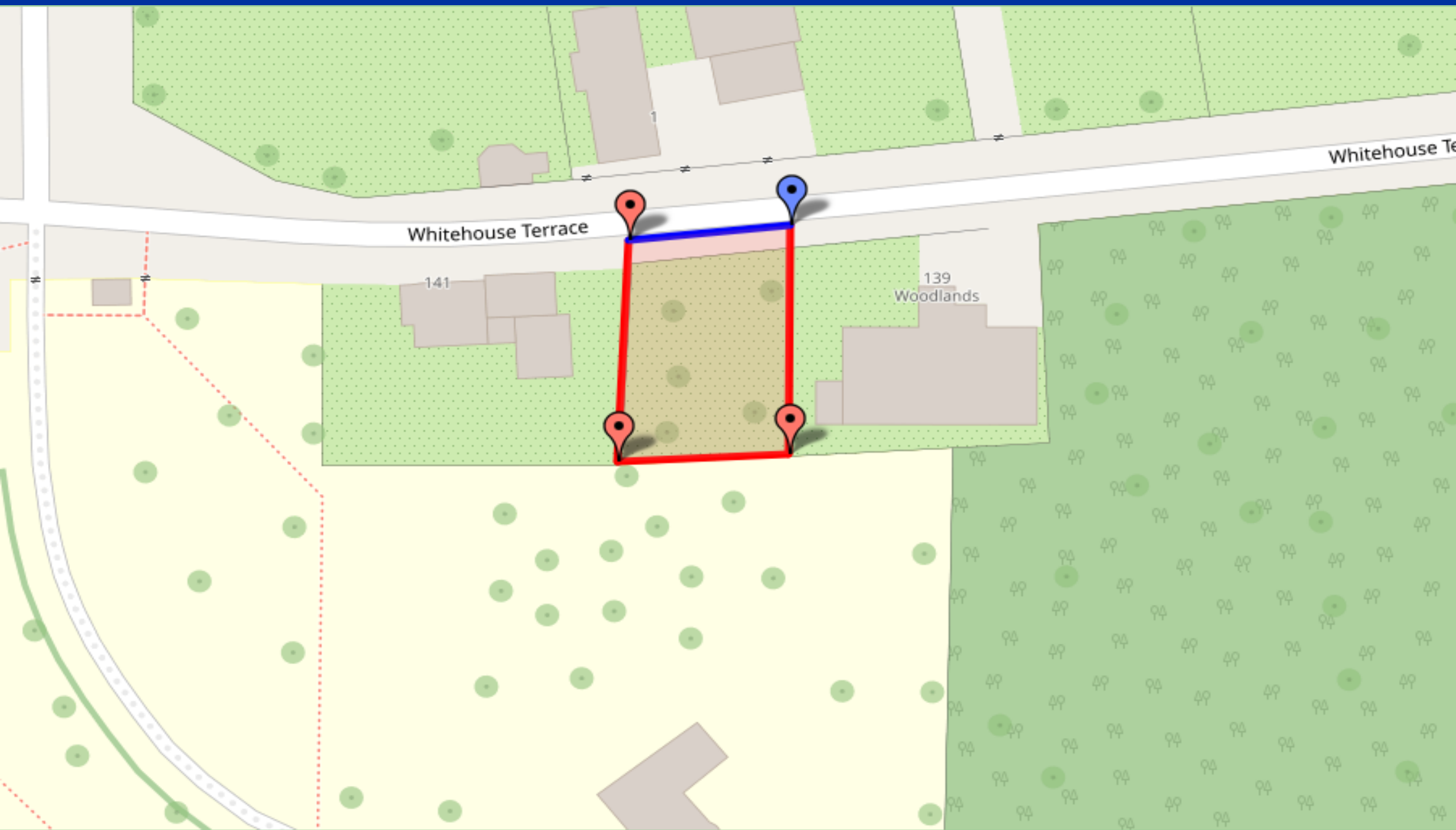
2.4 Recommendation

- **Decision** – confirm that the area of land as detailed in Appendix 1 is formally declared surplus to requirements.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Site Plan



Perimeter: 84.84 m / 0.08484 km / 278.3 ft / 0.05272 mile

Area: 431.4 m² / 0.04314 hectares / 0.0004314 km² / 4644 ft² / 0.1066 acres / 0.0001666 mile²

Meeting: NHS Lothian Board
Meeting date: 4 February 2026
Title: Area Clinical Forum Terms of Reference
Responsible Executive: Eddie Balfour, Area Clinical Forum Chair
Report Author: Darren Thompson, Board Secretary

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

This paper proposes updated Constitution (i.e., Terms of Reference) for the NHS Lothian Area Clinical Forum (ACF), for the Board's approval.

2.2 Background

The ACF is a statutory Professional Advisory Committee of NHS Lothian. Further guidance on its purpose and function is available in [CEL 16 \(2010\)](#). In summary, the ACF, informed by the work of its constituent Professional Advisory Committees (PACs), has a key role in providing advice to the Board and supporting the delivery of its strategic aims and objectives.

The NHS Lothian Board has a duty to develop and enhance the role of the ACF and the individual PACs which advise on profession specific issues. The ACF's profile and status should enable it to contribute effectively to the planning and delivery of NHS Lothian services, by drawing upon the knowledge, skills and commitment of professional healthcare staff employed within the Board.

It has been some time since the ACF's formal constitution was last updated and formally approved by the Board. In acknowledgement of this, the current ACF Chair initiated a review, in discussion with the Board Secretary and the ACF membership. Proposed draft revisions were discussed by the ACF on 12 August 2025 and refined and approved at a subsequent meeting on 9 December 2025.

Following review and approval by the Board of the revised ACF Constitution, it is intended that further work will be undertaken by the ACF Chair and members to conduct a similar review of the Terms of Reference of each PAC. This will include setting out clear and common principles for the constitution, organisation and administration of the eight PACs that exist within NHS Lothian. This ongoing work is important to ensure that the ACF and the PACs are utilised effectively and appropriately within NHS Lothian, and that the Board's work is informed by a suitable range of professional advice.

2.3 Assessment

The revised ACF Constitution is provided at Appendix 1, for the Board's consideration and approval.

Revisions have been closely informed by the most recently available guidance from the Scottish Government, which is represented by CEL 16 (2010), as well as a desk-based review of similar structures in place within other Scottish territorial boards. Detailed discussions and consultations have been undertaken with the current ACF membership, facilitated via the ACF Chair.

The changes proposed can be broadly summarised as follows:

The core functions of the ACF remain the same, based on the NHS (Scotland) Act 1978 and subsequent guidance issued by the Scottish Government. However, wording has been updated as necessary to be explicit that the ACF is not a management committee and to reinforce its overall purpose as supporting the work of the Board and providing impartial advice and opinion. It is also more clearly expressed that the Board may commission the ACF to review, investigate or provide a clinical perspective on particular issues or proposals.

Formal membership of the ACF has been revised to include both the Chair and a Vice Chair of each of its constituent PACs, thereby strengthening representation and widening the range of voices around the table at ACF meetings. Clarity has also been added in regard to who is regularly invited to attend and contribute to meetings of the ACF, as non-voting attendees (e.g., relevant executives, officers, and HSCP clinical/care leads).

Terms of office have been updated to four years, aligning with the Board's standard terms of office. This is particularly relevant for the ACF Chair, who is an *ex officio* non-executive stakeholder member of the NHS Lothian Board. The increased term also provides sufficient time for the ACF Chair to develop and deliver a strategic workplan for the ACF. At the same time, the process to elect the ACF Chair and Vice Chair has been revised to make this clearer and straight forward to administer.

The intended frequency of ACF meetings and reporting arrangements have been updated to better align with the cycle of NHS Lothian Board meetings and to support the re-introduction of regular reporting to the Board on key matters. *It is intended that such reports will be implemented from the beginning of financial year 2026/27.*

2.3.1 Quality/ Patient Care

The engagement and participation of ACF and PACs in informing and supporting service change and transformation is important. All members with a particular interest in understanding the impact on quality of care and services should be engaged as part of any service review or consultation process. There are no specific quality or patient care issues as a result of this paper but recognition by the NHS Board of the critical role that the ACF can play in informing and supporting future service change proposals.

2.3.2 Workforce

There are no direct or material workforce impacts arising from this paper, albeit that well recognised capacity challenges may continue to impact the extent to which individual ACF and PAC members can engage effectively in meetings. Ongoing workforce challenges remain of concern and interest to the ACF and the PACs.

2.3.3 Financial

There are no direct or material financial impacts arising from the content of this paper or its recommendations.

2.3.4 Risk Assessment/Management

Any general risk that the Board fails to keep its governance arrangements under regular review is mitigated by the submission of the revised ACF Constitution, which has been informed by discussions amongst the ACF members. There are no specific risks arising from this paper or its recommendations.

2.3.5 Equality and Diversity, including health inequalities

This paper and its recommendations relate to the Board's internal governance arrangements, with no issues identified that would have a direct or indirect negative impact on equality or children's rights. Therefore, it is not considered necessary to undertake an impact assessment. Generally, ensuring an effective framework for the Board to receive professional advice and input should result in a positive impact on the delivery of healthcare for the population of Lothian.

2.3.6 Other impacts

No other specific impacts have been identified.

2.3.7 Communication, involvement, engagement and consultation

As the paper and its recommendations relate to the Board's internal governance arrangements, there is no requirement to involve and engage external stakeholders.

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.

- Area Clinical Forum, 12 August 2025
- Area Clinical Forum, 9 December 2025
- Draft revisions were shared with the Executive Medical Director and Executive Nurse Director in August 2025, for review and comment.

2.4 Recommendation

- **Assurance** – The Board is asked to accept significant assurance that the administrative arrangements for the ACF have been reviewed, in line CEL 16 (2010)
- **Decision** – The Board is asked to consider and approve the revised ACF Constitution appended to this paper.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Revised ACF Constitution (as endorsed by the ACF on 9 December 2025)

LOTHIAN NHS BOARD

AREA CLINICAL FORUM

CONSTITUTION

1 NAME

The Committee will be known as the Lothian NHS Board Area Clinical Forum (ACF).

2 CORE FUNCTIONS

The ACF is a statutory Professional Advisory Committee of NHS Lothian. Further guidance is available in [CEL 16 \(2010\)](#). Core functions of the ACF include but are not restricted to:

- Reviewing the business of the Area Professional Advisory Committees (PACs) to ensure a co-ordinated approach among the relevant professional groups within NHS Lothian;
- Sharing best practice amongst the relevant professions represented by the PACs and actively promoting multi-disciplinary working in healthcare and health improvement;
- Providing the NHS Lothian Board with an impartial, professional clinical perspective on:
 - the development and implementation of strategy, primarily via the Lothian Strategic Development Framework (LSDF) and Annual Delivery Plans (ADPs);
 - National and local policy issues and their potential impacts for NHS Lothian;
 - The integration of local services across NHS Lothian's health and care system.
- Engaging widely with local clinicians and other professionals, to encourage broader participation in the work of the PACs, including service design, development and improvement activities;
- Considering any matters referred to it by the NHS Lothian Board, providing clinical input and proposing impartial, evidence-based solutions or recommendations for the Board's consideration.

The ACF is not a management committee of the Board and, in accordance with section 9(5) of the NHS (Scotland) Act 1978, must not concern itself with the remuneration and conditions of service of practitioners or other persons of whom it is representative.

3 ROLE OF THE AREA CLINICAL FORUM CHAIR

The Chair of the ACF will serve as a stakeholder non-executive member of the

NHS Lothian Board, subject to their formal appointment as such by the Scottish Ministers. The Chair of the ACF, in this appointed role, is accountable to the NHS Lothian Board Chair, and has an important role in terms of:

- providing a multiprofessional clinical perspective on strategy development and service delivery issues considered by the NHS Board;
- explaining the work of the NHS Board and promoting opportunities for clinicians to be involved in decision making locally;
- championing multiprofessional co-operation across the clinical disciplines and providing a vital link between the NHS Board and the ACF; and
- actively participating in national arrangements to promote and develop the role of ACFs.

If the Chair of the ACF resigns or retires from their role, they automatically cease to be a non-executive member of the NHS Board. If, for any reason, the Chair of the ACF is deemed by Scottish Ministers to be ineligible to be appointed or reappointed as a non-executive member of the NHS Board, they must resign as the Chair of the ACF.

4 MEMBERSHIP OF THE FORUM

The membership of the Forum will be as follows:

The elected Chair of the ACF, and the Chair and Vice Chair¹ of each of the following recognised PACs:

- Lothian Area Dental Committee
- Lothian Area Allied Health Professions Committee
- Lothian Area Medical Committee
- Lothian Area Nursing & Midwifery Advisory Committee
- Lothian Area Optical Committee
- Lothian Area Pharmaceutical Committee
- Lothian Area Healthcare Scientists Committee
- Lothian Area Psychology Committee

In order to take up their allocated membership positions on the ACF, each PAC must be operating effectively and in compliance with an approved Terms of Reference document that meets the requirements and expectations of both the ACF and the NHS Board, which they may review and determine from time to time.

Provision should also be made to augment the membership by including representation from any new PAC established following the approval of the NHS Board.

Members of the ACF must be healthcare professionals with a current professional registration.

¹ Where a PAC appoints more than one Vice Chair amongst its membership (e.g., to cover different portfolio responsibilities), it must identify and nominate a single Vice Chair to be a member of the ACF.

5 ATTENDEES AT FORUM MEETINGS

Health and Social Care Partnership (HSCP) Professional Representation

The professional leads for Clinical and Care Governance within each HSCP (i.e., the Chief Nurses and Clinical Directors) will receive a standing invitation to attend meetings and will be circulated with copies of the agenda and previous minutes.

Executive Representation

The Director of Public Health and Health Policy; Medical Director; and Nurse Director of NHS Lothian will each receive a standing invitation to attend meetings and will be circulated with copies of the agenda and previous minutes.

Other Attendees

Persons other than members or standing attendees may be invited to attend a meeting for discussion of specific items at the request of the ACF Chair.

Attendees will be permitted to participate in the ACF's discussions but will not have a vote or a role in any decision-making process.

6 SUB-COMMITTEES

The ACF may form sub-committees as appropriate to consider and provide advice on specific issues. In general, these should be "task and finish" groups with clear, time-limited objectives.

7 TENURE OF OFFICE

Each member of the ACF will serve for a term of up to four years and will be eligible for reappointment, up to a maximum period of office of eight consecutive years. This is subject to each member continuing to hold the Chair or Vice Chair position within their relevant PAC.

In the event of a member's resignation or retirement, their replacement will be determined by the appointment processes of the relevant PAC to identify a new Chair or Vice Chair. Pending the resolution of such appointment processes, a PAC may nominate an interim member to fill a vacancy on the ACF.

8 OFFICE BEARERS OF THE FORUM

The ACF will elect from within its membership the following office bearers:

- Chair
- Vice Chair

The Chair of the ACF will be chosen by its members from among the sitting Chairs of the recognised PACs. The Chair of the ACF, once elected, may continue to hold their original office as a PAC Chair, provided that any conflicts of interest that may arise are duly recorded and handled in line with the Board's relevant policies.

The Vice Chair of the ACF will be chosen by its members from amongst the full membership of the ACF (i.e., the Chairs and Vice-Chairs of the recognised PACs). The Vice Chair of the ACF will retain their original office as Chair or Vice Chair of a PAC.

Arrangements should be made, as far as reasonably possible, to ensure that the Chair and Vice Chair of the ACF are drawn from different PACs.

Office bearers will normally be appointed for a four-year term and will be eligible for re-election, up to a maximum period of office of eight consecutive years. The re-election of office bearers beyond this time limit should be considered only in exceptional circumstances and, in the case of the ACF Chair, is subject to the prior agreement of the NHS Board.

Office bearers will have the delegated authority to act on behalf of the ACF but, in doing so, will remain accountable to the ACF for any actions or decisions taken. They must aim at all times to reflect the collective view and position of the ACF.

9 ELECTION OF THE FORUM'S OFFICE BEARERS

Each PAC Chair will be eligible to be nominated and elected as Chair of the ACF. The electorate shall be the PAC Chairs and Vice Chairs serving as members as the ACF. The following election process will be employed:

- The current ACF Chair will produce a Role Specification, to be agreed with the Board Chair.
- The Board Secretary (or their nominee) will coordinate the election process and act as the Returning Officer.
- At least 12 weeks prior to the end of the incumbent ACF Chair's term of office, an election date should be set and notified to ACF members, with the intention to prevent any gap in the office of the ACF Chair.²
- Within two weeks of the election date being communicated, nominations will be invited from amongst the eligible candidates, using an appropriate form, with each nominee having the opportunity to provide a supporting statement of no more than 500 words.
- A closing date for receipt of nominations will be set at least three weeks prior to the election date.
- In the event that only one nomination is received by the deadline, the nominee will be automatically appointed, and no vote will be required.
- If there is more than one nomination received by the deadline, details of all nominations, and any supporting statements, will be distributed in a common format to all ACF members at least ten working days prior to the election date, along with instructions on how to vote.
- Each ACF member will submit their vote to the Returning Officer in advance of the election date, using the instructions provided. Voting will be

² Where an incumbent Chair resigns or retires, they should aim to provide at least 12 weeks' notice. Where this is not possible, timelines for an election will be revised accordingly to minimise any gap in the office of the Chair.

anonymous.

- In the event that only two nominations are received, the vote will be conducted using the “First Past the Post” system (i.e., the candidate receiving the most votes cast will be elected). If each candidate receives an equal share of the votes cast, the election will be determined by lot, overseen by an appropriately independent adjudicator.
- Where three or more nominations are received, the vote will be conducted using a Single Transferable Vote system.
- The result of the election process will be communicated to the ACF membership and formally documented at the next available meeting.

Following the election of the Chair of the ACF, the same process will be applied for the election of the Vice Chair of the ACF, if required.

10 NOTICE OF MEETINGS

The NHS Lothian Board will provide the services of an appropriate Committee Secretary to the ACF who will be responsible, along with the Chair of the ACF, for ensuring that the agenda and relevant papers are issued at least one week before meetings whenever possible.

11 MINUTES

The Committee Secretary will prepare the minutes of meetings of the ACF, ensuring that draft copies are issued to the Chair of the ACF, normally within five working days of the meeting. The draft minutes will be approved at the following meeting of the ACF. Once ratified, the minutes will be published on the ACF section of the staff intranet.

The Committee Secretary will ensure that draft minutes are also shared, for information, with:

- each ACF member
- the Chair of NHS Lothian Board
- the Chief Executive of NHS Lothian
- the Director of Public Health and Health Policy
- the Medical Director of NHS Lothian
- the Nurse Director of NHS Lothian
- the Director of Strategic Planning, Performance and Reporting
- IJB Professional leads for Clinical and Care Governance

12 MEETINGS

Meetings will be held at least four times per year. Meetings will be scheduled to take place sufficiently in advance of the meetings of the NHS Lothian Board, so that summary reports on key matters can be prepared and submitted to the Board.

A quorum will be achieved at meetings of the ACF when at least four of the eight

recognised PACs are represented.

13 COMMITTEE DECISION MAKING

Decisions of the ACF will usually be arrived at through a general consensus. If a formal vote is required on any matter, each member will have a single and equal vote.

Where the ACF is asked to give advice on a matter and a consensus is reached, this should be understood to represent the collective view or decision of the ACF.

14 REPORTING

Following each meeting, the ACF will prepare and submit a short summary report of key matters discussed to the NHS Lothian Board, for its awareness and information. An Annual Report on the activities of the ACF will be prepared and submitted to the NHS Lothian Board.

15 CONFIDENTIALITY AND CONFLICT OF INTEREST ISSUES

Elected members will be required to be objective and to ensure confidentiality and professional advice where there may be conflicts of interest. Any conflicts of interest should be declared at the start of each meeting.

Confidentiality will be a corporate responsibility of the ACF and any external members of sub-committees or working parties will require to agree to confidentiality and to maintain discretion in relation to issues.

16 ALTERATIONS TO THE CONSTITUTION

Alterations to the Constitution may be considered annually. Amendments must be approved at an appropriate meeting of the ACF.

Any proposed amendments to the Constitution must be submitted to the NHS Board for approval.

9 DECEMBER 2025: Final draft approved by the Area Clinical Forum (subject to formal Board approval)

Version Control

Date	Author	Version	Reason for change
Aug 2016	Unknown	v1.0	Board approved 03/08/2016
Aug 2025	Board Secretary	V1.1	Draft - Major revisions
Dec 2025	Board Secretary	V1.2	Final Draft – following ACF feedback on 12/08/25
Dec 2025	Board Secretary	V1.3	Approved By ACF (09/12/25), subject to Board approval.

Meeting: NHS Lothian Board
Meeting date: 4 February 2026
Title: Board Appointments – February 2026
Responsible Executive: Board Chair
Report Author: Darren Thompson, Board Secretary

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

This paper informs the Board of recent updates to non-executive member appointments and seeks approval for a number of changes to the membership of the Board's committees and the Integration Joint Boards (IJBs).

Board Non-Executive Member Reappointments

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

- The reappointment of Andrew Fleming as a Non-Executive Member of the NHS Lothian Board, from 11 April 2026 (for a further four-year term).
- The reappointment of Philip Allenby as a Non-Executive Member of the NHS Lothian Board, from 1 April 2026 (for a further four-year term).

Non-Executive Whistleblowing Champion

Katharina Kasper has been appointed as Chair of the NHS Lanarkshire Board, with effect from 26 January 2026. Consequently, her term as the Non-Executive Whistleblowing Champion on the NHS Lothian Board will come to an end on 4 February 2026, which is earlier than her previously agreed term of office.

Planning is underway for a public appointment process to recruit a replacement Non-Executive Whistleblowing Champion. However, this is expected to take longer than usual due to the pre-election period commencing on 26 March 2026.

Acknowledging this potential delay, it has been agreed with the Scottish Government's Sponsorship and Public Appointments Teams that NHS Lothian may allocate the key duties of the Whistleblowing Champion to an existing Non-Executive Board Member, for a fixed, interim period. It is felt that this approach will ensure continued dedicated scrutiny and oversight of this important function whilst recruitment progresses.

The Board Chair has considered the skills and experience required to carry out the relevant duties, the specific restrictions that apply to the role, as well as the capacity available amongst existing non-executive board members.

- Following due consideration and discussion, it is proposed that **Elizabeth Gordon** be nominated to undertake the key duties of the NHS Lothian Non-Executive Whistleblowing Champion, initially for a period of six months.

If approved by the Board, this nomination will be submitted for endorsement by Scottish Ministers.

As Elizabeth Gordon already serves on the Staff Governance Committee, there will be no requirement to make another appointment to ensure the Whistleblowing Champion is represented on the Committee.

Board Committees

The following change to membership of the Board's standing committees is presented for approval:

- Appointment of **Heather Campbell** as a Non-Executive Member of the Audit & Risk Committee with immediate effect. This fills the position left vacant by the departure of Katharina Kasper.

Pharmacy Practices Committee

On 3 December 2025, the Board agreed to appoint Heather Campbell, Non-Executive Director, as a Co-Chair of the Pharmacy Practices Committee (PPC).

Subsequent routine governance review has identified that this appointment is not permissible under *The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009*, due to the member's previous employment within a GP surgery. This factor was not known at the time of making the appointment recommendation to the Board.

To maintain compliance with statutory and regulatory requirements, it is recommended that the Board:

- Formally **rescinds** the decision taken on 3 December 2025 to appoint Heather Campbell as a Co-Chair of the Pharmacy Practices Committee
- Notes that this reversal is entirely procedural, based on regulatory requirements.
- Requests that the Chair brings forward an alternative proposal for a Co-Chair of the PPC at a future Board meeting.

Integration Joint Boards

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

Voting Members

- Reappointment of **Andrew Cogan** as a Voting Member of the East Lothian Integration Joint Board, from 5 April 2026 (for a further three-year term).
- Appointment of **Ralph Roberts** as the Lead Voting Member of the Edinburgh IJB, with immediate effect, with the appointment period to align with his existing term as a Voting Member of the IJB. This fills the position left vacant by the departure of Katharina Kasper.
- Appointment of **Heather Campbell** as a Voting Member of the Edinburgh IJB, with immediate effect (initially for an interim period of six-months). This fills the position left vacant by the departure of Katharina Kasper and the appointment of Ralph Roberts as the Lead Voting Member.

Non-Voting Members

- Formally **rescinds** the decision taken on 3 December 2025 to appoint **Dr Anna Beaglehole** as a non-voting member of the Midlothian Integration Joint Board. Dr Beaglehole was nominated in error by the HSCP. Subsequent review identified that Dr Beaglehole is ineligible for appointment as she is a secondary care consultant and not a

“registered medical practitioner whose name is on the list of primary medical services performers”.

- Appointment of **Dr Paul Bailey**, as a non-voting member of the Midlothian Integration Joint Board and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers” with immediate effect (for a three-year term).

2.2 Background

Non-executive member nominations to Board Committees and 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 to each IJB 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.

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 Board Committees and Integration Joint Boards. 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 IJBs. Where members are new to IJBs, it is probable that they may require further training and development to support them in their roles. This will be addressed as part of normal business within existing resources.

2.3.7 Communication, involvement, engagement, and consultation

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

2.3.8 Route to the Meeting

- There are no prior committee approvals required.

2.4 Recommendation

Awareness – The Board is asked to **note**:

- The reappointment of Andrew Fleming as a Non-Executive Member of the NHS Lothian Board, from 11 April 2026 (for a further four-year term).
- The reappointment of Philip Allenby as a Non-Executive Member of the NHS Lothian Board, from 1 April 2026 (for a further four-year term).
- The appointment of Katharina Kasper as Chair of NHS Lanarkshire and the resulting cessation of her term as a Non-Executive Member of the NHS Lothian Board.

Decision – the Board is asked to **approve**:

- The nomination of **Elizabeth Gordon** to undertake the key duties of the Whistleblowing Champion on an interim basis, pending a public appointment process.
- The appointment of **Heather Campbell** as a Non-Executive Member of the Audit & Risk Committee with immediate effect.
- The rescinding of the decision taken on 3 December 2025 to appoint Heather Campbell as a Co-Chair of the Pharmacy Practices Committee.
- The reappointment of **Andrew Cogan** as a Voting Member of the East Lothian Integration Joint Board, from 5 April 2026 (for a further three-year term)
- The appointment of **Ralph Roberts** as the Lead Voting Member of the Edinburgh IJB, with immediate effect, with the appointment period to align with his existing term as a Voting Member of the IJB.
- The appointment of **Heather Campbell** as a Voting Member of the Edinburgh IJB, with immediate effect (for an interim period of six-months).
- The rescinding of the decision taken on 3 December 2025 to appoint **Dr Anna Beaglehole** as a non-voting member of the Midlothian Integration Joint Board.
- The appointment of **Dr Paul Bailey**, as a non-voting member of the Midlothian Integration Joint Board and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers” with immediate effect (for a three-year term)

3 List of appendices

- None.

Meeting:

NHS Lothian Board

Meeting date:

04 February 2026

Title:

Annual Ministerial Review 2024/25 – Outcome Letter

Responsible Executive:

Caroline Hiscox, Chief Executive

Report Author:

Chris Graham, Corporate Governance Team

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

This report presents the outcome of the Board's 2024/25 Annual Review, held on Monday, 10 November 2025 in Mainpoint, 102 West Port, Edinburgh. The Annual Review was undertaken by Jenni Minto, Minister for Public Health and Women's Health.

The Minister had to leave the event after the initial meeting but was supported at the Review by Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive of NHS Scotland, who covered the rest of the sessions in the Minister's stead.

The attached outcome letter was received from the Minister on 18 December 2025 and summarises the full range of issues that were discussed during the Annual Review.

2.2 Background

The core purpose of the Annual Review is for NHS Boards to be held to account for their performance. It is normal practice for the Scottish Government Minister undertaking an Annual Review of an NHS Board to issue a letter summarising discussions and outcomes. It is a requirement that NHS boards publish these outcome letters, as evidence of the Annual Review having been undertaken and to ensure that members of the public are informed of the outcomes. Following the Board's acknowledgement of the outcome letter attached this will be published on the NHS Lothian website.

2.3 Assessment

Board members who attended the Annual Review will already be aware of the broad substance of discussions held during the public session. The attached letter provides a summary of those discussions, as well as those held during the preceding stakeholder sessions and the subsequent private session.

Key Discussion Points

1. Clinical Governance & Workforce

- The Board's Area Clinical Forum was praised for contributions to patient safety, workforce recruitment/retention, wellbeing, and service transformation.
- There was emphasis on Realistic Medicine and alignment with national frameworks (Population Health, Service Renewal).

2. Digital Innovation

- There was strong support for AI and improved digital access to records (bedside and community pharmacy).
- Workforce challenges were noted; along with the need to retain local talent through partnerships with education providers.

3. Staff Wellbeing & Partnership

- The Area Partnership Forum highlighted pressures on staff and importance of dignity at work.
- The local pilot for attendance management and return-to-work support was discussed.

- There was a commitment to mature partnership working despite challenges (e.g., reduced working week).

4. Patient & Carer Feedback

- Positive care experiences were highlighted (e.g., neonatal unit).
- Issues raised: long waits (genetics clinic), discharge planning, transport, communication, virtual clinics, sensory stimulation for young patients.

5. Escalated Areas

- Maternity Services (RIE): Stage 3 escalation; urgent implementation of 26 HIS recommendations; recruitment of 70 midwives.
- CAMHS Waiting Times: Stage 3 escalation; 90% of Scotland's >52-week waits are in Lothian; improvement plan in place with external provider support.
- Mental Health (Royal Edinburgh Hospital): HIS inspection flagged risks (non-standard care areas, staffing shortages, training gaps).

6. Finance

- The achievement of Break-even for 2024–25 was highlighted; The £63.4m savings planned for 2025–26 was acknowledged.
- The ongoing pressures were noted: pay, drugs, medical supplies; recurring efficiencies essential.

7. Workforce

- 3-year Workforce Plan completed; next plan (2026–2029) in development.
- Agency nursing/midwifery reliance down 85%; turnover down 18% YoY.
- Absence rate: 6.1% (slightly below national average).

8. Performance & Access

- Unscheduled Care: 4-hour standard improved to 72.2% (Mar 2025); delayed discharges down 15.6%.
- Planned Care: National investment (£135.5m) to reduce backlogs; local focus on orthopaedics and general surgery.
- Cancer: 31-day target met; 62-day target remains challenging.
- Drug & Alcohol Services: Local drug deaths down 16%; progress on MAT standards.

9. Local Strategy

- Commitment to Strategic Development Framework and alignment with national policies.
- Emphasis on innovation, community engagement, and transformation.

Proposed Actions

- **Maternity Services**: Sustain rapid implementation of HIS recommendations; ensure midwife recruitment is completed.
- **CAMHS**: Deliver improvement plan; maintain monthly review meetings; meet national waiting time standards.
- **Mental Health Safety**: Urgent response to HIS recommendations; prepare for follow-up inspection.
- **Finance**: Achieve £63.4m savings; embed recurring efficiencies and service redesign.
- **Workforce**: Finalise new Workforce Plan; continue wellbeing initiatives; monitor sickness absence.

- **Performance:** Maintain progress on unscheduled care and elective waiting times; leverage national funding and innovation programs.
- **Drug & Alcohol:** Continue embedding MAT standards; sustain reduction in drug-related harms.
- **Strategic Planning:** Ensure alignment with national frameworks and community engagement per *Planning with People* guidance.

2.3.1 Quality/ Patient Care

There are no direct quality or patient care impacts.

2.3.2 Workforce

There are no direct workforce impacts.

2.3.3 Financial

There are no direct financial impacts.

2.3.4 Risk Assessment/Management

The letter discusses a number of issues relating to risks which are already reflected within the Corporate Risk Register.

2.3.5 Equality and Diversity, including health inequalities

This report is provided for information and does not relate to a specific proposal which has an impact on an identifiable group of people. There are no statutory duties that apply

2.3.6 Other impacts

There are no other impacts to record.

2.3.7 Communication, involvement, engagement and consultation

The Board publishes the outcomes of Annual Reviews on its website: <https://org.nhslothian.scot/keydocuments/annual-reviews/>.

This year a recording of the Public Session has also been provided to members of the public on the website.

2.3.8 Route to the Meeting

The outcome letter has been shared with Board and CMT members, and is presented to the February 2026 Board Meeting for noting ahead of publication on the Board website.

2.4 Recommendation

The Board are asked to accept this report and the attached letter as a source of **significant assurance** that the Scottish Government has carried out an Annual Review of Lothian NHS Board's performance for 2024/25, discuss any key reflections and actions highlighted in the letter and note that the letter will be published on the Board's website following the public Board Meeting on 4th February 2026.

3. List of appendices

The following appendices are included with this report:

- *Appendix 1, NHS Lothian Annual Review 2024/25 Outcome Letter (received from the Scottish Government's Minister for Public Health and Women's Health, 18 December 2025)*

Ministear airson Slàinte Phoblach is Slàinte
Bhoireannach
Jenni Minto BPA



Scottish Government
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Minister for Public Health and Women's Health
Jenni Minto MSP

T: 0300 244 4000
E: scottish.ministers@gov.scot

Prof. John Connaghan CBE
Chair
NHS Lothian

Via: darren.thompson@nhs.scot

18 December 2025

Dear John

NHS Lothian Annual Review: 10 November 2025

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings at the Mainport headquarters in Edinburgh on 10 November. I sadly had to leave the event after the initial meeting to attend to an urgent personal matter but was supported at the Review by Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive of NHS Scotland, who covered the rest of the sessions on my behalf.
2. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

3. We had an interesting and constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including workforce recruitment and retention, alongside staff wellbeing, performance management and improvement, service transformation and reform, and financial sustainability; not least through the effective pursuit of the *Realistic Medicine* programme.

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

Meeting With the Area Partnership Forum

5. Christine was pleased to meet with the Area Partnership Forum and it was clear that there are strong local relationships. Indeed, the on-going commitment of local staff in the face of sustained pressures will have been fundamental to a number of developments and improvements that have been delivered locally. It was also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce.

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

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

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Patients/Carers' Meeting

8. We would like to extend our sincere thanks to the patients and carers who took the time to come and meet us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. I understand that the patients and carers in attendance spoke about a wide range of experiences in relation to local services and the standard of care and support received, with the majority keen to emphasise the general high quality of care and treatment provided.

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

Annual Review: Public Session

10. The public session was recorded for online access and began with a presentation on the Board's key achievements and challenges, looking both back and forward; moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. Questions were then taken from members of the public: both those that had been submitted in advance and from the floor. We are grateful to the Board and local Partnership teams for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review: Private Session

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

Escalated Area: Maternity Services

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

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

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

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

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

Finance

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

17. We agreed that delivery of recurring efficiencies and progress with significant service redesign will be crucial to future year budget challenges. We noted that key ongoing pressures include pay, drug and medical supplies costs. The Government's Financial Delivery Unit will continue to work with NHS Lothian to monitor the position and assist with longer term financial planning and improvement.

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Workforce

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

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

Resilience and Winter Pressures

20. It was reassuring to hear about the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. I understand that good practice and lessons learned from previous winters have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

Unscheduled Care & Delayed Discharge

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

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

23. As noted above, whilst we recognise the significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges. To that end, we were assured that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making sustained progress with the longest waits and avoidable delays remain key priorities.

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Planned Care Waiting Times

24. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant backlog of non-urgent, planned care.

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

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

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

Cancer Waiting Times

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

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

National Drugs Mission

30. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Lothian and its planning partners. With the publication of the 2024 drug related mortality figures, we welcomed the local decrease of 16% on the 2023 position; reflecting the ongoing work to reduce harms; as well as offering better access to, and improved quality of, treatment.

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31. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment. As such, we were pleased to note the strong position with the local commitments for the MAT standards, and progress in relation to the targets for waiting times for access to alcohol and drug treatment services.

Local Strategies

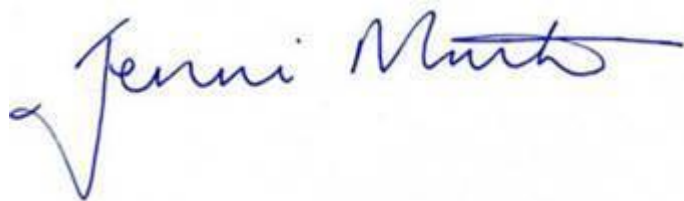
32. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. We were assured that the Board remains committed to its *Strategic Development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

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

Conclusion

34. I am under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure the resilience, recovery and renewal of the local system. We will continue to keep local activity under close review and to provide as much support as possible.

Yours sincerely



Jenni Minto MSP

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Meeting: NHS Lothian Board
Meeting date: 4 February 2026
Title: Chief Executive's Report
Responsible Executive: Professor Caroline Hiscox, Chief Executive
Report Author: as above

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

The Chief Executive's Report is a standing item on the Board's agenda. Its purpose is to:

- Highlight key areas of progress or challenge since the last meeting, which are of relevance to the Board and not already covered on its agenda.
- Ensure that Board members are informed of and alert to any emerging developments that may impact significantly upon the Board's business and operating environment.
- Provide appropriate context and scene-setting for the Board's meeting agenda.

The Chief Executive's Report is primarily for the Board to note but members will have the opportunity to ask any questions arising from its contents.

2.2 Background

It is an important principle that, wherever possible, there are "no surprises" for the Board in terms of significant developments. The Chief Executive's Report represents one of the mechanisms that is in place to support this principle, alongside standalone briefings and other governance meetings.

2.3 Assessment

The Chief Executive's Report is provided for information only. Any items requiring a later decision by the Board, or one of its committees, will be addressed as standalone items, with appropriate papers, and therefore individually impact and risk assessed.

2.4 Recommendation

- **Awareness** – The Board is asked to note the Report.
- **Discussion** – Board members are invited to ask questions arising from the Report.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1, Chief Executive's Report – February 2026**

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:

- Implementation of the Reduced Working Week, as part of a previously agreed reform under Agenda for Change. A composite view of all boards' progress and actions is being formed, to ensure shared learning and understanding, ahead of the implementation date of 1 April 2026.
- The ongoing development of the "MyCare" digital app for NHS Scotland. NHS Education for Scotland has now been formally commissioned by the Scottish Government to lead this work. The Director of Digital and IT will act as the lead contact on this within NHS Lothian.
- The ongoing work to implement sub-national planning arrangements, in line with [DL\(2025\)25](#) and the associated Ministerial Direction. This is covered elsewhere on today's agenda.

2. Walk-In Primary Care Centre Pilot, Wester Hailes

In October 2025, the First Minister announced that there would be 15 GP walk-in centres provided across Scotland by March 2026. In November 2025, territorial boards (via Chief Executives) were invited to submit proposals for a pilot centre with a very short two-week deadline. I agreed, in discussion with the Director of Primary Care, that NHS Lothian should prepare and submit a proposal, building upon work already underway to extend the Lothian Unscheduled Care Service (LUCS).

Our proposal was led by the Director of Primary Care and informed by a steering group with representation from the Primary Care Service within the Edinburgh Health and Social Care Partnership. The Group also included professional leads from nursing, medical, allied health professions, and pharmacy. A range of options were considered, as far as possible within the short timescale, and Wester Hailes Healthy Living Centre was identified as the preferred location. Key factors in decision-making included the levels of deprivation and need in Wester Hailes, as well as the opportunities presented by the fact that the premises are co-located between NHS Lothian, City of Edinburgh Council and third sector services.

The pilot was developed based on the following aims and objectives:

- To provide accessible, same-day primary care provision for people that have been unable to access a GP appointment at their own practice.

- Offer people a new, safe pathway to access a healthcare professional between 12pm and 8pm, or be signposted with support to an appropriate service.
- Complement, not replace, existing GP services.
- Increase capacity for Primary Care through delivery of a 7-day-a-week service.
- Improve health equity by delivering this pilot based in the community, for patients living, in the majority, in SIMD1 and SIMD2.
- Enhance patient care and experience through improved access and choice.
- Support continuity of care through appropriate follow-up and referrals with primary care in-hours GPs.
- Provide same-day assessments, simple diagnostic tests, and treatment options for appropriate conditions, when clinically safe to do so.

The walk-in clinic will be delivered by a multidisciplinary team including GPs, advanced nurse practitioners, a physiotherapist, administrative staff, link workers, facilities management, clinical leadership and will have managerial oversight via the LUCS Team.

On 24 December 2025, I received written confirmation from the Scottish Government that our proposal demonstrated strong potential and that, subject to further national consideration of funding, governance, assurance and delivery arrangements, NHS Lothian should continue to progress establishing the walk-in pilot proposed.

On 15 January 2026, a Ministerial visit was held at Wester Hailes Healthy Living Centre. During the visit, the Cabinet Secretary announced that Wester Hailes would be the location for the first pilot walk-in centre in Scotland.

Plans are now moving forward to recruit additional staff within LUCS, reflecting the fact that our pilot is an extension of this service. This will ensure that there is appropriate clinical governance in place, including for out-of-hour services. The pilot will be funded by the Scottish Government for a period of one year and we are awaiting written confirmation of this funding.

3. Resident Doctor Ballot on Industrial Action

As the Board is aware, an industrial action ballot for resident doctors in Scotland took place at the end of 2025 and the result was a mandate for industrial action. Strike action was subsequently planned for January 2026 and NHS Lothian duly initiated its resilience planning infrastructure in preparation. This work was led by the Executive Medical Director and the Director of People & Culture and included extensive preparatory work by a wide range of clinical and administrative staff, drawing upon previous work undertaken in 2023. In short, we were well-prepared for the anticipated period of industrial action and its potential impacts. I am very grateful to all colleagues involved in this work.

During this period, negotiations continued between the British Medical Association (BMA) and the Scottish Government, which resulted in a revised offer being considered at a late stage and the planned industrial action being postponed.

The BMA Scottish Resident Doctors Committee is consulting with its members and recommending that resident doctors in Scotland accept the revised offer. This offer includes a pay uplift of 4.25% for 2025/26 and 3.75% for 2026/27, totalling an 8.16% cumulative pay uplift over two years. The offer is part of a broader agreement that also includes additional investment in contractual reform. A consultative vote on the offer will run until Tuesday, 10 February 2026.

Although the planned industrial action has been postponed and contractual negotiations are like to prevent any further actions in the short-term, this remains a possibility for the future. Our preparatory work will not be wasted and a debriefing exercise will be undertaken to ensure that key lessons are learned.

4. Recent Ministerial Visits

I was pleased to welcome the First Minister, John Swinney MSP, to the Royal Infirmary of Edinburgh on 29 December 2025 to visit the Cyrenians In-Reach Service at NHS Lothian. The service supports patients in hospital experiencing homelessness to complete treatment and secure suitable housing. The visit came as the Scottish Government announced an additional £40,000 for the In Reach service across NHS Lothian's three hospitals.

As noted above, the Cabinet Secretary for Health and Social Care, Neil Gray MSP, visited Wester Hailes Healthy Living Centre on 15 January to learn about our plans for a new walk-in GP service. This pilot service will be the first of a network to be established across Scotland and will aim to give local people greater choice and flexibility in accessing primary care between 12pm-8pm, seven days a week. A launch date will be confirmed following a formal confirmation of funding from the Scottish Government.

On 17 December 2025, St Triduana's Medical Practice in Edinburgh also hosted Mr Gray to demonstrate the benefits of the Digital Dermatology pathway which uses photographic images in the referral pathway to secondary care, improving patient access.

5. Celebrating Our Staff

As always, I welcome any opportunity to acknowledge the outstanding contributions made by our NHS Lothian colleagues and also to draw the Board's attention to instances where this has been recognised formally. I know the Board will join me in congratulating the following colleagues:

- Two of our community nursing leaders have been awarded the prestigious title of Queen's Nurse, a mark of excellence in community nursing across Scotland. **Ashley Lawrence**, Health Visiting Team Manager in East Lothian, and **Leigh Williams**, Clinical Team Lead for District Nursing and the Bladder and Bowel Service in West Lothian, were among 18 nurses celebrated at a ceremony in Edinburgh on 28 November after completing a nine-month development programme run by the Queen's Nursing Institute Scotland (QNIS).

- In December, NHS Lothian's **Antimicrobial Management Team (AMT)** was named Infection Management Team of the Year at the Scottish Healthcare Awards 2025 in Glasgow. The AMT is a multi-professional group committed to improving antimicrobial stewardship across NHS Lothian, with a clear focus: to keep antimicrobials working.
- **Cathie Lackie**, former Receptionist and Clerical Assistant at the Royal Hospital for Children and Young People, was made a member of the Order of the British Empire (MBE) in the King's New Year Honours 2026. Board members may recall that Cathie retired from NHS Lothian in March 2025, at the age of 90 and after 58 years of service to the organisation.

Meeting: NHS Lothian Board

Meeting date: 04 February 2026

Title: Maternity Services

Responsible Executive: Tracey Gillies, Executive Medical Director

Report Author: As Above

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

A Maternity Improvement Programme, including delivery of the Healthcare Improvement Scotland (HIS) action plan, is underway to address patient safety, leadership, staffing and culture and ensure a coordinated approach to improvement and assurance.

This paper provides an update on progress following the last Board update 3 December 2025.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2.2 Background

The HIS Unannounced Maternity Services Inspection report for the Royal Infirmary of Edinburgh was published on Wednesday 29th October 2025. This 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.

Safe Delivery of Maternity Services was accepted onto the corporate risk register by the Board at the December 2025 meeting. It was agreed that 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
- Staff Governance Committee on the workforce aspects including staff availability and training, safety and wellbeing.

The Maternity Improvement Programme is structured around four overlapping workstreams to address patient safety, leadership, staffing and culture and ensure a coordinated approach to improvement and assurance. The risk mitigation plan set out in appendix 1 incorporates delivery of actions within the 4 workstreams noted below.

1. Healthcare Improvement Scotland (HIS) Action Plan

Delivery of 53 actions aligned with the 26 HIS requirements, and 2 actions aligned to 2 HIS recommendations.

2. Critical Action Delivery Plan (actions not included within HIS Action Plan)

Implementation of priority actions including the agreed recruitment plan to support workforce sustainability. This is drawn from the action plan underway before the HIS inspection

3. Whistleblowing Action Plan & related INWO Actions

Addressing concerns raised through whistleblowing, ensuring transparency and organisational learning.

4. Maternity & Neonatal Services Programme Board - Reducing Avoidable Harm Programme

Targeted quality improvement in clinical care to improve clinical outcomes for mothers and babies with a current focus on Maternity Early Warning Score (MEWS), Induction of Labour (IOL), 3rd and 4th degree perineal trauma based on our adverse events and aligned to the SPSP perinatal programme.

NHS Lothian governance arrangements, reporting mechanisms and supporting structure for this programme are illustrated in appendix 1.

A Maternity Short Life Working Group (SLWG) with multidisciplinary representation chaired by the Chief Officer for Acute meets weekly to oversee delivery of actions across the HIS Action Plan, the Critical Delivery Action Plan and the Whistleblowing Action Plan. This group provides weekly highlight reports to the Executive Senior Responsible Officer (Executive Medical Director) and Chief Executive.

Actions within the programme will only be closed once supporting evidence has been reviewed and validated by the SLWG and the Executive Medical Director. This ensures that completion is based on demonstrable outcomes rather than process alone. Evidence will include documentation of implemented changes, data demonstrating impact, and assurance from relevant governance groups. A flow chart demonstrating the evidence review process is attached as appendix 2. Furthermore, the Chief Officer Acute has commissioned an independent review of evidence for closed HIS actions to provide further assurance and transparency.

The actions outlined in each of the three action plans were agreed upon through the appropriate process. However, the impact of these actions—once completed and delivered sustainably—on the quality of care provided to women, and their effectiveness in mitigating the described risk, is inferred and will require ongoing review.

The Maternity & Neonatal Services Programme Board, chaired jointly by the Executive Medical Director and Executive Nurse Director, meets monthly to monitor progress against the patient safety measures aimed at reducing avoidable harm, set within the SPSP perinatal improvement programme.

Both groups report formally to the Patient Safety and Experience Group (every 2 weeks) and the Performance Support Oversight Board (monthly), ensuring robust executive oversight and accountability. There is also regular reporting to CMT of the HIS action plan.

As noted earlier within section 2.2, 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. Additionally, there will be regular reporting of progress to the Board.

As part of the enhanced monitoring and support under Stage 3 escalation, SG have requested a monthly meeting with the Executive Medical Director, and Executive Nurse Director. The Chief Officer Acute will also attend as chair of the Maternity SLWG.

2.3 Assessment

Key milestones for the overarching maternity improvement programme are as follows:

- **End of January 2026** – Completion of the agreed recruitment plan.
- **End of March 2026** – Delivery of 24 out of 26 Healthcare Improvement Scotland (HIS) requirements.
- **End of March 2026** – Launch of the Maternity Culture Charter.
- **End of June 2026** – Completion of the final action to deliver HIS requirement 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)
- **End of December 2027** – Full delivery of all HIS requirements, including the final action for the remaining HIS requirement, aligned with the conclusion of the environmental improvement lifecycle programme at the Royal Infirmary of Edinburgh (RIE).

To monitor the impact of delivered actions, a comprehensive scorecard is updated monthly. This includes a range of measurable indicators across five key domains:

1. **Safe Staffing** e.g. establishment gap, sickness absence rates, mandatory training
2. **Operational Delivery** e.g. number of times service on divert
3. **Clinical Outcomes** e.g. neonatal mortality rate, stabilised and adjusted stillbirth rate.
4. **Patient Safety & Experience** e.g. number of serious adverse events, complaints
5. **Staff Experience** e.g. iMatter, culture survey.

The most recent presentation of the score card at PSOB (January 2026) is enclosed as Appendix 3.

Progress made to date against delivery of the 4 workstreams is outlined below.

- **HIS Requirements and Recommendations.**

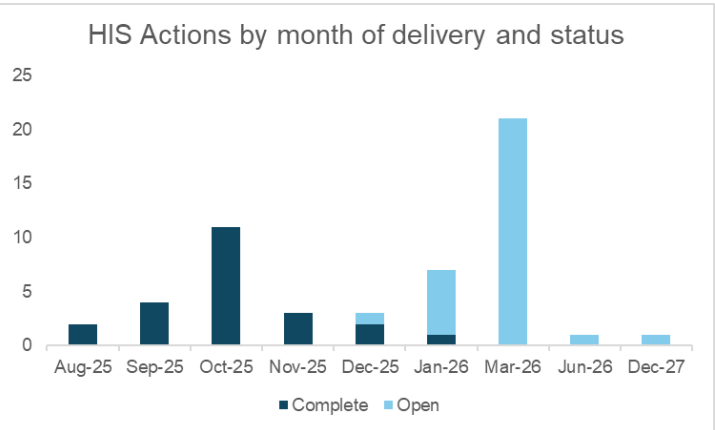
Table 1 below provides a high-level overview of delivery against HIS requirements and recommendations (07 January 2026).

Table 1: HIS Requirements, Recommendations & Actions Overview RAG

	Complete	Open	Delayed	TOTAL
Requirements	9	16	1	26
REQ Actions	23	29	1	53
Recommendations	2			2
REC Actions	2			2

Graph 1 below shows required actions and progress by month.

Graph 1: HIS Actions by month of delivery and status



1 action due by the end of December is delayed. This relates to Requirement 4.1.19 Action 1 - 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. Work continues with a view to closing this action by the end of January 2026. Actions and requirements due by the end of January are all on track with no further items escalated to date.

• **Whistleblowing Actions**

An in-depth review of remaining whistleblowing actions from WB308 was undertaken at the end of December 2025. Progress against 20 WB recommendations is being actively monitored via the Maternity SLWG.

- 14 recommendations have been met and actions closed to date
- 6 recommendations with corresponding actions remain open, of which 5 have direct corresponding links to ongoing HIS or critical actions

Actions related to INWO 308 are also monitored via the Maternity SLWG with evidence of completion required by 21st February 2026.

• **Critical Actions**

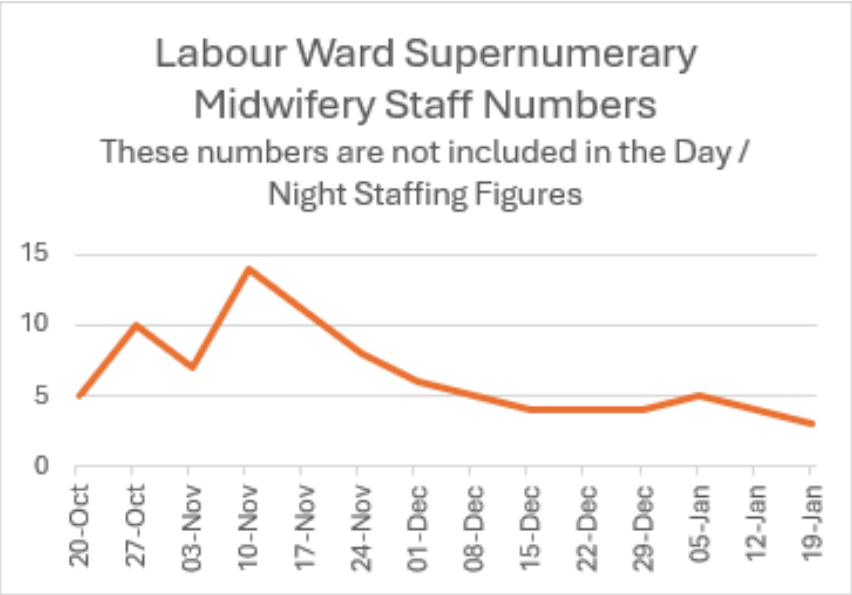
The **Critical Actions Plan** currently includes eight actions in progress, all of which are monitored weekly by the Maternity SLWG. Any newly identified critical actions are added to the plan as required. For example, a recent addition is the implementation of spot audits on maternity complaint responses, to evaluate the quality of investigations and ensure learning is embedded.

Included within critical actions is delivery of the midwifery recruitment plan. Whilst progress towards additional midwifery staff being in post and fully participating in patient care has been slower than expected, due to several factors, the overall position continues to improve

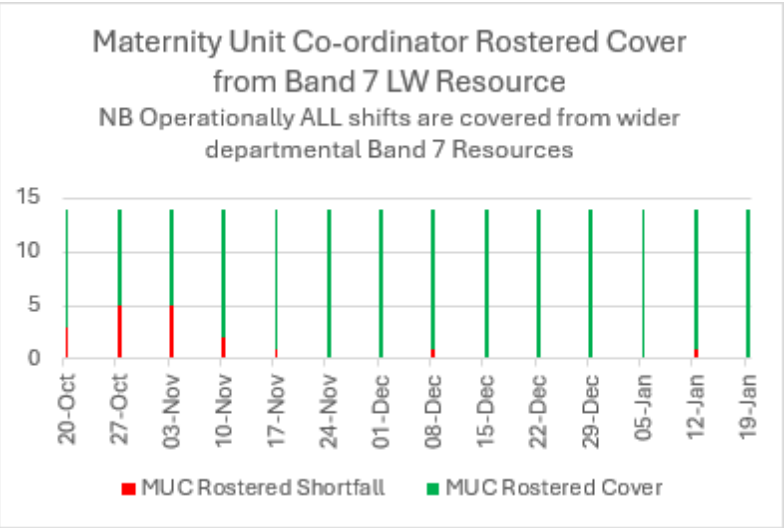
- Nursing and midwifery establishment gap of 1% in women's services in November 2025 compared to 3.6% in September 2025.
- A total of 14 new midwives are due to start in January 2026. Graphs 2,3,4 & 5 below indicate the improved position in terms of impact in the labour ward at the RIE.

- All 13 Internationally Trained Midwives have successfully passed their OSCE in December 2025.
- As of the week of 5th January 2026, 2 out of 13 staff have had their clinical skills competencies signed off and are working clinically. The remaining 11 staff are scheduled to complete their competencies by the end of March 2026, with 9 of them currently on track to achieve this. Two staff members are due to start maternity leave before the end of March, which may impact the completion of their competency sign-off.

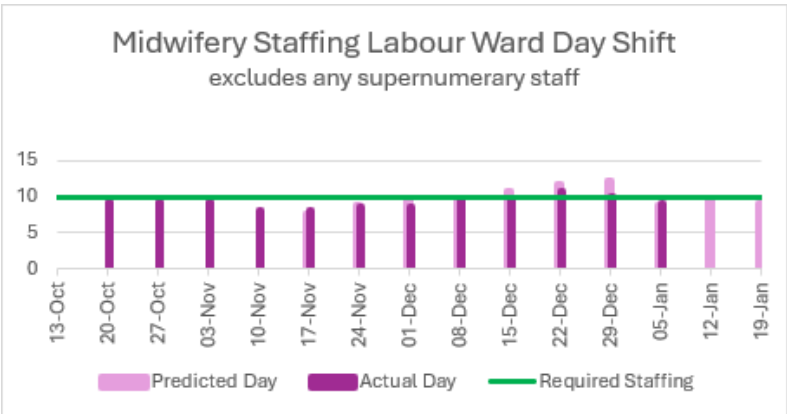
Graph 2 – Labour Ward Supernumerary Staff Numbers



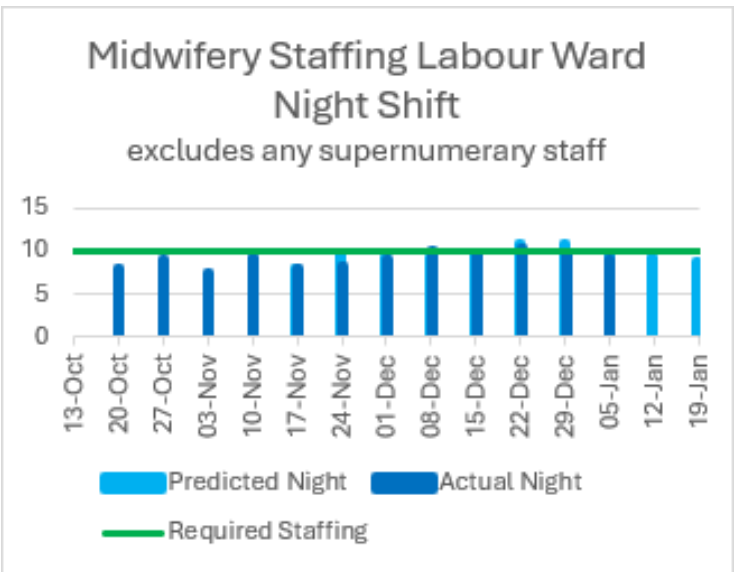
Graph 3 – Maternity Unit Coordinator



Graph 4 – Predicted Midwifery staffing numbers versus actual and required by week (Day shift)



Graph 5 - Predicted Midwifery staffing numbers versus actual and required by week (night shift)



Another critical action relates to the delivery of the Culture Workplan, where notable progress has been achieved.

- 23 Cultural Ambassadors have been recruited across a range of professions (obstetrics, midwifery, facilities, administration)
- The first Cultural Ambassadors workshop took place on 20 January 2026.

• **The Maternity and Neonatal Services Programme Board (MNSPB)**

The MNSPB is overseeing the delivery of a programme aimed at reducing instances of avoidable harm across Maternity and Neonatal Services. This programme is informed by learning identified through the national SPSP Perinatal Programme as well as theming from local adverse event reviews and links directly to areas of risk across these services.

The key focus from May 2025 is improving the frequency and escalation of Maternal Early Warning Scores to ensure early identification and action to the deteriorating patient. Maternal and fetal deterioration themes relating to hypertension and infection have been identified in early and completed Serious Adverse Event Reviews (SAER).

We have seen progress in three of the four metrics we track on a weekly basis:

- % of routine MEWS charted correctly increased from a median of 73% in May 2025 to 87% in October 2025
- % of MEWS repeated due to elevated scores increased from a median of 26% to now 67% as of September 2025.
- % of MEWS escalated to an MDT team increased from a median of 61% to 80% in August 2025.
- % of MEWS done within keys time has been at 81% since June 2025.
- In addition, as of January 2026, 93% of staff have an up-to-date TURAS MEWS training module.

Work is ongoing as we aim to achieve >95% required to consistently improve frequency and escalation across all areas at RIE and SJH.

The service continues to work with the QI team, to maintain an intensive focus on improvement work in with weekly auditing of patient records, feedback at QI huddles and training.

Other areas of focus include the Induction of Labour process which has been launched as an active quality improvement project in January 2026, as well as improvement actions to reduce 3rd and 4th degree Perineal Tears.

The Maternity & Neonatal Services Programme Board highlight report is enclosed as appendix 4.

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.

It is expected that implementation of the four overlapping workstreams will positively impact quality and experience of care for patients and their families.

2.3.2 Workforce

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. Effective implementation of the four overlapping workstreams will positively impact staff experience, improve retention, and reduce absenteeism.

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

This paper relates to risk ID 6185 on the Corporate Risk Register - Safe Delivery of Maternity Services. This risk was accepted onto the corporate risk register by the Board at the December 2025 meeting. It was agreed that 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
- Staff Governance Committee on the workforce aspects including staff availability and training, safety and wellbeing.

In the first report to HGC (27 January 2026) the committee was asked to agree and accept a limited level of assurance based on the evidence presented.

Despite the controls in place across the four overlapping workstreams and the robust governance and oversight in place, a significant level of residual risk remains. Key factors include:

- The complexity of delivering this programme across maternity services, which involves multiple stakeholders and processes and the potential for delays in implementing agreed actions.
- Ongoing challenges with recruitment and workforce stability, creating uncertainty in workforce availability.
- An elevated risk of adverse publicity, which may increase pressure on staff and potentially impact public confidence.
- Cultural change is a long-term process requiring sustained effort, consistent leadership, and ongoing engagement to embed meaningful and lasting improvements.
- The actual impact of HIS requirements, recommendations, critical actions, and whistleblowing actions—once completed and maintained—on improving care for women and reducing the identified risk is uncertain and will need regular review.

2.3.5 Equality and Diversity, including health inequalities.

This report does not seek a specific decision regarding a change to service provision or policy and therefore the Public Sector Equality Duty and Fairer Scotland Duty do not apply. Any future service changes or decisions will be required to adhere to the Board's legal duty.

2.3.6 Other impacts

Nevertheless, despite the controls in place across the four overlapping workstreams and the robust governance and oversight in place, a significant level of residual risk remains. Key factors include:

- The complexity of delivering this programme across maternity services, which involves multiple stakeholders and processes and the potential for delays in implementing agreed actions.
- Ongoing challenges with recruitment and workforce stability, creating uncertainty in workforce availability.
- An elevated risk of adverse publicity, which may increase pressure on staff and potentially impact public confidence.
- Cultural change is a long-term process requiring sustained effort, consistent leadership, and ongoing engagement to embed meaningful and lasting improvements.
- The actual impact of HIS requirements, recommendations, critical actions, and whistleblowing actions—once completed and maintained—on improving care for women and reducing the identified risk is uncertain and will need regular review.

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.

- PSOB 9 January 2026
- Maternity Services SLWG, 22 January 2026

2.4 Recommendation

Assurance – The Board is asked to agree and accept a limited level of assurance based on the evidence presented.

3 List of appendices

The following appendices are included with this report:

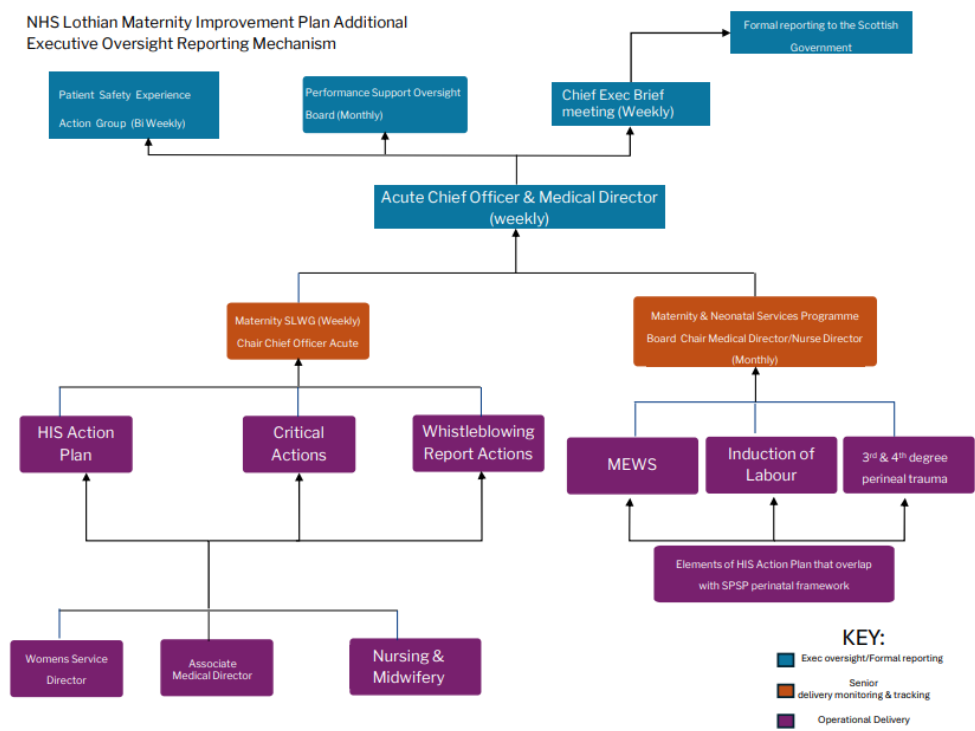
Appendix 1: Maternity Improvement Governance Structure

Appendix 2: Evidence Review Process

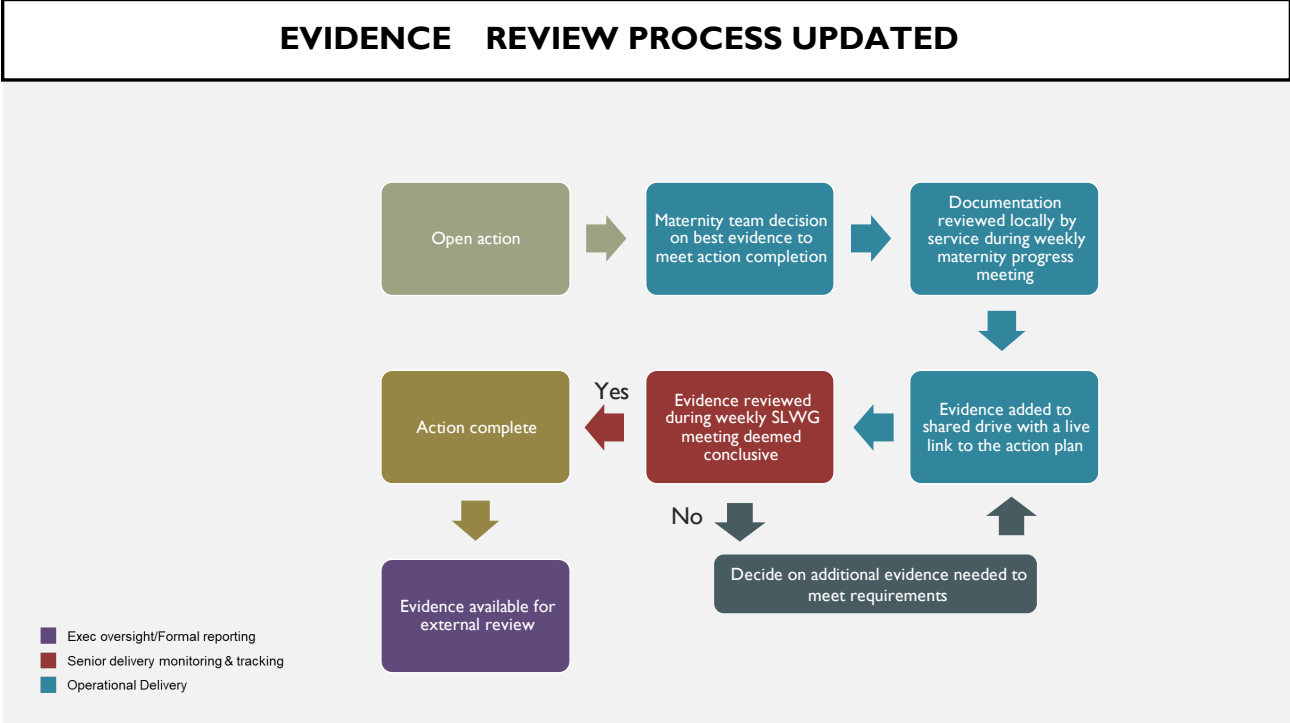
Appendix 3: Maternity Scorecard 08/01/2026

Appendix 4: Maternity & Neonatal Services Programme Board Highlight report- Reducing Avoidable Harm Programme

Appendix 1- Maternity Improvement Governance Structure



Appendix 2- Evidence Review Process



Appendix 3- Maternity Scorecard 08/01/2026

Area	No	Indicator description	Rational for inclusion	Target / comparator value	Women's Services Sept 2025	Women's Services Oct 2025	Women's Services Nov 2025	Women's Services Dec 2025	RAG
Safe staffing	1	Nursing and midwifery staffing establishment gap	Nursing and midwifery staffing has been highlighted as one of the highest pressures in Maternity; this metric would allow us to track if we have enough staff employed to deliver safe care.	<5%	3.6%	2.4%	1%	n/a	Green
	2	Nursing and midwifery staff sickness rates	Sickness rates have been consistently higher than the NHS Lothian average, and the measures taken to date have not been able to remedy this.	≤ 4%	8.0%	8.0%	7.7%	n/a	Red
	3	Nursing and midwifery staff unavailability	This more complex metric, incorporates sickness rates reported individually above, but also annual leave, study leave and maternity leave giving us a more robust view of the total available workforce.	<21.5%	30%	26%	26%	29%	Red
	4a	% of midwifery staff who have completed each mandated training: Mandatory Update Day , Emergency Training (PROMPT / COMET), Fetal Heart Rate Monitoring (CTG, K2), Neonatal Resuscitation)	The maternity improvement plan, as well as the most recent HIS report highlight a need to improve compliance with mandatory training. This data is also reported on an annual basis to Scottish Government.	>80%	Range 47%-73% across modules	Range 48%-78% across modules	Range 56%-77% across modules	Range 42% - 78% across modules	Yellow
	4b	% of obstetric staff who have completed each mandated training (PROMPT/COMET, CTG, K2, MMUD)		>80%	Range 36%-68% across modules	Range 36%-75% across modules	Range 45% to 86% across modules		Yellow
Operational Indicators	7a	Number of days the Maternity service is on divert	Is a proxy indicator for the service not running within optimal parameters (limited bed availability, staff shortage or inappropriate skill mix, or other major incident increasing acuity).	Target TBD	10	12	10	5	Red
	7b	Number of patients who received care in other units than originally planned		Target TBD	n/a	n/a	n/a	n/a	Red
Clinical indicators	5	Stabilised and adjusted neonatal mortality rate	Nationally comparable indicator for neonatal outcomes	≤ 2.6 / 1000 National Group Average	2.47				Green
	6	Stabilised and adjusted stillbirth rate	Measure of avoidable harm which can be compared with national indicators	≤ 3.42 /1000 National Group Average	3.4				Green
Patient experience	8	Number of complaints	Tracking the number of complaints provides a clear, quantifiable indicator of patient dissatisfaction. While individual complaint content offers context, volume trends are more actionable at board level.	< 9 (rolling average 09/24-08/25)	11	13	4	7	Green
	9	Number of serious adverse event reviews that are open > 6 months	Timely closure of SAERs and PMRTs is vital for public trust, accountability, and learning. Tracking cases open over six months promotes transparency and aligns with local and national standards.	TBD	64% (25/39)	69% (27/39)	37% (11/30)	68% (19/28)	Yellow
	10	Number of Perinatal Mortality Review Tool reports open after > 6 months		TBD	42% (22/53)	40% (19/48)	32% (10/31)	35% (11/31)	Yellow
Staff experience	11	Women's Services iMatter yearly report	iMatter is the national NHS Scotland tool used to monitor staff experience.	> 6.5 score with a 53% response rate 2024 report	6.6 score with a 54% response rate 2025 report				Yellow

Appendix 4: Maternity & Neonatal Services Programme Board Highlight Report

Maternity & Neonatal Safety Improvement Project 2025										
Date		8th December 2025								
Author		Adna Dumitrescu, Project Manager								
			Latest Data Update ¹							
SPSP Driver	Project	Stage	Measures	Date	Lothian	RIE	SJH	Median value comparators	Risks	Updates & Mitigations
Stillbirth	Small for Gestational Age	Active QI	90% SGA risk assessment completed by June 2025	Dec-25	96%	n/a	n/a	87% median since Aug '23	Risk assessment amended in July 2025, use continues be high since making the field mandatory. There has been an improvement in SFH plotting of all appointments for a patient from 67% to 74%. No further improved observed in the last year. Antenatal team is working on a full update on the SGA guideline which will contain an improved flowchart to address the ordering of two growth scans which has been an ongoing issue. The General Manager is also in discussions in the Scan dept to resolve current service provision variations.	
			80% of patients with all SFH measurements plotted on growth chart (from case note sample) by December 2025	Dec-25	86%	n/a	n/a	74% since Oct '24		
			>75% of correct follow up if growth is static or falling (from case note sample) by December 2025	Dec-25	17%	n/a	n/a	54% since Jan '25		
			Reduce the percentage of small for gestational age singleton babies born at or after 40 weeks' gestation from 34% by December 2025	Nov-25	27%	n/a	n/a	35% since July 22, dropped from 41% in Jan 2019		
	Standard Booking Checklist	Active QI	>95% Booking risk assessment checks are complete by December 2025	Nov-25	75%	n/a	n/a		Service launched two new TRAK risk assessments for Aspirin and Gestational Diabetes in May 2025 which are well used for the majority of patients. Preterm birth risk assessment was launched in December 2025 - data extraction to check utilisation to follow.	
			>95% Trak GDM risk assessment checks are complete by December 2025	Dec-25	95%	n/a	n/a	93% since June '25		
			>95% Trak Aspirin Booking risk assessment checks are complete by December 2025	Dec-25	95%	n/a	n/a	95% since June '25		
Caesarean birth	Induction of Labour	Quality Planning	Understand the IOL pathways across NHS Lothian and identify improvement opportunities by end of December 2025.		n/a	n/a	n/a		Project on track for next milestone - presentation of a measurement framework at January 2026 MNSPB	
Maternal Deterioration	MEWS, SBAR-D and Sepsis Prevention	Active QI	MEWS at key times of >95% by September 2025, in all areas	Dec-25	77%			81%	December 2026 audit data was patchy due to annual leave staffing constraints. Only Ward 211, SJH Labour Ward and SJH Ward 11 have updated data.	
			MEWS routine frequency compliance of >95% by September 2025, in all areas	Dec-25	86%			85%		
			MEWS repeated compliance of >95% by September 2025, in all areas	Dec-25	72%			45%		
			MEWS escalation compliance of >95% by September 2025, in all areas	Dec-25	82%			71%		
	Royal Infirmary Obstetric Triage Improvement	Active QI	>80% women have initial triage within 15min of arrival by March 2025	Dec-25	78%	80%	69%	RIE 72% since July 25 SJH 66% since May 25	Continuing on an improved trend for triaging within 15min at the RIE.	
			>90% women have a triage category allocated by December 2024	Dec-25	83%	92%	57%	RIE 94% since Aug 24 SJH 70% since August 25		
			>80% Women in RIE OTA get ongoing midwifery care within the appropriate BSOTS defined timescale by end Sep 2025						Manual audit of these data has restarted. January 2025 audit data to be shared in Feb 26 highlights report.	
			a. Orange (15 mins)	Jun-25	n/a	100%	n/a	80%		
			b. Yellow (60 mins)	Jun-25	n/a	92%	n/a	83%		
			>90% women in RIE OTA triaged to orange receive medical review when required by end Sept 2025							
			Orange average time	Jul-25	n/a	1hrs 16min		1h 11 mins		
	3rd & 4th Degree Tears	Active QI	Reduce the NHS Lothian rate of 3rd & 4th degree tears in all vaginal deliveries to 5% by Sep '25 and 4% by March '26	Nov-25	5.0%	6.1%	3.1%	NHSL 4.6% since Feb 24 RIE 6.5% since Feb '24 SJH 2.7% since Oct '22	Lothian: Dec data slightly higher compared with previous 9 months of rate reductions RIE: Dec data lower than median SJH: Dec data higher than baseline	

Meeting: NHS Lothian Board

Meeting date: 4 February 2026

Title: Subnational Planning and Delivery Committee (East) update

Responsible Executive: Colin Briggs, Director of Strategic Planning

Report Author: Colin Briggs, (as Interim Lead Director of Strategic Planning, SPDCE)

1 Purpose

To advise the Board of progress made by the Subnational Planning and Delivery Committee (East).

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

The Scottish Government issued DL (2025) 25 in November 2025. This mandated Health Boards across Scotland to work more closely on 5 key priorities, and to agree joint plans to deliver these by 31 March 2026.

2.2 Background

Health Boards naturally collaborate on the planning and delivery of a range of services across the country. The publication of Scottish Government Strategies such as the Public Sector Reform Strategy, the Service Renewal Framework, and the Operational Improvement Plan, all during 2025, has sharpened ministerial focus on how population-level planning can be mainstreamed within NHS Scotland.

DL(2025)25 mandated a focus on this population-level planning on five specific elements;

- Orthopaedic waiting times
- Emergency Healthcare services
- Digital Front Door/MyCare
- Alignment of Business Systems
- Consolidated Financial Planning

To support this work, the DL also established two Subnational Planning and Delivery Committees – East and West (SPDCE and SPDCW, respectively).

SPDCE comprises the Health Boards for:

- NHS Borders
- NHS Fife
- NHS Grampian
- NHS Lothian
- NHS Orkney
- NHS Shetland
- NHS Tayside

The Chairs and Chief Executives of each of these Boards are members of SPDCE, as are their counterparts from national and special Boards. It is intended to appoint Lead Directors, starting with Strategic Planning, Finance, and Chief Operating Officers, to support this work.

John Connaghan, Board Chair of NHS Lothian, chairs SPDCE, and Caroline Hiscox, CEO of NHS Lothian, is the lead officer for this work.

As noted, the Ministerial Direction is to bring forward plans by 31st March against the five key priorities above, but the DL is also clear that there is an expectation that SPDCE and SPDCW will continue to work after that date to ensure delivery against these plans by 31st March 2029.

The DL is clear that there is no change to the clinical, workforce, and financial governance accountabilities of any Health Board.

2.3 Assessment

At time of writing, SPDCE has met twice, with workstreams established on the five key priorities described above. Leadership for these groups is shown at appendix 1, and Board members will note the geographic spread of leaders from across constituent Boards.

Activities undertaken include:

- Medical Director, Nurse Director, Director of Public Health, Director of Finance, Chief Operating Officer, and Director of Planning input to each work
- Input from CfSD, PHS, SAS, and NHS24 is being sought and deployed as appropriate
- Three Acute Chief Officers assigned to each of Emergency Healthcare and Orthopaedics, and a Nurse Director to each
- The establishment of weekly Chief Executive, Director of Strategic Planning, and Director of Finance, calls for the East Coast to ensure effective coordination and deployment of skills and resources
- The commencement of a joint strategic needs assessment process for the East, hand-in-glove with a clear focus on data alignment for Emergency Healthcare and Orthopaedics
- An outline overarching programme plan has been drafted
- PHS have commenced work on how best to support a Fairer Scotland Duty assessment process
- A weekly huddle has been established to bring together the East and West interim leadership teams
- Interim lead officer capacity is being provided by Colin Briggs (interim Lead Director of Strategic Planning), Jim Crombie (interim Lead Chief Operating Officer), and Craig Marriott (interim Lead Director of Finance).
- The finance group has identified that the size of the financial challenge is in the order of £330m for 2026-27, and has commenced work on aligning approaches to this across the East Coast
- Discussions have commenced on transitioning national planning priority arrangements from SGHSCD to SPDCE and SPDCW.

- SPDCE has also commissioned work on Rural and Island healthcare.

SPDCE's meeting of 28th January agreed the commissions and terms of reference for orthopaedics, emergency healthcare, digital front door, and Rural and Islands work.

The necessary pace of this work means that a comprehensive accounting of all activities and work is challenging to provide at this time. However, ongoing reporting and discussion at Board and Strategy, Planning and Performance Committee (SPPC) meetings will be used to keep members informed. The Chief Executive will also be able to provide more up-to-date insight.

2.3.1 Quality/ Patient Care

The intent of this work is to improve the quality of care for all patients across Scotland. It is too early to comment beyond that headline.

2.3.2 Workforce

The intent of this work is to improve the sustainability of services across Scotland, which will involve workforce considerations, but at this stage it is too early to comment beyond that headline.

2.3.3 Financial

As noted above, the current estimated combined deficit is in the region of £330m.

2.3.4 Risk Assessment/Management

At this point the most obvious risk to this project is the very short timescale in which it must be delivered across a highly complex geography and governance landscape. At close of the SPDCE meeting of 28 January there were 43 working days to 31 March.

Detailed work has gone into clarifying with the Scottish Government their expectations of "what success looks like".

2.3.5 Equality and Diversity, including health inequalities

Public Health Scotland are supporting SPDCE on the development of assessment against the Fairer Scotland duty, and from that equality and diversity impact assessment work will flow.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

Clearly communication across this wide geography and a very significant number of staff and stakeholders is crucial to the success of this project, and efforts such as this paper are a small but representative example of the awareness of the importance of such.

Healthcare Improvement Scotland are part of SPDCE and expertise on public engagement will be sought from their expertise.

2.3.8 Route to the Meeting

The activities summarised in this paper have been previously considered by the following groups:

- Scotland East Subnational Planning & Delivery Committee, 19 December 2025
- Scotland East Subnational Planning & Delivery Committee, 28 January 2026

2.4 Recommendation

- **Awareness** – The Board is asked to note the paper
- **Discussion** – The Board is invited to discuss the information provided

3 List of appendices

The following appendices are included with this report:

- **Appendix 1, Leadership of Subnational Workstreams in the East Region**

APPENDIX 1: EAST REGION SUB-NATIONAL PLANNING GROUPS

Workstream	Chief Executive	Planner	COO	DoF	Medical Director	Nurse Director	DPH
Establishment and mechanisms	Caroline Hiscox	Colin Briggs*	Jim Crombie*	Craig Marriott*	TBC	TBC	TBC
Orthopaedics	Nicky Connor	Ben Hannan	Jim Crombie	Susan Dunsmuir	Tracey Gillies	Simon Dunn	Joy Tomlinson
Unscheduled Care	Laura Scaife-Knight	Colin Briggs	Jim Crombie	Stuart Lyall	Lynn McCallum	Gillian McAulay	Shantini Paranjothy
Digital Front Door	Brian Chittick	June Smyth		Alex Stephen	Anna Lamont	June Brown	Susan Laidlaw
Rural and Islands	James Goodyear	Alan Cooper	tbc	tbc	Hugh Farrow-Bishop	Kathleen Carolan	Louise Wilson
Business systems	Peter Moore	CB discussing with PM			Chris McKenna	Samantha Thomas	Sohail Bhatti

Board	Chief Executive	Planner	COO	DoF	Medical Director	Nurse Director	DPH	HRD	Chair
Borders	Peter Moore	June Smyth	Oliver Bennett #	Andrew Bone	Lynn McCallum	Sarah Horan	Sohail Bhatti	(vacant)	Karen Hamilton
Fife	Carol Potter	Ben Hannan	Claire Dobson	Susan Dunsmuir	Chris McKenna	Gillian Mcauley	Joy Tomlinson	David Miller	Pat Kilpatrick
Grampian	Laura Scaife-Knight	Lorraine Scott	Geraldine Fraser	Alex Stephen	Hugh Bishop	June Brown	Shantini Paranjothy	Philip Shipman	Alison Evison
Lothian	Caroline Hiscox	Colin Briggs*	Jim Crombie*	Craig Marriott*	Tracey Gillies	Alison Macdonald	Susan Webb	Tom Power	John Connaghan
Orkney	James Goodyear	Tammy Sharp	Sam Thomas	Melanie Barnes #	Anna Lamont	Sam Thomas	Louise Wilson	Dave Harris	David Campbell #
Shetland	Brian Chittick	Lucy Flaws	Kathleen Carolan	Colin Marsland	Kirsty Brightwell	Kathleen Carolan	Susan Laidlaw	Lorraine Hall	Gary Robinson
Tayside	Nicky Connor	Sandra MacLeod #	Lynn Smith	Stuart Lyall	James Cotton	Simon Dunn	(vacant?)	Elaine Watson	Carole Wilkinson

Meeting: NHS Lothian Board

Meeting date: 04 February 2026

Title: AfC Reform – 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	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input checked="" type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

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

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

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

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

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

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

2.1 Situation

Extensive work has been undertaken since April 2025 to establish on an objective risk assessed basis which Services should be allocated funding to backfill capacity that will be lost because of reducing the working week from 37 to 36 hours from 1st April 2026. Following CMT agreement on 2nd December of those Services rated as very high and high risk and to receive backfill funding, as described to the Board on 3rd December a further review was undertaken of some rated as medium risk where professional lead input suggested that re-grading may be warranted in the interests of clinical safety and service delivery. Further assurances were sought by CMT from the Agenda for Change (AfC) Reform Programme Board before approval on 27th January regarding those re-graded to high or very high following professional lead review.

2.2 Background

On 3rd December the Board was updated that the following backfill funding had been agreed for services to mitigate the capacity loss of reducing from a 37 to a 36-hour working week WEF 1st April 2026:

- Very High risk - additional backfill for 24months (April 2026 - Mar 2028)
 - 231 WTE at £13.95m per annum
- High risk - additional backfill for 12months (April 2026 - Mar 2027)
 - 198 WTE at £11.57m per annum
- Total - £25.2m

Along with those Services not receiving backfill funding, these Services were notified in December of the outcome and asked to proceed to agree in Partnership the specific implementation approach to be adopted from 1st April.

At the CMT meeting on 13 January, further backfill funding was approved for services that were previously ungraded but, following Professional Lead review, were identified as High or Very High risk, and for services where there was no cost centre originally, which have subsequently been coded and were previously identified as High or Very High Risk by Professional Leads. The backfill funding approved was as follows:

- Very High risk - additional backfill for 24months (April 2026 - Mar 2028)
 - 3.86 WTE at £255,527 per annum
- High risk - additional backfill for 12months (April 2026 - Mar 2027)
 - 3.32 WTE at £172,221 per annum
- Total - £427,748 per annum

Total backfill funding committed to date for the further 60-minute reduction = £25.6m

For the remaining services rated as medium risk which professional leads recommended should be moved to high risk, further assurances were to be provided through the AfC Reform Programme Board before a decision by the CMT on 27th January.

2.3 Assessment

On 13th January, CMT agreed that the escalated backfill funding requests should be considered by the AfC Programme Board, with particular focus on:

- the degree to which not providing backfill funding will create a safety issue, and / or what the capacity issue will be if the funding is not provided (e.g. beds impact)
- what steps will be taken to remove the need for backfill funding by March 2027, and where this is felt unlikely what the realistic timeframe is for reducing if allocated.

These requirements have been addressed in so far as it is possible to do so prior to implementation. Given the inevitable uncertainty regarding the actual impact of introducing the further reduction, it was proposed the role and membership of the Programme Board evolves to provide the assurance required.

(i) Impact of not providing further backfill funding

The rationale for the further backfill funding requests for the re-graded services was considered in Partnership by the AfC Reform Programme Board on 19th January. Members were supportive of the requests, recognising the risks as described by Professional Leads of not providing the backfill funding as greater than initially anticipated, as follows.

Clinical/Support Services (excluding nursing) which should be rated as high rather than medium risk. The recommendation of the Programme Board is for 9.4 x WTE backfill at a cost of £560,000 for 12 months in the first instance. These are predominantly requests in relation to “Hard” Facilities Management, if backfill funding is not provided to support the loss of hours, they will not be able to carry out the same level of PPM and remedial works required to keep buildings compliant and safe. As a result, they would likely fail statutory and mandatory checks that are required, and this would be almost certain to increase the number of health and safety issues, as well as seeing bed spaces, offices etc requiring work becoming unavailable for longer periods of time. It is also important to note that Hard FM services absorbed the first half hour reduction fully with no backfill funding.

A range of previously medium or medium-high risk rated posts identified for Nursing. These total 52.41 x Registered and 19.04 x Unregistered WTE, costing up to £4.62m for 12 months in the first instance. The Programme Board recognised that not providing backfill could reduce the bed capacity in some areas due to the impact it would have on our ability to meet

requirements of the Health and Care Staffing Act. Whilst this might be accommodated in future, if a reduction in required beds arises from shifting care into community settings, it will not be without impact in the near term. It also supports our ability to recruit as many newly qualified nurses as possible in what is expected to be the final year where undergraduate outputs are at a level commensurate with service requirements.

Providing funding for the Services above would cost up to **£5.2m**, initially for a 12-month period. However, it is understood that the estimated £4.6m costs attributed to re-categorised nursing posts is a reinstatement of non-recurrent backfill funding allocated in 2024/25 in respect of the first 30 minutes. In previous papers, this had been mistakenly included in a £6.1m recurrent carry forward. In fact, there is only £1.6m carried forward recurrently from 2024/25 for non-nursing posts. This means that the **total RWW backfill cost is estimated to be £30.8m (£25.6m plus £5.2m) plus £1.6m carried forward = £32.4m**. CMT approved this updated position on 27th January.

(ii) Reducing reliance on backfill funding

It will not be possible to remove the need for backfill funding entirely. Some tasks cannot be delivered in alternative ways, and service levels cannot be reduced. However, adopting a time limited funding model in the first instance presents an opportunity to increase the focus of Services on transformation, change and or improvement work that reduces the reliance on this funding over time. However, this will require deliberate, focussed attention.

Information was requested from the Service areas - predominantly Nursing and Estates and Facilities - as to what steps they are planning to take to remove the need for the backfill funding within the 12-month period, although this is a relevant question for all Service/Job Family combinations in receipt of backfill funding. In terms of the Hard FM posts, teams are reviewing their processes and looking at what IT systems and transformation options are available to reduce the reliance on the backfill funding including options to replace assets that are more automated or require less checks. For Nursing and Midwifery, the withdrawal of funding for Nursing and Midwifery posts at the end of 12 / 24 months will require service teams to develop redesign options which will be scrutinised by the Nursing and Midwifery Workforce Group. Enablers such as alternate roles and grades of staff, activity and capacity will need to be considered. CMT accepted this position on 27th January.

(ii) Monitoring Implementation and Providing Future Assurance

In terms of the Reduced Working Week, the focus of the AfC Reform Programme Board to date has been to support planning for the implementation of the reduction in hours from 1 April 2026, and this will continue to be a key focus over the next few months. During February the Senior Project Manager will be liaising with Services to understand where they are at with agreeing implementation approach in partnership from 1 April 2026 and flagging any areas of concern to the Programme Board and as appropriate to the CMT.

However, post 1 April 2026, there will also be a need to monitor that implementation has occurred as expected, and how services are transforming and changing the way they work

to ensure that, by March 2027 and March 2028 as appropriate depending on the level of risk, the reliance on the non-recurring backfill funding is reduced. To carry out this monitoring function and provide update reports on progress and management of the Corporate Risk, it is felt that the membership of the Programme Board needs to be enhanced with further Service representation, and the remit updated. Following CMT endorsement on 27th January, this will be discussed further with the Programme Board at their next meeting on 16th February.

2.3.1 Quality/ Patient Care

In the short-term, there is no single solution that enables removal of all the risks created by the introduction of the reduced working week from 1st April 2026. The detailed work by Lothian Analytics Services and Finance subsequently reviewed and calibrated by Professional Leads focussed on local assessments of care delivery and clinical quality and safety risks. Service Directors and Chief Officers also provided inputs in this respect to the 31st October CMT workshop where the principles for backfill funding were further developed prior to agreement with CMT on 4th November. These parameters were applied to inform CMT decision making on 2nd December and 27th January.

2.3.2 Workforce

It is intended that the implementation of the AfC Reforms will have a positive impact on staff experience and well-being at work. The further reduction in the working week should have a positive impact on staff as they will be working reduced core hours ultimately. NHS Lothian is seeking to replace 51% of capacity lost from the total reduction in the working week of 90 minutes per Agenda for Change WTE that will have been implemented by April 2026 in support of this. However, in some areas it is recognised that where the reduction in the working week would have a negative impact on service delivery, including additional staff being unavailable even where funding is, staff may need to continue working the additional time and therefore not benefit fully from the reduction in the working week initially.

2.3.3 Financial

Whilst the estimated total of £32.4m for the reduced working week is lower than the £45m allocation confirmed to date by Scottish Government, the cost of backfill funding does not sit in isolation from the costs of implementing the Band 5-6 Nursing Review component of AfC Reform. Finance colleagues estimate that if the 72% success rate for Band 5-6 regrading requests to date is applied to all Band 5 Nurses, this could cost £37m. However, given that a proportion of our Band 5 Nursing workforce will only have been in post for 1-3 years it is unlikely that they will apply for a review as they will not have gained enough clinical experience to meet the criteria required. The same might be true of colleagues close to retirement. Some further modelling on the likely numbers that will apply for a review will be undertaken to try to support robust financial costings of the Band 5 Review, which in turn will inform the assessment of risk associated with backfill funding levels. This was welcomed by CMT on 27th January.

2.3.4 Risk Assessment/Management

Irrespective of the above, there remains a risk that even if backfill funding is allocated, a Service may be unable to secure sufficient workforce to replace lost capacity, particularly if staff who work part-time hours choose not to retain those hours. Whilst this could potentially be mitigated by responsibility shifting between roles, this would involve organisational change and role redesign beyond the AfC cohort, so is not a quick fix. Further, it is difficult to estimate with clarity from the data provided by services to date what the actual consequences will be of a failure to provide backfill funding.

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 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 have been 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. Workshops for Managers are also being held in January and February 2026 to provide an overview of what is required in terms of implementation and answer any questions.

2.3.7 Route to the Meeting

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

- RWW Implementation Group – Various
- Corporate Management Team – 26 August, 23 September, 31 October, 4 November and 2 December 2025, 13 January and 27 January 2026
- Agenda for Change Programme Board – 19 January 2026

2.4 Recommendations

Note and discuss the steps taken by NHS Lothian to ensure a proportionate approach to providing backfill funding support to services in mitigation of short-term challenges, whilst also seeking to use the reduced working week as a lever for redesign.

Take significant assurance that NHS Lothian has objectively considered the competing risks associated with introduction of the reduced working week alongside other AfC reforms and organisational priorities, drawing on clinical and other professional leadership to inform decision making about the use of limited funding.

Meeting: NHS Lothian Board
Meeting date: 04 February 2026
Title: Performance Report
Responsible Executive: Jim Crombie, Deputy Chief Executive
Report Author(s): Wendy Reid, Head of Performance & Business Unit;
 Lauren Wands, Performance and Business Manager

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

This report is being provided for information to facilitate Board Member oversight across agreed metrics. Please note;

Performance Area	National Standard Compliance	ADP / Trajectory Compliance
Scheduled Care Outpatients	Not Met – Nov 2025	On Track – Q3 2025/26
Scheduled Care Inpatients/Day cases	Not Met – Nov 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 – Nov 2025	Off Plan – Q3 2025/26
62-Day Cancer Performance	Not Met – Nov 2025	Off Plan – Q3 2025/26
Accident and Emergency 4 Hour Performance	Not Met – Dec 2025	Off Plan – Dec 2025
Delayed Discharges	N/A	N/A
IVF Waiting Times Performance	Met – Nov 2025	N/A
Early Access to Antenatal Services	Met – Nov 2025	N/A
Primary Care <i>General Practice Activity Measures</i>	N/A	N/A
Psychological Therapies Waiting Times Performance	Not Met – Nov 2025	N/A
CAMHS Waiting Times Performance	Not Met – Nov 2025	On Track – Q3 2025/26
Smoking Cessation Performance	N/A	Off Plan – Q1 2025/26

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.

¹ [Item-6-Appendix-2-25-26-NHS-Board-Delivery-Plan-Guidance.pdf](#)

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.

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.

Child and Adolescent Mental Health Services

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 to zero by the end of June 2026 were re-submitted and subsequently approved by the Scottish Government for approval. Additional funding of approximately £500,000 has been secured to focus on making these rapid improvements for our longest waiting patients. NHS Lothian has also received de-escalation criteria from Scottish Government in relation to Level 3, and if progress is sustained in line with the approved plan, the opportunity should be available to de-escalate from Stage 3 to Stage 2 in summer 2026.

Maternity Services

² [NHS Scotland Operational Improvement Plan](#)

³ <https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/>

NHS Lothian was escalated to Level 3 of the NHS Scotland Support and Intervention Framework in October 2025 following the publication of the Healthcare Improvement Scotland (HIS) Unannounced Maternity Services Inspection report for the Royal Infirmary of Edinburgh on 29 October 2025. In response, the Board has established a comprehensive Maternity Improvement Programme, structured around four overlapping workstreams to ensure a coordinated and sustainable approach to patient safety, leadership, staffing, and organisational culture. The HIS Action Plan and the Critical Action Delivery Plan - the latter drawn from pre-existing improvement activity - together include key actions such as a targeted midwife recruitment plan, a refreshed culture workplan, and strengthened visible leadership. In parallel, the Whistleblowing Action Plan, incorporating associated INWO recommendations, has progressed significantly, with 14 recommendations completed and six remaining open, all of which align directly with HIS requirements. The fourth workstream, the Maternity & Neonatal Services Programme Board's Reducing Avoidable Harm Programme, continues to drive targeted quality-improvement activity aimed at improving clinical outcomes for mothers and babies.

To support progress towards embedded and sustainable improvement, and ultimately de-escalation from Level 3, NHS Lothian must continue to demonstrate: (1) consistent safe staffing across maternity services; (2) delivery of appropriate training at scale; and (3) full implementation of all HIS recommendations. Executive oversight and enhanced support remain in place to ensure continued grip, assurance, and impactful delivery against all required actions.

Audit Scotland Report Delayed Discharges (January 2026)

Audit Scotland's recent report⁴ highlights continued and significant pressures on the health and social care system stemming from delayed discharges across NHS Scotland. In 2024/25, it was noted that there were 17,915 delayed discharges, resulting in 720,119 bed days lost, with 1 in 9 hospital beds occupied by patients medically fit to leave. Older adults remained most affected, with those aged 75+ accounting for 66% of delayed discharge bed days. These pressures directly constrain NHS capacity, contributing to overcrowding, extended waits, and reduced flow through acute sites.

A major theme of the report is the need for national leadership and system-wide consistency. The Scottish Government, COSLA, Healthcare Improvement Scotland, Integration Authorities (IAs), and NHS Boards are collectively tasked with developing a unified approach to evaluating improvement initiatives. This includes annual reporting, strengthened discharge guidance, and a national set of evidence-based performance indicators tailored to local context; critical for NHS Boards seeking clearer accountability and more usable operational data.

The report highlights Lothian's Whole System Approach as a positive example within NHS Scotland. Its Flow Navigation Centre, staffed by 11 consultants, demonstrates how clinically led flow management can reduce unnecessary admissions, improve system visibility, and identify unmet need. The Lothian Partnership's Unscheduled Care (USC) Improvement Programme - emphasising a home-first ethos, seven-day staffing, everyday discharge, and shifting care closer to community settings - has delivered measurable improvement. By the end of 2024/25, delayed discharges fell by 17% at the Royal

⁴ [Delayed discharges: A symptom of the challenges facing health and social care | Audit Scotland](#)

Infirmery of Edinburgh and by 32% at the Western General Hospital, accompanied by improved staff morale and a more coherent whole-system approach.

Taken together, the findings reinforce that addressing delayed discharge is essential for sustaining NHS Scotland's acute capacity, supporting workforce wellbeing, and improving patient outcomes.

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 2024⁵.

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 2024⁶.

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 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

⁵ [Four Hour Emergency Access Standard: Expert Working Group Recommendations Report](#)

⁶ [Changes to the Four Hour Emergency Access Standard \(EAS\)](#)

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.

As previously mentioned, CAMHS has secured additional funding of approximately £500,000 to focus on making rapid improvements for our longest waiting patients by end June 2026.

NHS Lothian continues to wait for clarity over the future of nationally funded Capital Projects, which we would expect to provide resilient capacity for services in future years.

2.3.4 Risk Assessment/Management

Relevant Board Corporate Risks have been referenced in *Appendix 1*, with risk assessments and mitigation plans detailed at the appropriate Board Subcommittees at the required frequency. There are no additional factors included in this report which have not been recognised by these risks and therefore impact the previously reported risk grading and assurance level provided.

2.3.5 Equality and Diversity, including health inequalities

No specific decision(s) are being sought from this paper.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

With regards to the drafting of this summary of information for the Board, there has been no additional requirement to involve and engage external stakeholders, including patients and members of the public.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Relevant CMT members during January 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

February 2025/26

Overview of 2025/26 NHS Lothian Board Indicators

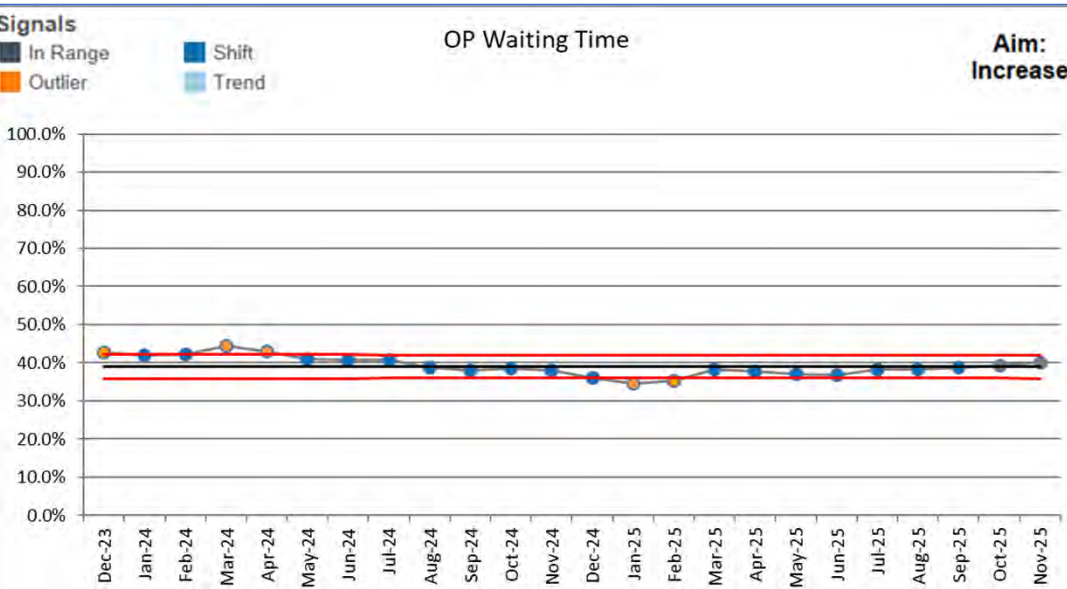
ADP Planning Priority	Indicator	Rationale for Inclusion	Linked to Corporate Risk	Performance vs ADP/Local Trajectory			National Performance	
				Latest Actual	ADP/Local Trajectory	Assurance for Delivery Against Standard/Trajectory by end of 2025/26	NHS Scotland Latest Published Performance	National Target/Standard
Planned Care	12 Weeks 1 st Outpatient Appointment	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	40.1% (Nov 25)	N/A	Moderate	42.2% (Sept 25)	95%
	Outpatient >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	14,366 (Dec 25)	19144 (Q3 25/26)	Moderate	56,439 (Sept 25)	N/A
	Treatment Time Guarantee (TTG) (12 Weeks)	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	58.7% (Nov 25)	N/A	Moderate	56.7% (Sept 25)	100%
	TTG >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	3,167 (Dec 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	4,468 (Dec 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	8,084 (Dec 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	66% (Dec 25)	N/A	Limited	65.6% (Nov 25)	95%
	Delayed Discharges	Annual Delivery Plan (ADP) Measure	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	250 (Dec 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	92.9% (Nov 25)	94.5% (Q3 25/26)	Limited	95.1% (Sept 25)	95%
	62 Day Cancer Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	57.0% (Nov 25)	83.8% (Q3 25/26)	Limited	70.7% (Sept 25)	95%
Mental Health	Psychological Therapies Waiting Times	Local Delivery Plan (LDP) Standard	-	77% (Nov 25)	N/A	Limited	81.2% (Sept 25)	90%
	CAMHS Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	-	54.8% (Nov 25)	65.7% (Mar26)	Limited	92.7% (Sept 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	-	167 (Q1 25/26) 733 (2024/25)	296 1,184	Limited	N/A	296 1184

Planned Care – New Outpatients

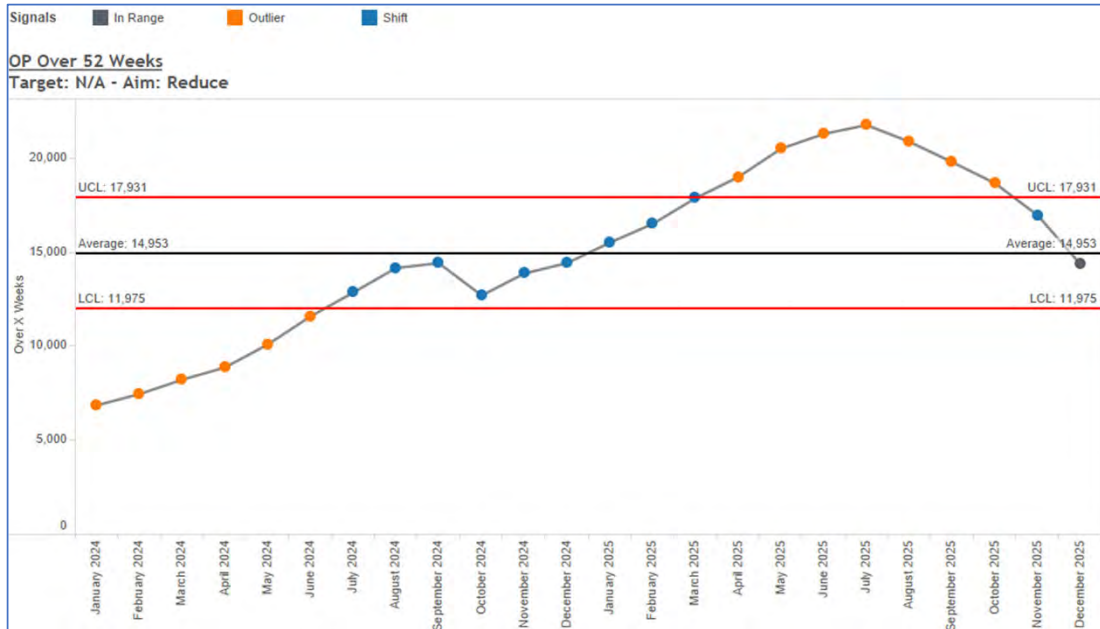


Responsible Director(s):	Chief of Acute Services	Reporting Period:	November/December 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

12 Weeks 1st Outpatient Appointment - LDP Standard



Outpatient Waiting List Size >52 Weeks



KPI	Latest Performance (Dec 2025)	Trajectory (Q3 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (Sept 2025)
Total List Size	88,173	N/A	N/A	N/A
Waits > 52 weeks	14,366	19,144	8,828	N/A
Waits > 78 weeks	5,921	N/A	N/A	N/A
Waits > 104 weeks	1,836	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)	40.1% (Nov 2025)	N/A	N/A	42.2% (Scotland Average)

Planned Care – New Outpatients

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

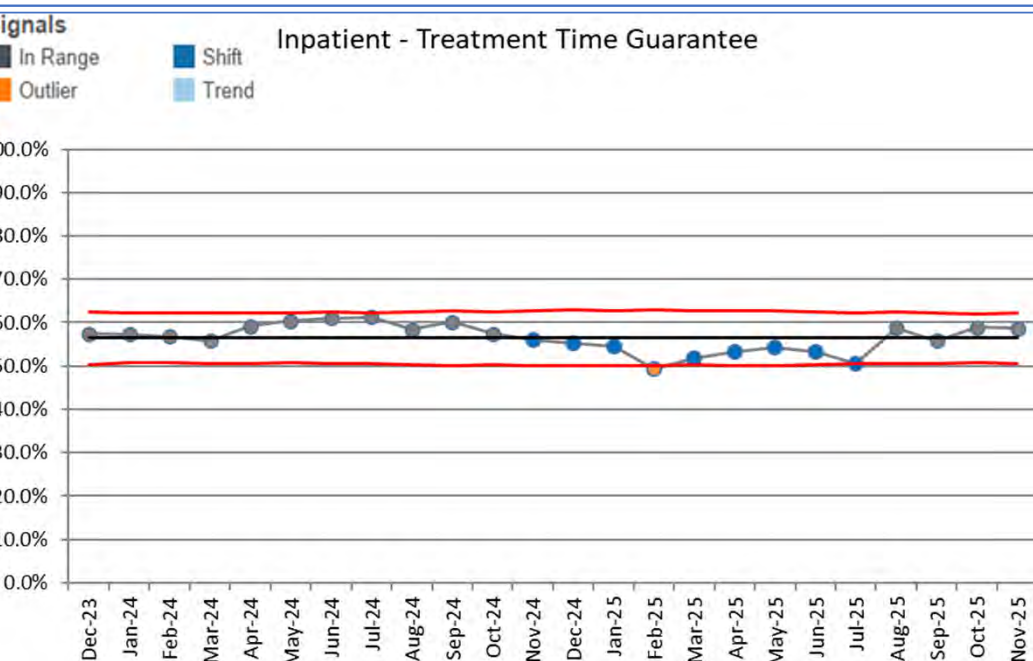
Summary	Actions	Assurance
<p>As of the end of December 2025, performance for patients waiting over 52 weeks exceeded the projected trajectory by 4,778 patients.</p> <p>Overall activity was 12.8% below plan (3.4% below plan year-to-date). Additions to the waiting list were 1.4% above plan, although year-to-date additions remain 2.3% below plan.</p> <p>The forecasted position for outpatients waiting over 52 weeks by the end of March 2026 is 8,828 patients.</p> <p>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.</p> <p>Whilst performance is currently significantly better than trajectory, the expected improvement between January and March is challenging with winter pressures likely to impact on this.</p>	<p>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.</p> <p>Additional Capacity and Funding A further request was submitted to Scottish Government for additional See & Treat activity in Gynaecology. Formal confirmation of this is expected shortly.</p> <p>Workforce Recruitment Recruitment is progressing for posts funded through the additional allocation received for 2025/26.</p> <p>High Impact Lists High Impact Lists (HILs) continue to deliver additional capacity for long-waiting patients in key specialties. As of 5th January 2026, 9749 outpatients have been seen via HILs, with further lists planned.</p> <p>Performance Management Key Performance Indicators (KPIs) are in place for the Outpatient Delivery Group, including stretch targets for reducing Did Not Attend (DNA) rates.</p> <p>Waiting List Validation This is now embedded, with all patients contacted at 26 weeks to confirm ongoing need. Longest-waiting Gynaecology & Colorectal patients are undergoing further validation.</p> <p>Operational Delivery Ophthalmology – Over 52-week position being closely monitored; several actions identified which will take effect from January 2026 and further deep dive planned for early January. ENT – Delay to insource provision commencing however this is now in place and High Impact Lists are supporting insource provision. Colorectal Surgery – Over 52-week position impacted by long term unplanned leave. Mitigation includes High Impact Lists continuing where possible and early positive results from clinical validation. Unlikely to achieve trajectory of 0 patients over 52-weeks by March 2026.</p>	<p>Moderate</p> <p>4</p>

Planned Care – New TTG

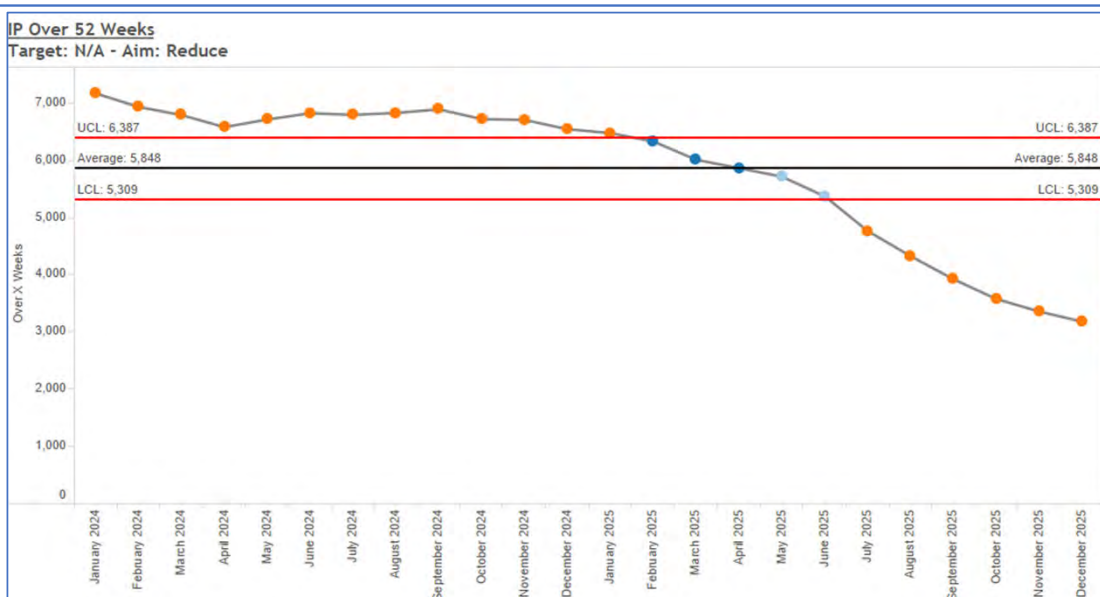


Responsible Director(s):	Chief of Acute Services	Reporting Period:	November/December 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

12 Weeks 1st TTG Appointment - LDP Standard



TTG Waiting List Size >52 Weeks



KPI	Latest Performance (Dec 2025)	Trajectory (Q3 2025/26)	Trajectory (March 2026)	National Benchmarking (Sept 2025)
Total List Size	22,164	N/A	N/A	N/A
Waits > 52 weeks	3,167	4,897	3,735	N/A
Waits > 78 weeks	857	N/A	N/A	N/A
Waits > 104 weeks	197	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)	58.7% (Nov 2025)	N/A	N/A	56.7% (Scotland Average)

Planned Care – New TTG

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

Summary	Actions	Assurance
<p>As of the end of December 2025, performance against the over 52-week trajectory was ahead by 1,730 patients.</p> <p>Activity levels for the month were 2.2% lower than planned, with year-to-date activity remaining above plan at 2.8%. Additions to the waiting list were below plan by 0.5% for the month however exceeding plan by 5% year-to-date.</p> <p>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.</p> <p>Whilst performance is currently significantly better than trajectory the expected improvement between January and March is challenging with winter pressures likely to impact on this.</p>	<p>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.</p> <p>Additional Capacity and Funding A further request was submitted to Scottish Government for additional activity in Gynaecology and General Surgery. Formal confirmation of this is expected shortly.</p> <p>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.</p> <p>High Impact Lists Additional capacity is being delivered through High Impact Lists (HILs), specifically targeting long-waiting patients in key specialties. As of 5th January 2026, a total of 675 patients have been treated through weekend lists across General Surgery, Urology, Maxillofacial Surgery, Plastic Surgery, and Gynaecology.</p> <p>Workforce Recruitment Recruitment activity is progressing for the additional posts supported by the recently secured recurring funding.</p> <p>Operational Delivery Ophthalmology – Over 52-week position being closely monitored; several actions identified which will take effect from January 2026 and further deep dive planned for early January.</p>	<p>Moderate</p>

Planned Care – Diagnostics (Endoscopy)



Responsible Director(s):	Chief of Acute Services	Reporting Period:	December 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 (Dec 2025)	Trajectory (Q3 2025/26)	Trajectory Forecast (March 2026)
Total List Size	5,959	N/A	N/A
Waits > 6 weeks	4,468	3,248	2,234
Waits > 26 weeks	2,734	N/A	N/A
Waits > 52 weeks	1,336	N/A	N/A
Percentage of Waits Currently within 6 Weeks	25.0%	N/A	N/A

Summary	Actions	Assurance
<p>Activity delivered in December 2025 was 7.6% above plan, bringing the year-to-date position to 16.7% above plan.</p> <p>At the end of December 2025, the number of patients waiting more than six weeks was worse than planned trajectory by 1,220. However, the overall waiting list size has continued to reduce month-on-month. 75% of patients on the waiting list are prioritised as Urgent or USoC, which remains a key driver of the over 6-week/long-wait position.</p> <p>Overall, the number of patients waiting over 6 weeks has reduced by 1,498 since end of April 2025, with the overall waiting list reducing by 2,172 since the same period.</p> <p>The long wait position is pressured for both new and surveillance patients. As of 23rd December 2025, there is a surveillance backlog of 3,339 patients, of which 501 patients (a reduction of 715 since July 2025) are deemed High Risk.</p>	<p>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.</p> <p>High Impact Lists Additional High Impact Lists are being delivered for USoC and Bowel Screening. By 5th January 2026, the service has completed 1,349 flexible cystoscopies and 618 endoscopies.</p> <p>Activity Expansion A review of the endoscopy service is underway to identify additional capacity requirements in collaboration with CfSD. 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.</p> <p>Pre-Assessment and Clinical Revalidation Pre-assessment nurses are actively reviewing long-wait and surveillance patients to confirm appropriateness of appointments for both core and insource capacity. This process has resulted in removals from the waiting list and redirection to alternative test types.</p> <p>Workforce Update Two new GI consultants commenced in October 2025 and a further consultant in December 2025, providing additional endoscopy sessions. This is supporting improvements in the long-wait position and improved compliance with USoC timed standards.</p> <p>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. Where possible lists are being re-provided at other Lothian endoscopy sites.</p>	Limited

Planned Care – Diagnostics (Radiology)

Responsible Director(s):	Chief of Acute Services	Reporting Period:	December 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 (Dec 2025)	Trajectory (Q3 2025/26)	Trajectory Forecast (March 2026)
Total List Size	16,068	N/A	N/A
Waits > 6 weeks	8,084	4,845	0
Waits > 26 weeks	1,418	N/A	N/A
Waits > 52 weeks	163	N/A	N/A
Percentage of Waits Currently within 6 Weeks	49.6%	N/A	N/A

Summary	Actions	Assurance
<p>As at the end of December 2025, the total waiting list closing position was 16,068. The number of patients waiting over 6 weeks was 8,084 which is worse than trajectory by 3,239 patients.</p> <p>Overall, the number of patients waiting over 6 weeks has reduced by 2,913 since end of April 2025, with the overall waiting list reducing by 4,304 in the same period.</p> <p>The over 6-week position by modality is as follows:</p> <ul style="list-style-type: none"> CT: 896 patients, which is better than trajectory by 579 and continues to reduce. MRI: 4,580 patients which is worse than trajectory by 2,363 (30% of this is due to a reporting backlog). Ultrasound: 2,953 patients which is worse than trajectory by 1,440 and is driven by delays in recruiting new Sonographers. 	<p>Clinical Prioritisation – Patients continue to be scheduled in line with clinical priority, including USoc, Urgent, Inpatient, and Emergency Department cases.</p> <p>Mobile MRI Capacity – Additional mobile MRI van now on site at RIE from 19th December 2025 until end March 2026 (~1,100 scans to be delivered by end March 2026) and further unit onsite at WGH from 7th January 2026, scanning commenced 8th January (~800 scans to be delivered by end March 2026)</p> <p>Mobile MR at Midlothian Community hospital also providing additional 15 days per month until at least February 2026 (~350 scans per month)</p> <p>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 in early 2026/27.</p> <p>Additional Reporting Processes – The internal reporting process (LORRIS) is operational and has been delivering an additional 150–200 reports per week. The NHS Scotland additional reporting process (SNRRS) is also in place, utilising all available capacity on a weekly basis (minimum of 40/50 reports per week).</p> <p>Ultrasound Recruitment – Further vacancies are going through the recruitment process, currently at shortlisting with interviews planned for end of January. Locum provision supporting current rota gaps.</p> <p>Ultrasound Insourcing – An insourcing solution for ultrasound has been procured to deliver 2,400 scans before the end of February 2026, beginning weekend of 10th January.</p> <p>External Reporting Services – External commercial reporting services were awarded on 5th January following tender process delays. Expected to provide between 1,950 and 3,200 reports, with a projected start date to be confirmed due to the IT infrastructure required to deliver these reports in a timely and safe manner.</p>	Limited

Urgent & Unscheduled Care – Accident and Emergency Waiting Times



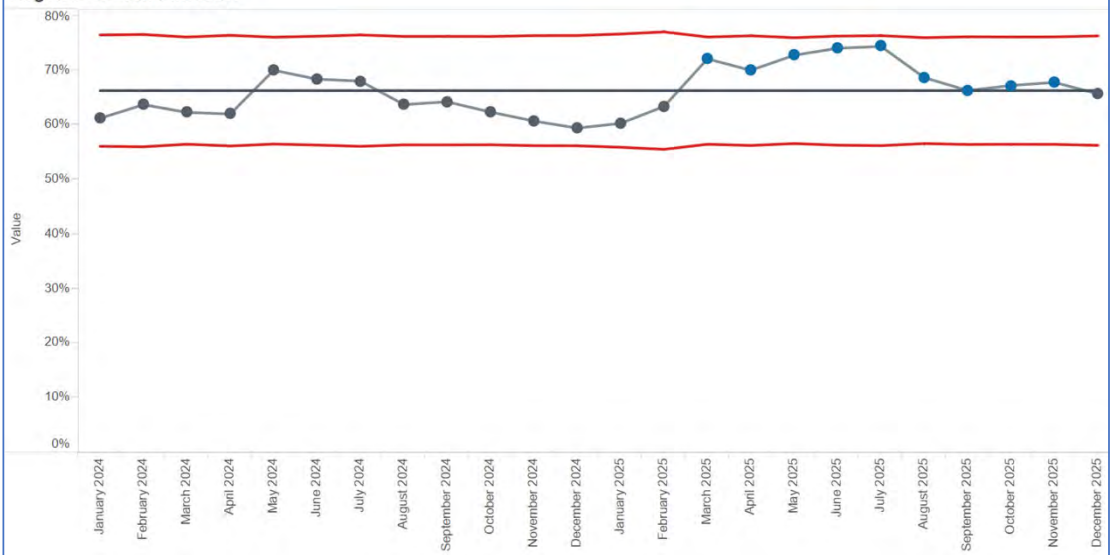
Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	Reporting Period:	December 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Accident and Emergency Waiting Times – LDP Standard

KPI	Latest Performance (Dec 2025)						Trajectory (** 2025)			Trajectory Forecast (end March 2026)			National Benchmarking (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)	66%						N/A			80%			65.6% (Scotland Average)		
RHCYP	86%						N/A			N/A			N/A		
RIE	57%						N/A			86%			N/A		
SJH	67%						N/A			N/A			N/A		
WGH	62%						N/A			N/A			N/A		
	NHS			RIE			WGH			SJH			CYP		
31/12/2025	Dec'25	Avg last 3 months	Avg'24	Dec'25	Avg last 3 months	Avg'24	Dec'25	Avg last 3 months	Avg'24	Dec'25	Avg last 3 months	Avg'24	Dec'25	Avg last 3 months	Avg'24
4hr EAS %	66	67	64	57	59	51	62	65	65	67	67	66	86	91	90
4hr EAS % for Admitted	34	35	29	34	37	26	25	22	22	30	29	24	52	61	63
4hr EAS % for Non-Admitted Patients	76	77	74	67	68	60	78	80	80	75	75	75	90	94	94
Average Time to Triage	29	29	34	33	30	43	30	35	37	32	35	30	16	14	15
Average Time to 1st assess	98	102	84	122	130	118	84	81	60	103	115	71	53	97	43
Attendances	802	842	809	344	368	344	120	133	129	174	185	183	164	157	154
Admissions from ED	194	201	180	106	117	95	36	34	35	32	33	31	20	17	19
8hr Breaches	95	83	110	56	50	71	19	15	16	19	17	22	1	1	1
12hr Breaches	49	37	60	30	22	42	10	7	8	10	9	11	0	0	0
All Delays (including 100s)	345	344	415	99	94	132	65	65	82	40	35	50			

A&E Performance

Target: 95% - Aim: Increase



Urgent & Unscheduled Care – Accident and Emergency Waiting Times



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

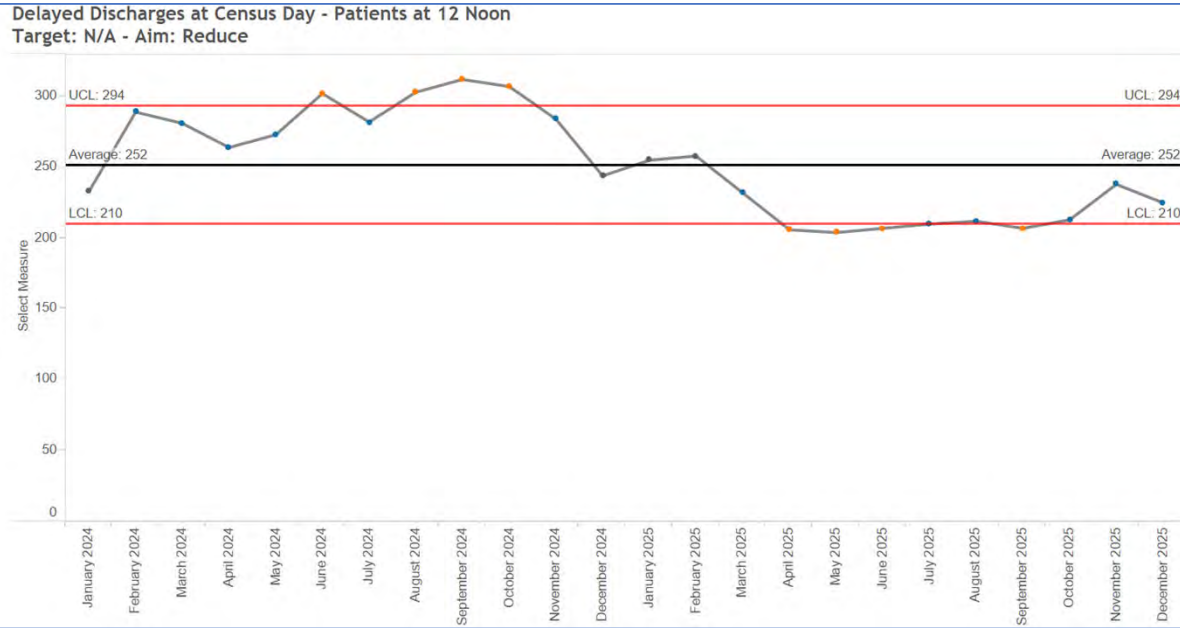
Summary	Actions	Assurance
<p>Between December 2024 and December 2025, NHS Lothian has delivered a year-on-year improvement in performance against the Emergency Access Standard, with reductions in long waits and improved early flow measures, despite higher attendances and admissions than the 2024 average.</p> <ul style="list-style-type: none">Overall, 4-hour EAS performance in December 2025 remains above the 2024 average, with improvement sustained across the preceding three months. The most consistent gains are evident at RIE, where improvements in triage time, time to first assessment and long waits have been maintained through December 2025, in line with the trends shown in the comparative table.Non-admitted performance in December 2025 remains stronger than admitted performance across all sites, consistent with improved front-door streaming and redirection to alternative pathways. Admitted patient performance continues to be the principal constraint on overall EAS delivery.8-hour and 12-hour breaches in December 2025 remain lower than the 2024 average across the system, demonstrating improved management of extreme waits even during periods of sustained winter demand.Children and Young People’s (CYP) services continue to perform strongly, with high and stable 4-hour compliance and minimal long waits, consistent with both recent months and 2024 performance.Attendances and admissions in December 2025 remain above 2024 levels, placing continued pressure on acute services; however, improved flow and earlier decision-making have mitigated the impact on safety and overall performance. <p>By Site:</p> <ul style="list-style-type: none">RIE has delivered sustained improvement compared to December 2024, with faster early assessment and fewer long waits, though overall performance remains sensitive to inpatient bed availability.WGH continues to support system balancing, with lower occupancy than RIE and broadly stable 4-hour performance, while out-of-hours pressure persists.SJH maintains comparatively low admission rates, though long waits remain higher than the 2024 average, reflecting flow and discharge constraints rather than front-door demand. <p>Overall, performance gains have been achieved without a reduction in demand, demonstrating the impact of flow, discharge coordination and admission avoidance measures.</p>	<p>What has Driven Improvement?</p> <ul style="list-style-type: none">Strengthened front-door flow and streaming, supported by improved triage and time-to-first-assessment at RIE and other adult acute sites.Flow Navigation Centre (FNC) redirection of approximately 20–25% of urgent referrals to alternative pathways, supporting admission avoidance and reducing unnecessary ED pressure.Expanded Hospital at Home and Care at Home capacity, enabling more patients to be managed safely without admission.Frailty pathways and ED frailty models, supporting early decision-making and reducing avoidable admissions, particularly for patients aged over 75.Targeted site-based improvement programmes, including the Whole System Unscheduled Care Improvement Programme at RIE, supported by £14.5m investment. <p>Ongoing Actions:</p> <ul style="list-style-type: none">Continued delivery of the Whole System USC Improvement Programme, with a focus on sustaining gains beyond RIE and embedding improvements across all adult acute sites.Further development of RACU and alternative same-day pathways, particularly at SJH and WGH, subject to workforce and funding constraints.Implementation of digital command centres to improve real-time visibility of pressure, capacity and flow across sites. At RIE the command centre was handed over on 13th January 2025.Continued focus on out-of-hours flow, particularly discharge timing and senior decision-maker availability.	Limited

Urgent & Unscheduled Care – Delayed Discharges



Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	Reporting Period:	December 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	Latest Performance (Dec 2025)	Trajectory	National Benchmarking ()
Total Delayed Discharges (Lothian)	250	N/A	N/A
Delays at monthly census point per 100,000 18+ East Lothian HSCP	13	34.6 total delays per 100,000 adults	N/A
Delays at monthly census point per 100,000 18+ Edinburgh HSCP	141		N/A
Delays at monthly census point per 100,000 18+ Midlothian HSCP	31		N/A
Delays at monthly census point per 100,000 18+ West Lothian HSCP	65		N/A



LOS1: TOTAL OCCUPIED BEDS - ALL INPATIENTS (7 DAY LAG)					
Lothian		RIE	SJH	WGH	
7 day average	-155.4	-68.9	-12.7	-73.9	
30 day average	-116.8	-46.5	-11.8	-58.5	
90 day average	-81.5	-29.4	-9.1	-43.0	
2024 average	1,727.2	843.1	346.8	537.3	
LOS2: TOTAL OCCUPIED BEDS - UNPLANNED INPATIENTS (7 DAY LAG)					
Lothian		RIE	SJH	WGH	
7 day average	-72.4	-10.4	-16.3	-45.7	
30 day average	-84.1	-18.7	-21.2	-44.2	
90 day average	-70.8	-20.1	-15.4	-35.4	
2024 average	1,489.3	718.3	301.8	469.3	
LOS3: TOTAL OCCUPIED BEDS - UNPLANNED INPATIENTS IN DELAY (ALL INCLUDING HEALTH DELAYS; 7 DAY LAG)					
Lothian		RIE	SJH	WGH	
7 day average	-36.9	-14.6	-9.0	-13.4	
30 day average	-34.8	-13.1	-6.2	-15.5	
90 day average	-56.6	-26.9	-11.6	-18.0	
2024 average	256.8	127.9	48.7	80.2	
LOS4: TOTAL OCCUPIED BEDS - UNPLANNED INPATIENTS NOT IN DELAY (ALL INCLUDING HEALTH DELAYS; 7 DAY LAG)					
Lothian		RIE	SJH	WGH	
7 day average	-35.5	+4.2	-7.3	-32.4	
30 day average	-49.3	-5.6	-15.0	-28.7	
90 day average	-14.2	+6.9	-3.7	-17.4	
2024 average	1,232.6	590.4	253.1	389.1	

Urgent & Unscheduled Care – Delayed Discharges



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

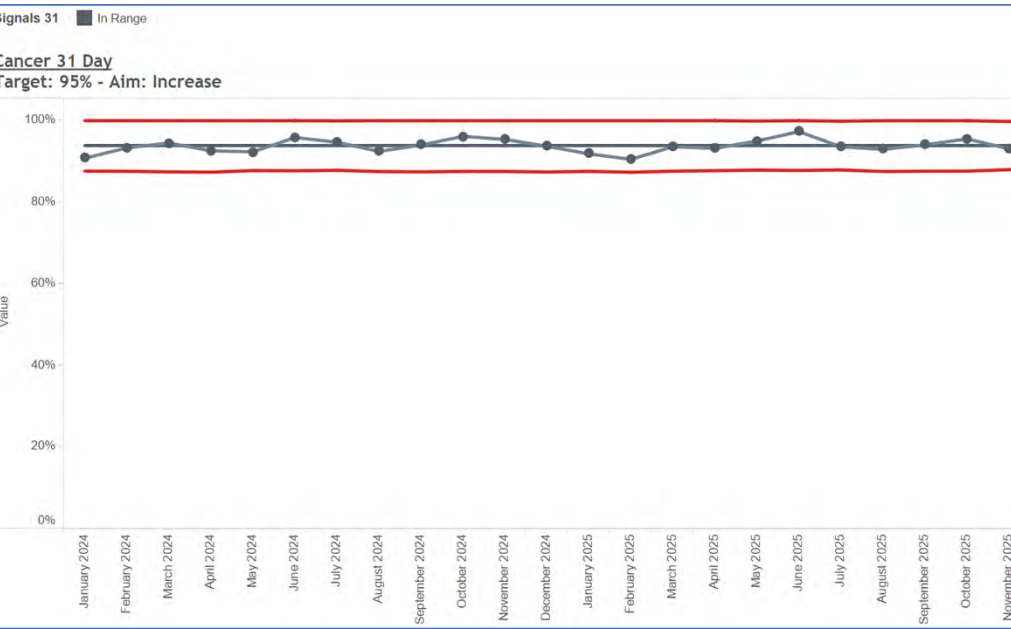
Summary	Actions	Assurance
<ul style="list-style-type: none">Delayed discharge performance has improved compared to 2024, with a sustained reduction in occupied beds attributable to delayed discharges across NHS Lothian. The average number of beds occupied by unplanned patients in delay has reduced from a 2024 average of 256.8 beds to between 200–220 beds in recent months, equating to approximately 35–55 fewer delayed occupied beds on a rolling basis.This reduction in delayed occupied beds has contributed to lower downstream bed occupancy compared to the 2024 average, although overall occupancy across adult acute sites remains above 85%, reflecting continued demand pressure.Across NHS Lothian, reductions in delayed occupied beds for unplanned patients aged over 75 align with improvements in frailty pathways, HSCP capacity and Care at Home provision. These improvements are also reflected in a reduction in mean length of stay compared to 2024, supporting improved bed turnover and front-door flow. <p>By Site:</p> <ul style="list-style-type: none">RIE has reduced the number of occupied beds attributable to delay compared to the 2024 average, despite higher admissions, reflecting improved discharge coordination and long-stay management.WGH continues to operate at lower occupancy than RIE, supporting system balancing.SJH has reduced delayed occupied beds compared to its long-run position, easing occupancy pressures, though performance remains sensitive to downstream flow.While the year-on-year position shows clear improvement, the rate of reduction in delayed occupied beds has slowed since Summer 2025, highlighting ongoing system vulnerability linked to social care capacity and winter demand. Further improvement remains dependent on sustained whole-system delivery.	<p>What has Driven Improvement?</p> <ul style="list-style-type: none">Expansion of Care at Home and step-down capacity, reducing delays for patients medically fit for discharge.Hospital at Home models, enabling earlier discharge and avoidance of prolonged inpatient stays.Focused management of long-stay patients, including targeted discharge “firebreaks” at RIE.Strengthened HSCP collaboration, particularly at SJH and WGH, reducing average daily delays.Frailty-led discharge pathways, supporting faster discharge for older patients and reducing bed days for those aged over 75. <p>Ongoing Actions:</p> <ul style="list-style-type: none">Continued work with HSCPs to stabilise and sustain social care capacity, recognising financial pressures in 2026/27.Further development of single-point-of-coordination and discharge models, subject to affordability and phasing. A meeting is scheduled in mid January 2026 to discuss.Embedding performance oversight and trajectory management to maintain focus on discharge timeliness.Continued system-wide focus on length of stay reduction, rather than solely delayed discharge counts.	Limited

Cancer Care – 31 Day Cancer Waiting Times



Responsible Director(s):	Chief of Acute Services	Reporting Period:	November 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

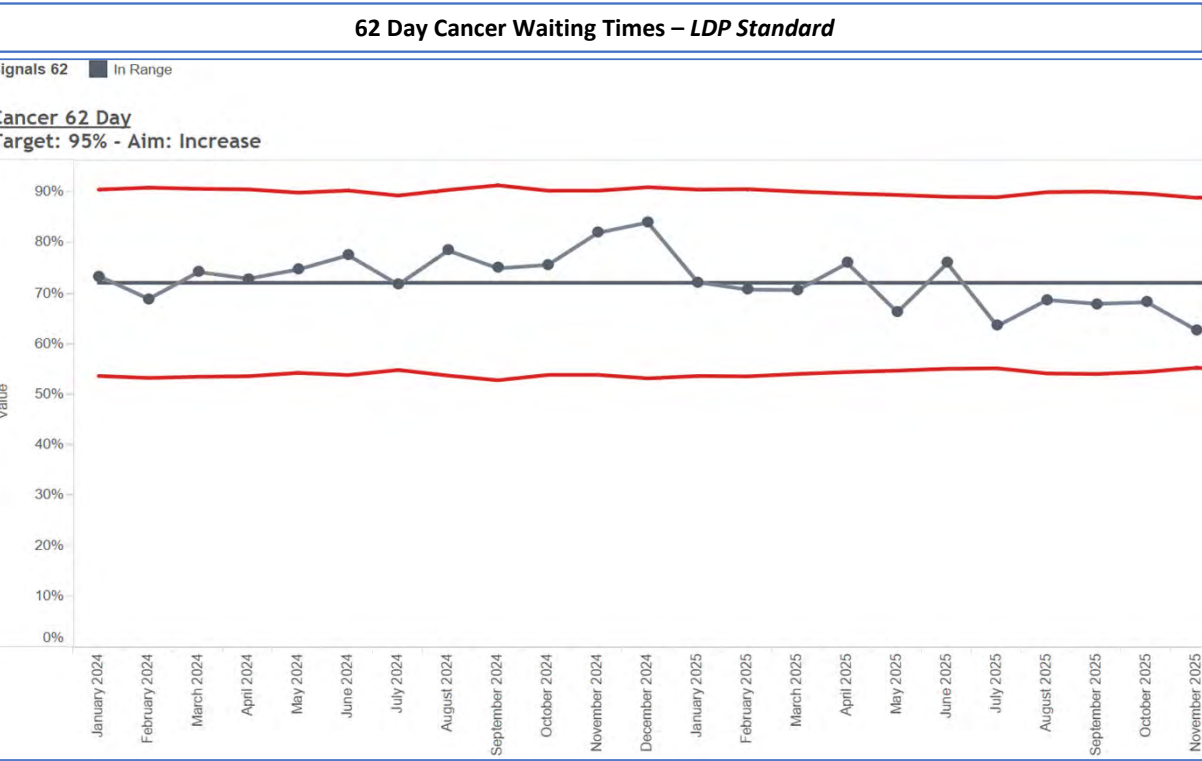


KPI	Latest Performance (Nov 2025)	Trajectory (November 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (Sept 2025)
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	92.9%	94.5%	94.7%	95.1% (Scotland Average)
Median 31-Day Wait	6 days	N/A	N/A	N/A
95 th Percentile 31-Day Wait	37 days	N/A	N/A	N/A
Summary		Actions		Assurance
<p>NHS Lothian's performance against the 31-day target in November 2025 was 92.9%, which was below the NHS Lothian trajectory of 94.5% and below the 95% standard. This was also below the average performance of 95.4% for Scotland.</p> <p>The main elements impacting performance on 31-day pathways are:</p> <ul style="list-style-type: none">• Urology surgical treatments for Prostate, Renal, and Bladder• Waits for Radiofrequency Ablation (RFA) for Upper GI HPB patients• Waits for Colorectal surgery <p>The wait for RARP has been significantly reduced for Urology Prostate patients, with a notable reduction in 31-day breaches.</p>		<ul style="list-style-type: none">• Monitoring/mechanisms are in place to proactively review/support delivery including: weekly Patient Tracker List meetings, weekly Cancer Huddle, monthly Cancer and Diagnostics Delivery Group and Access Delivery Group meetings, monthly call with Scottish Government, monthly CWT Trajectory meeting, and weekly and monthly performance reports.• Dedicated Cancer Waiting Times Trajectory workgroup established as of November 2025.• Action focus group with representation from General Managers.• Additional ad-hoc lists being added for Radiofrequency Ablation where possible.• Identifying mitigating actions to address loss of colorectal surgical capacity due to absence including; locum appointments, acting up, and QFit validation of long wait patients		Limited

Cancer Care – 62 Day Cancer Waiting Times



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



KPI	Latest Performance (Nov 2025)	Trajectory (Nov 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (Sept 2025)
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	57.0%	83.8%	89.4%	70.7% (Scotland Average)
Median 62-Day Wait	53 days	N/A	N/A	N/A
95 th Percentile 62-Day Wait	187 days	N/A	N/A	N/A

Cancer Care – 62 Day Cancer Waiting Times

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

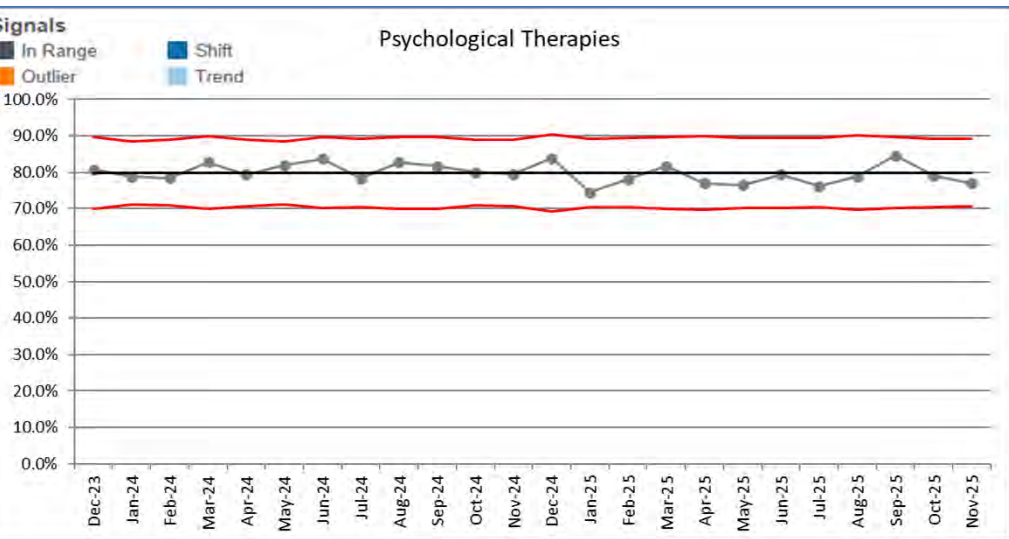
62 Day Cancer Waiting Times – LDP Standard

Summary	Actions	Assurance
<p>NHS Lothian's performance against the 62-day standard in November 2025 was 57.0%, which was below the NHS Lothian trajectory of 83.8% and below the 95% standard. This was also below the average performance of 73.3% for Scotland.</p> <p>Performance against the 62-day target has been challenging with the trajectory not being met all year. However, it is important to note that there has been an increased number of treatments which has reduced the backlog but has unfortunately resulted in lower performance as longer waiting patients move through their pathway. There are some longer waits for surgery, capacity constraints for diagnostics and outpatient clinics.</p> <p>Delays in the Urology Prostate diagnostic pathway, which has limited capacity in multiple pathway stages, are a key factor in this performance. However, several actions taken this year have reduced the average wait in key stages, more patients have been treated than before and waiting times for Robot Assisted Radical Prostatectomy (RARP) have reduced by 85%.</p> <p>Ongoing capacity issues in Endoscopy described in earlier slides are the primary cause of Colorectal breaches.</p>	<p>Cancer Funnel Implementation The nationally developed cancer funnel has been implemented for Colorectal and is under review by the service. Plans are being progressed through the Cancer & Diagnostics Delivery Group to agree on subsequent areas for funnel development.</p> <p>Cancer Waiting Times Trajectory A dedicated Cancer Waiting Times Trajectory workgroup was established in November 2025 to drive improvement actions.</p> <p>Monitoring Mechanisms are in place to proactively review/support delivery including weekly Patient Tracker List meetings, weekly Cancer Huddle, monthly Cancer and Diagnostics Delivery Group and Access Delivery Group meetings, monthly call with Scottish Government, monthly CWT Trajectory meeting, and weekly and monthly performance reports.</p> <p>High Impact Lists High Impact Lists are currently underway for Flexible Cystoscopy, Colorectal, and Urology. HILs planned for GU Oncology (~60 patients in January and February 2026) to help clear the Prostate Uro-Oncology backlog.</p> <p>Mobile MRI and Reporting Capacity Radiology have increased insourced reporting capacity to reduce reporting times. A second additional mobile unit is now onsite at WGH and scanning commenced from 8th January (~800 scans to be delivered by end March 2026) with the majority of this additional activity ringfenced for MRI Prostate.</p> <p>Additional Urology Activity Urology have increased core capacity in all diagnostic steps and have streamlined the USoc triage process.</p> <p>Endoscopy Additional endoscopy capacity was introduced in August 2025 to reduce long waits for OGD and colonoscopy, with further High Impact Lists currently underway.</p> <p>Colorectal Optimal Pathway £203k of the requested £930k was approved by Scottish Government. This funding is being used to support additional CT colon weekend lists. For the month of November 2025 this funding supported an additional 41 CT Colons scanned and 15 Minimal Prep and an increase in reporting of CT Colon/ Minimal Prep (~44 reports). Recruitment of the Cancer Pathway Nurse and Assistant Practitioner in Pathology is progressing.</p>	Limited

Mental Health – Psychological Therapies

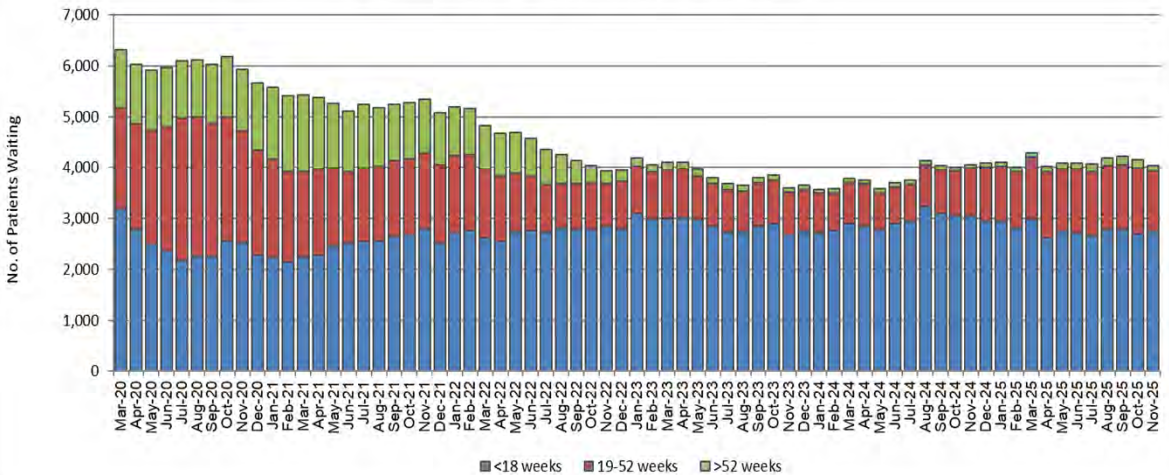
Responsible Director(s):	REAS Services Director	Reporting Period:	November 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

Psychological Therapies Waiting Times – LDP Standard



KPI	Latest Performance (Nov 2025)	Trajectory (March 2026)	National Benchmarking (Sept 2025)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	77%	77.7%	92.7% (Scotland Average)
Total Waits	4039	4133	N/A
Waits > 52 weeks	101	149	N/A

Psychological Therapies: Patients Waiting at Month End



Mental Health – Psychological Therapies



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

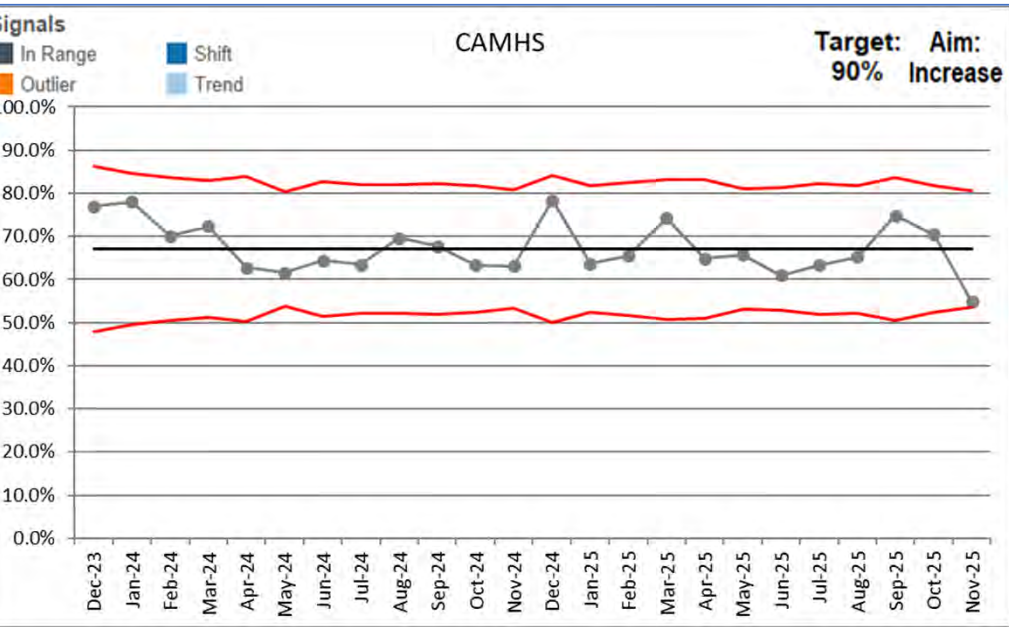
Summary	Actions	Assurance
<p>The treatment waiting list reduced from 4,227 in September 2025 to 4,039 at the end of November 2025. Analysis indicates that while the number of waits under 18 weeks has reduced over the past year from 3048 in November 2024 to 2,750 in November 2025, there has been an increase in waits of 19–52 weeks (from 946 to 1,118) and over 52 weeks (from 62 to 101) during the same period. This trend was anticipated and reflects both workforce reductions and rising demand across services.</p> <p>Due to reduced Mental Health Outcome Framework funding and the removal of historic reliance on slippage, Psychology had been required to reduce the workforce by approximately 18 WTE to achieve financial balance going forward.</p> <p>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.</p> <p>Financial plans have now been worked through and a process of recruitment to key posts has started. It is anticipated that this will support a reduction in the >52 week waits.</p> <p>Recruitment for fixed-term vacancies has now extended to December 2026 and this will support recruitment to any short-term staffing gaps. In the current context and pending a wider service review, all posts continue to be considered on a case-by-case basis.</p> <p>Due to errors in Trak now being resolved, we have seen a significant drop in the >52 week waits from 170 in October to 101 in November 2025.</p>	<p>Funding and Service Review Agreement has been reached across the four HSCPs on funding reductions to achieve financial balance. With this agreement now in place, recruitment is now in progress for key vacancies (e.g. CMHT) to help reduce the over 52 week waits. There also remains a number of posts within the Edinburgh AMH team which are undergoing a redeployment process. 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 permanent Director of Psychology post has now been advertised and will be filled ahead of any further service review.</p> <p>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.</p> <p>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.</p> <p>Veterans Mental Health Services The Veterans service redesign is underway with engagement across a number of local and national stakeholders to support this. Direct clinical provision for Veterans continues to be offered through AMH services with the new specialist resource taking cases from February 2025.</p> <p>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.</p>	<p>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.</p> <p>There is limited assurance that adequate controls are in place, even though the standard is not currently being met.</p>

Mental Health – CAMHS



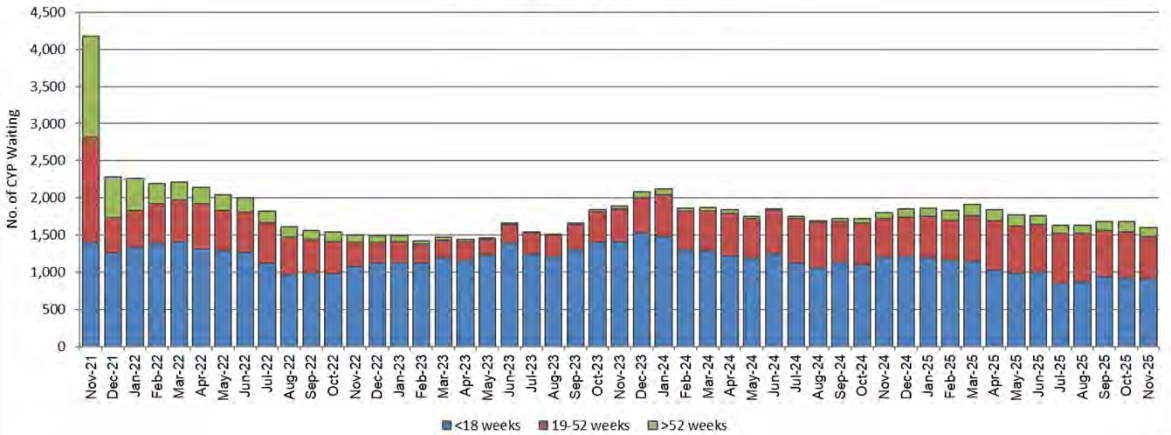
Responsible Director(s):	REAS Services Director	Reporting Period:	November 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

CAMHS Waiting Times – LDP Standard



KPI	Latest Performance (Nov 2025)	Trajectory (March 2026)	National Benchmarking (Sept 2025)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	54.8%	65.7%	92.7% (Scotland Average)
Total Waits	1599	N/A	N/A
Waits > 52 weeks	115	45	N/A

CAMHS: CYP Waiting at Month End



Mental Health – CAMHS



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

Summary	Actions	Assurance
<p>At the end of November 2025, there were 1,599 young people waiting for CAMHS mental health services, representing a reduction from 1,834 in April 2025. Of these, 580 patients were waiting between 19 and 52 weeks, and 115 patients were waiting more than 52 weeks.</p> <p>Overall performance against the LDP standard was 54.8% in November 2025, compared to 74.9% at the end of September 2025. This reduction in performance is in line with the clinical prioritisation approach.</p> <p>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.</p> <p>A significant package of improvement measures has been approved and is expected to deliver improvement on the longest waiting patient numbers by the end of the financial year. December 2025 numbers saw a sharp reduction in > 52 week waits and the current trajectory sees a reduction to ~ zero of > 52 weeks waits by end June 2026.</p>	<p>Performance Monitoring Weekly waiting time compliance meetings between Clinical Service Managers and Service Managers continue to track performance and address operational pressures. Daily waiting lists reports are sent to CAMHS SMT.</p> <p>External Provider Procurement Procurement of an external provider for 50 CBT treatment packages is underway, with all treatments scheduled to commence by March 2026.</p> <p>Process Review Procedures are being reviewed to ensure compliance with LDP standards and to maintain consistent performance across all teams.</p> <p>Capacity Expansion Significant investment in additional staffing, recruitment, and extended-hour clinics is increasing overall service capacity.</p> <p>Targeted Validation Ongoing capacity monitoring and targeted validation cycles are addressing patients waiting over 30, 40, and 60 weeks.</p> <p>Treatment Coordination and Data Accuracy Implementation of coordinated treatment plans and improvements in data accuracy are supporting progress against LDP standards.</p> <p>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.</p>	<p>It is anticipated that the LDP standard will not be met in this quarter.</p> <p>Significant improvements on waiting times are being made, but the assurance level remains limited.</p>

Primary and Community Care



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

KPI	Latest Performance (December 2025)
Estimated General Practice (in hours) activity	Week commencing 15 th December 2025, there were an estimated 102,743 patient consultations across the 116 General Practices in Lothian. This represents a rate of 97 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 8 th December 2025 LUCS activity was 2,446, with the weekly mean excluding public holidays at 2,386. This is within normal variation.
Closed Practice Lists	In December 2025 to date, there is 1 practice with a closed list. This is a decrease from November 2025.

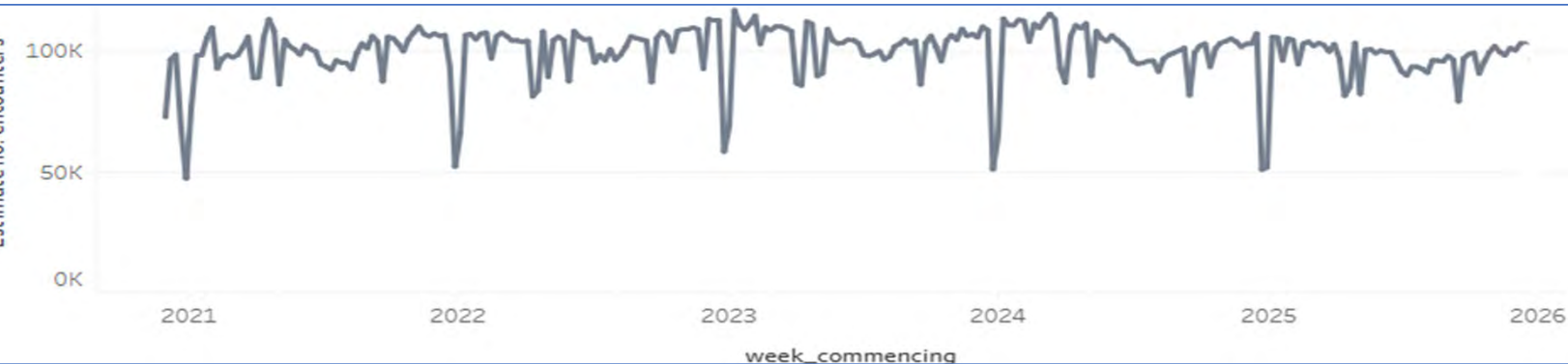
Summary	Notes	Assurance
<p>Chart A presents an overview of direct patient activity during in-hours General Practice (Monday to Friday, 8:00am–6:00pm) across NHS Lothian. This data reflects clinical activity from a representative sample of 66 practices with robust reporting systems.</p> <p>Chart B illustrates activity within the Lothian Unscheduled Care Service (LUCS), which provides GP Out-of-Hours care.</p> <p>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.</p> <p>Overall, activity levels remain stable and within expected variation.</p>	<p>Direct encounters are defined as a direct contact with a patient by any member of the general practice clinical multi-disciplinary team: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. Records entered by admin staff are excluded. These figures for Lothian have been estimated based on general practice activity from a sample of 66 GP practices. Please note this sample represents approx. 56% of the Lothian GP practice registered patients. Figures should be interpreted with caution and only used as a general indication of level of activity.</p>	<p>Moderate</p> <p>20</p>

Primary and Community Care



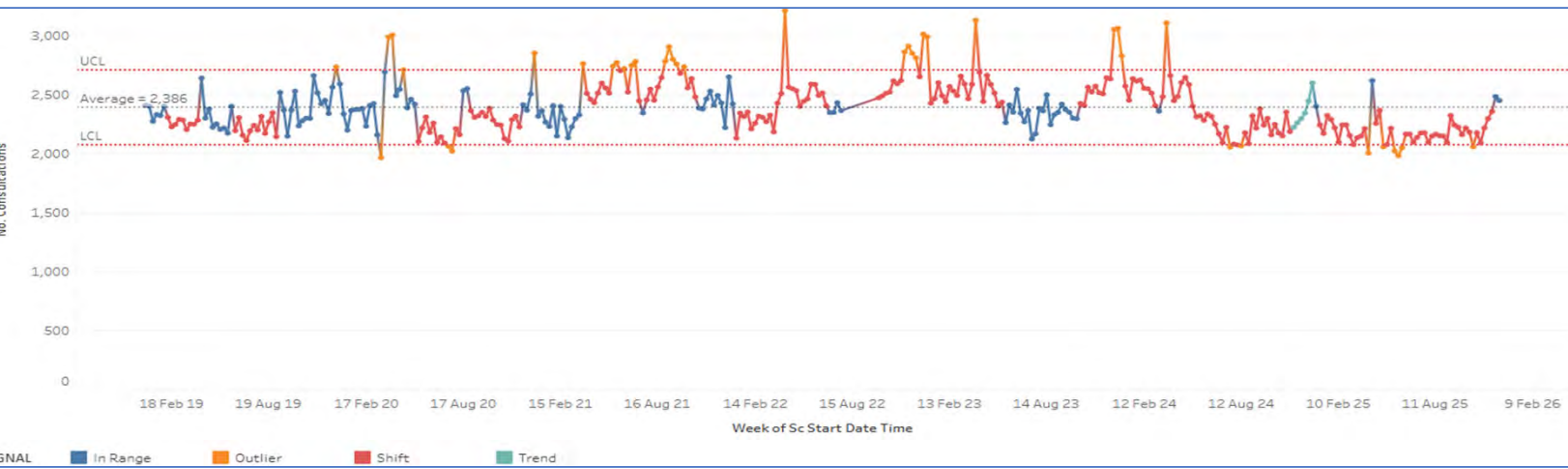
Responsible Director(s):	Director of Primary Care	Reporting Period:	December 2025
Data Source:	DataLoch & Adastra	Linked Corporate Risk(s):	N/A

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

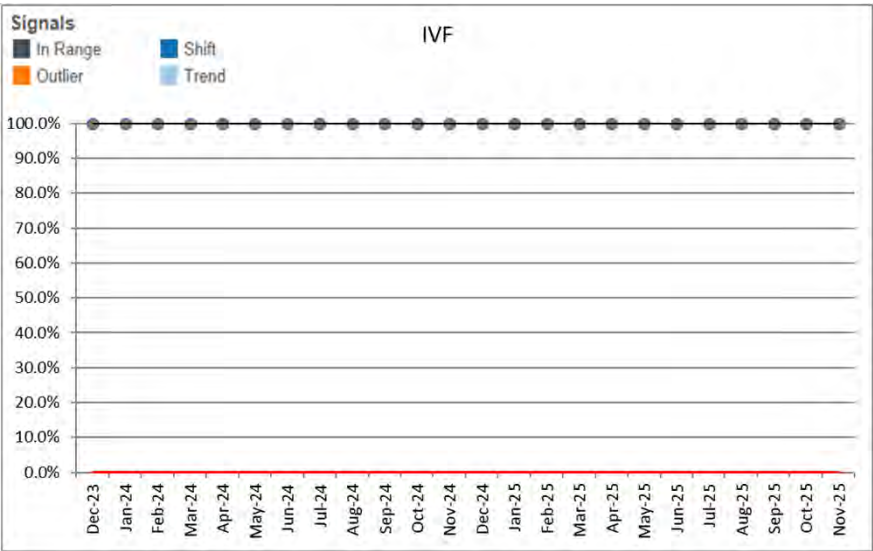


Women & Children’s Health – IVF Waiting Times



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

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



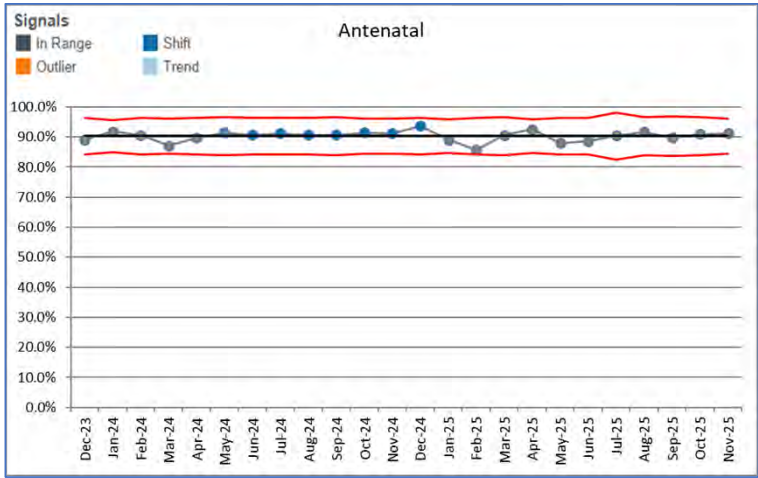
Summary	Actions	Assurance
<p>NHS Lothian achieved 100% compliance with the national standard in September 2025, exceeding the national target of 90%. The national average for the same period was also 100%.</p> <p>Performance against this standard has remained static at 100% over the past 24 months. Notably, no individual patient has breached the standard since August 2023.</p>	<p>Ongoing monitoring of bookings in in place to ensure continued compliance against the performance target.</p> <p>No outstanding actions.</p>	<p>Significant</p>

Women & Children’s Health – Early Access to Antenatal



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

IVF Waiting Times – LDP Standard		
KPI	Latest Performance (December 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.	94.19% (SIMD 1)	91.1% (SIMD 1)
	96.74% (SIMD 5)	93.9% (SIMD 5)
	92.48% (Overall)	

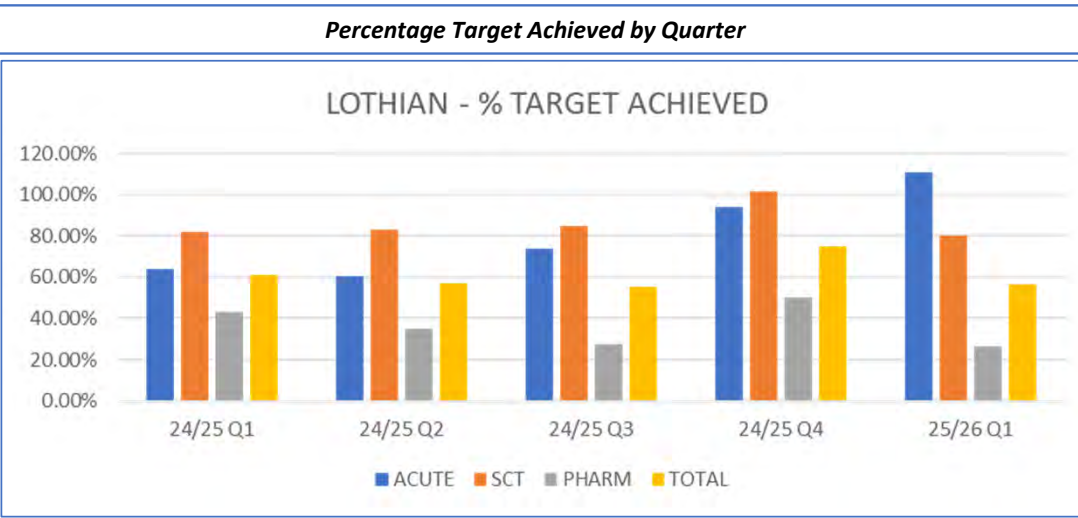
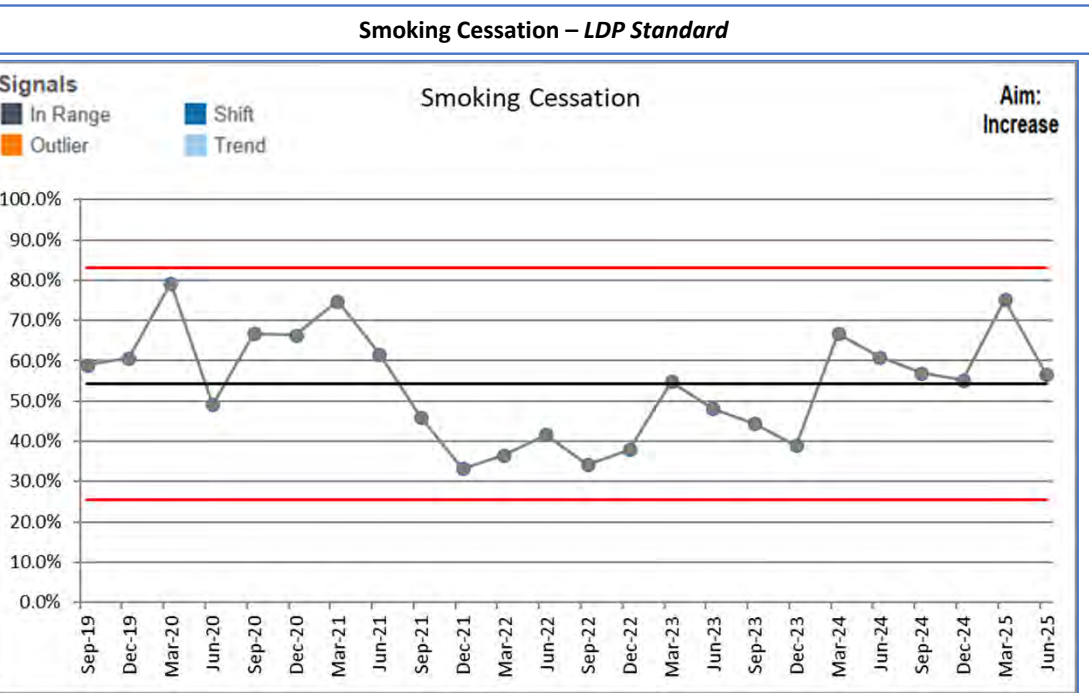


Summary	Actions	Assurance
<p>Performance data for December 2025, disaggregated by Scottish Index of Multiple Deprivation (SIMD) quintiles, is as follows:</p> <ul style="list-style-type: none">SIMD 1: 94.19%SIMD 2: 92.00%SIMD 3: 86.54%SIMD 4: 91.21%SIMD 5: 96.74% <p>This reflects an overall compliance rate of 92.48%, exceeding the national target of 80%.</p> <p>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.</p>	<p>Ongoing monitoring of appointment bookings is in place to ensure sustained compliance with the relevant performance standards.</p> <p>There are currently no outstanding actions required.</p>	<p>Significant</p>

Population Health & Reducing Health Inequalities – Smoking Cessation



Responsible Director(s):	Director of Public Health & Health Policy	Reporting Period:	2024/25 and Q1 2025/26
Data Source:	Published PHS Data	Linked Corporate Risk(s):	N/A



Population Health & Reducing Health Inequalities – Smoking Cessation



Responsible Director(s):	Director of Public Health & Health Policy	Reporting Period:	2024/25 and Q1 2025/26
Data Source:	Published PHS Data	Linked Corporate Risk(s):	N/A

Smoking Cessation – LDP Standard

KPI	Latest Performance (2025/26)	Trajectory ()	Trajectory Forecast (2024/25)	National Benchmarking (Q1 2025/26)
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)	2024/25: 733 (62%) Q1 25/26: 167 (56.4%)	N/A	296 per quarter 1,184 annually	11 out of 14 NHS Scotland Health Boards
Specialist Community and Hospital Based Teams	2024/25: 502 (85%) Q1 25/26: 128 (86.5%)	N/A	592 annually	N/A
Community Pharmacy Teams	2024/25: 231 (39%) Q1 25/26: 39 (26.4%)	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.

During 2024/25 the total number of people supported to have a successful quit at 12 weeks was 1,144. Only those living in areas identified as SIMD 1 and 2 count towards the target however all Lothian residents can receive a service from QYW. The 2023/24 figure was 899.

Summary	Actions	Assurance
<p>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)).</p> <p>Work during quarter 1 of 2025/26 achieved 167 quits at 12 weeks in 40% most deprived quintile. This is 56.4% of target.</p> <p>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%).</p> <p>In the financial year 2024/25, Lothian Pharmacies achieved 39% (231 quits out of 592) of the required annual LDP standard. In 2023/24 this figure was 154 (26%).</p>	<p>Quality improvement plans for Edinburgh and Community Pharmacy are being implemented. Additional resource to pharmacy service was added in January 2026.</p> <p>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.</p> <p>Maternity Incentive Scheme is due to be launched in January 2026 – based on learning from England, Greater Glasgow & Clyde, and Tayside. Women smoking at their booking appointment will be offered financial incentives to engage with the service and remain smoke free.</p> <p>NHS Lothian Smoke Free Grounds policy is being updated. A new Tannoy has been installed at entrance to St John’s hospital to dissuade people from smoking. Other approaches to deterring smoking on hospital sites are in progress.</p>	<p>Limited level of assurance against delivery by end March 2026 due to failing to meet the target.</p> <p>25</p>

Additional Information

Data & Definitions

- Published data and definitions are available: <https://publichealthscotland.scot/publications/>
- The median wait is the middle value; for example the middle of referral to treatment days (62-day) or decision to treat to treatment days (31-day).
- A percentile is the value of a variable below which a certain percent of observations fall. For example, the 95th percentile is the value (referral to treatment days [62-day cancer] or decision to treat to treatment days [31-day cancer]) below which 95 percent of the waits may be found. The 50th percentile is also known as the median.

Glossary of Common Terminology and Acronyms

- AMU (Acute Medical Unit)
- AHP (Allied Health Professional)
- CNS (Clinical Nurse Specialist)
- DTOC (Delayed Transfer of Care)
- DNA (Did Not Attend)
- LoS (Length of Stay)
- MDT (Multi-Disciplinary Team)
- SMT (Senior Management Team)
- SG (Scottish Government)
- OP (Outpatient)
- IPDC (Inpatients & Day Cases)
- RARP (Robotic Assisted Radical Prostatectomy)
- WTE (Whole Time Equivalent)
- SDEC (Same Day Emergency Care) / RACU (Rapid Access Care Unit)
- QYW (Quit Your Way – smoking support service)
- CAPA (Choice & Partnership Approach - Job Planning)

Meeting:	NHS Lothian Board
Meeting date:	04 February 2026
Title:	November 2025 Financial Position
Responsible Executive:	Craig Marriott, Director of Finance
Report Author:	Andrew McCreadie, Deputy Director of Finance

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

The purpose of this report is to provide the Board with an update on the end of November 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

Following F&R Committee assessment of the month 7 financial position for NHS Lothian, the Board is now presented with an update to the financial position based on month 8 of 2025/26, with minimal change in relation to the overall trend and forecast from that previously reported, and a year to date overspend of £7.9m. Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 8 Summary Financial Performance

	Year to Date Variance from Budget £'000
Pay	17,514
Non Pays	(39,407)
Income	10,626
Operational Position	(11,266)
Corporate Reserves	3,333
Total	(7,933)

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 30th November 2025

After 8 months, and as previously reported, overspends continue in the areas of Acute Drugs, Medical Supplies, GP Prescribing, and Medical & Dental Pay costs. This is despite the distribution of additional funding into these areas earlier in the year in line with Corporate Management Team agreement.

Financial pressures also continue within Business Units of REAS and the RIE. REAS services report a financial pressure within Nursing in relation to Bank and Agency with a £4.4m overspend after 8 months. That said, this pressure is now starting to slow with additional recruitment as approved by the Corporate Management Team (CMT), with the expectation that recruitment removes higher cost agency usage. Agency spend reduced significantly in November with the plan that all agency spend will cease from December. The RIE financial pressures also continue with overspends in staffing budgets and their Financial Recovery Plan savings on staffing related schemes also not delivering as planned. Table 2 below gives the current variance against budget for NHS Lothian across expenditure headings.

Table 2 – Breakdown of Variance as at Month 8

Description	Month 08 Variance from Budget £000's
Medical & Dental	(2,866)
Nursing	7,310
Administrative Services	7,416
Support Services	(837)
Other Therapeutic	2,389
Other Pay	4,103
Total Pay	17,514
Drugs	(12,234)
Medical Supplies	(6,887)
Property Costs	(2,941)
Equipment Costs	(3,373)
Ancillary Costs	(3,272)
Other Non-Pay	(1,562)
Pharmaceuticals	(7,259)
Other FHS	(1,036)
Total Non-pay	(38,563)
Income	10,626
Other	(843)
Operational Position	(11,266)
Corporate Reserves	3,333
Total Variance	(7,933)

Forecast Year End Outturn

The F&R Committee were presented with the latest forecast position based on the results to Month 7 which was a slightly improved projected year end overspend position of £19.6m, largely reflecting an improved forecast within Income and Estates & Facilities.

The latest Finance Performance Return (FPR) submitted to the Scottish Government (SG) does continue to report a balanced year end forecast outturn position for NHS Lothian as 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 on this basis, but the likelihood of full savings achievement is now diminishing. With the system falling short on 3% overall, contingency options are now being pursued. As part of the Corporate Controls workstream where allocations and deferrals are reviewed, a total of £5m of in-year flexibility has been identified and a pro rata share of this has now been released corporately in month 8 to support the year to date operational overspend. This non-recurring resource has come from the midyear review of brought forward deferral funding which have no ongoing commitments against them and are deemed available as flexibility to support the financial position in year.

The release of this funding will help support a trajectory to financial balance. Further, as part of Quarter 3 forecast updates, a review of the utilisation of all remaining investment agreements including from the £20m non-recurrent funding allocated to support Mental Health and Unscheduled Care initiatives from this year will be made. The F&R Committee accepted, based on the reported forecast and assumptions, that there is moderate assurance of the achievement of financial balance for 2025/26.

There is an indication nationally that, in 2025/26, financial benefits in relation to additional New Medicine Funding and reduced CNORIS costs will emerge. Both will support the financial gap, however the potential values of these are not yet known. These are all non-recurring funding or one off cost reduction solutions and should not detract from the requirement of Business Units to continue to identify further recurring savings opportunities both in this year and future years to achieve full 3% delivery on Financial Recovery Plan saving targets.

As at month 8, pay settlement funding remains outstanding for Resident Doctors and Executive and Senior Management, although SG have now issued funding uplift letters for these staff groups and final additional uplift funding should therefore be forthcoming in December allocations. Work continues to review the total funding allocation received overall to ensure adequate to meet all additional pay uplift 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 7 delivery of savings now reported. There is a £64m (3%) recurring delivery target for FRPs with £58m of plans identified to date with a current year delivery against those plans of £53m. As mentioned above, NHS Lothian's ability to deliver a balanced outturn is contingent on full delivery of savings at 3%. Further schemes are required by Business Units to be identified to support the FRP 3% delivery gap and a breakeven position.

Based on the £58m of plans identified, there was £32.3m of savings due to be delivered by month 7 with £30m of savings recorded as delivered leaving a shortfall of £2.3m, and a contributing factor to the £7.9m overspend position reported to date. Of the £53m forecast to be delivered in year, currently £46m of plans identified are expected to be delivered recurrently. This leaves ongoing issues for next year, particularly in relation to reducing the underlying recurring financial deficit. The Financial Oversight Board (FOB) escalation for performance monitoring of the 3% target and recurrency remains in place.

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 Business Units who are currently forecasting 3% recurring delivery at this stage.

Table 3 – 2025/26 Month 7 Financial Recovery Plan Summary

Financial Year 25/26						
	Schemes Identified	Planned April - October	Achieved April - October	Shortfall April - October	CY Forecast @ M07	FY Forecast @ M07
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Division	27,553	15,641	13,385	(2,256)	24,515	20,221
Corporate Services	5,702	3,060	3,243	184	5,379	4,128
East Lothian HSCP	3,375	1,944	1,870	(74)	3,278	2,541
Edinburgh HSCP	6,699	3,787	4,318	531	6,652	6,652
Midlothian HSCP	2,505	1,357	1,472	114	2,455	2,455
West Lothian HSCP	3,312	1,932	2,198	266	3,052	2,948
Facilities	4,946	2,652	2,281	(371)	4,952	4,700
Reas	2,270	1,324	683	(642)	1,170	1,170
Directorate Of Primary Care	1,192	558	544	(15)	1,099	565
Income/Healthcare Purchases	441	0	0	0	441	441
Grand Total	57,994	32,256	29,993	(2,262)	52,992	45,821

2026/27 Financial Planning

The second iteration of the 2026/27 Financial Plan was presented at the December Finance & Resources (F&R) Committee. Based on information available, this second iteration identified a £78m projected deficit before Financial Recovery Plan savings. The focus is very much on the need for the organisation to deliver a full 3%, £68.5m of savings and also reduce costs by £9.5m 2026/27 in order to close the financial gap and delivery a balanced Plan.

Following the Scottish Government budget announcement on the 13th January 2026, the 3rd iteration of the NHS Lothian Financial Plan will be based on the budget information announced plus will also include the 2026/27 Financial Recovery Plans submitted by Business Units as requested by the Director of Finance letter requiring 3% recurring savings plans to be submitted by the 13th January. The latest plan will be presented to the F&R Committee on 11th February 2026 for consideration with the final version of the Plan to be presented to the Board in April for approval.

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 8 financial position for 2025/26 reported to CMT on the 16th December.

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the reported financial position being a £7.9m overspend as at the end of November 2025, and a year-end forecast revised down to £19.6m.
- **Awareness** – For Members to note the shortfall on delivery of £2.3m of Financial Recovery Plans for October 2025 recognising there will be escalation for Business Units where delivery is not in line with plans or target.
- **Awareness** – For Members to be aware that F+R Committee has considered the year end forecast position and has accepted moderate assurance on the achievement of breakeven.
- **Awareness** – For Members to note the ongoing commitment to Scottish Government to deliver financial balance.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 30th November 2025
- Appendix 2, NHS Lothian Summary by Operational Unit to 30th November 2025
- Appendix 3, NHS Lothian Month 7 FRP Summary showing % Delivery

Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th November 2025

	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	437,909	290,810	293,676	(2,866)
Nursing	725,929	481,581	474,271	7,310
Administrative Services	207,256	136,393	128,978	7,416
Allied Health Professionals	131,820	86,984	84,296	2,689
Health Science Services	62,380	41,568	40,025	1,543
Management	7,497	4,943	4,478	465
Support Services	111,805	72,987	73,824	(837)
Medical & Dental Support	21,554	14,380	14,409	(29)
Other Therapeutic	78,115	50,049	47,661	2,389
Personal & Social Care	3,766	2,126	2,015	111
Other Pay	(12,395)	(12,252)	(11,581)	(671)
Emergency Services	0	0	4	(4)
Pay	1,775,634	1,169,569	1,152,056	17,514
Drugs	153,823	108,839	121,073	(12,234)
Medical Supplies	127,201	87,323	94,210	(6,887)
Maintenance Costs	7,028	4,083	5,989	(1,906)
Property Costs	56,404	36,205	39,146	(2,941)
Equipment Costs	38,219	24,910	28,283	(3,373)
Transport Costs	9,291	6,375	8,443	(2,068)
Administration Costs	292,236	80,624	79,412	1,212
Ancillary Costs	13,339	8,786	12,057	(3,272)
Other	(10,220)	(16,125)	(17,399)	1,274
Service Agreement Patient Services	40,876	29,586	31,110	(1,525)
Savings Target Non-pay	2,373	1,912	0	1,912
Resource Transfer/ LA Payments	121,693	86,769	87,231	(461)
Non-pay	852,263	459,289	489,558	(30,268)
Premises	0	0	6	(6)
Gms2 Expenditure	189,271	125,224	126,275	(1,051)
NCL Expenditure	923	615	587	28
Other Primary Care Expenditure	87	58	66	(8)
Pharmaceuticals	169,986	111,562	118,821	(7,259)
Primary Care	360,267	237,459	245,754	(8,295)
Other	(19)	(22)	823	(844)
Income	(435,278)	(301,396)	(312,023)	10,626
Extraordinary Items	0	0	(1)	1
Operational Position	2,552,868	1,564,900	1,576,167	(11,266)
Corporate Reserves Flexibility	3,333	3,333	0	3,333
Total Variance	2,556,201	1,568,234	1,576,167	(7,933)

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th November 2025

	Acute Services Division	East Lothian Partnership	Edinburgh Partnership	Midlothian Partnership	West Lothian Partnership	Directorate Primary Care	REAS	Corporate Services	Facilities	Strategic Services	Research & Teaching	Income & Healthcare Purchases	Operational Variance	Corporate Reserves Flexibility	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical & Dental	(4,300)	193	80	74	(51)	938	(565)	498	(38)	0	304	0	(2,866)	0	(2,866)
Nursing	3,305	2,524	3,340	738	626	(145)	(4,375)	1,279	49	(0)	(31)	0	7,310	0	7,310
Administrative Services	2,689	581	1,734	(17)	223	168	100	1,648	334	0	(45)	1	7,416	0	7,416
Allied Health Professionals	152	623	1,205	37	586	6	(85)	147	48	0	(28)	0	2,689	0	2,689
Health Science Services	1,645	0	286	(10)	21	(1)	(28)	(334)	0	0	(35)	0	1,543	0	1,543
Management	(152)	49	208	6	1	(96)	41	241	167	0	0	0	465	0	465
Support Services	(7)	0	83	139	5	0	246	35	(1,338)	0	0	0	(837)	0	(837)
Medical & Dental Support	(696)	1	46	0	0	569	13	38	0	0	0	0	(29)	0	(29)
Other Therapeutic	123	69	158	81	37	5	1,020	627	(6)	0	276	0	2,389	0	2,389
Personal & Social Care	34	(30)	81	0	0	0	(73)	114	0	0	(14)	0	111	0	111
Other Pay	33	0	(1,253)	0	0	402	(1)	8	128	0	11	0	(671)	0	(671)
Emergency Services	0	0	0	0	0	0	0	0	(4)	0	0	0	(4)	0	(4)
Pay	2,825	4,009	5,968	1,046	1,448	1,845	(3,707)	4,301	(660)	(0)	437	1	17,514	0	17,514
Drugs	(10,730)	(166)	(367)	(178)	(4)	(634)	(541)	390	(4)	0	0	0	(12,234)	0	(12,234)
Medical Supplies	(4,507)	(336)	(724)	(132)	(138)	165	(120)	(21)	(1,074)	0	0	0	(6,887)	0	(6,887)
Maintenance Costs	(650)	(64)	(106)	(14)	(143)	(1)	(126)	(23)	(778)	0	0	0	(1,906)	0	(1,906)
Property Costs	(37)	39	(102)	(12)	(101)	(114)	(2)	(3)	(2,610)	0	0	0	(2,941)	0	(2,941)
Equipment Costs	(1,862)	(222)	(246)	(101)	(202)	34	(143)	(747)	119	0	(3)	0	(3,373)	0	(3,373)
Transport Costs	(1,129)	(282)	(238)	(51)	(18)	(4)	(262)	(62)	(30)	16	(2)	(7)	(2,068)	0	(2,068)
Administration Costs	1,230	969	(210)	341	(129)	180	1,307	(3,150)	2,728	(1,261)	(813)	19	1,212	0	1,212
Ancillary Costs	(1,134)	(36)	1	(28)	(43)	(7)	(61)	(902)	(1,061)	0	0	0	(3,272)	0	(3,272)
Other	1	(5)	105	(0)	(1)	(1)	1	774	202	198	0	0	1,274	0	1,274
Service Agreement Patient Serv	15	(72)	(120)	(2)	(142)	9	(524)	30	(2)	0	0	(717)	(1,525)	0	(1,525)
Savings Target Non-pay	0	0	0	0	0	0	0	1,702	0	210	0	0	1,912	0	1,912
Resource Trf + L/a Payments	(11)	(98)	(152)	(154)	(0)	0	(1)	(45)	0	0	0	0	(461)	0	(461)
Non-pay	(18,814)	(272)	(2,157)	(329)	(922)	(372)	(473)	(2,058)	(2,510)	(837)	(819)	(705)	(30,268)	0	(30,268)
Premises	(6)	0	0	0	0	0	0	0	0	0	0	0	(6)	0	(6)
Gms2 Expenditure	(27)	(216)	(708)	(86)	20	15	(6)	(30)	(13)	0	0	0	(1,051)	0	(1,051)
Ncl Expenditure	0	0	0	0	0	28	0	0	0	0	0	0	28	0	28
Other Primary Care Expenditure	(8)	0	0	0	0	0	0	0	0	0	0	0	(8)	0	(8)
Pharmaceuticals	0	(1,393)	(2,575)	(558)	(1,534)	(1,198)	0	0	0	0	0	0	(7,259)	0	(7,259)
Primary Care	(40)	(1,610)	(3,283)	(644)	(1,515)	(1,155)	(6)	(30)	(13)	0	0	0	(8,295)	0	(8,295)
Other	0	0	(13)	0	0	0	0	0	(551)	0	0	(281)	(844)	0	(844)
Income	2,598	17	(124)	41	1	(7)	(3)	491	(923)	255	381	7,898	10,626	0	10,626
Extraordinary Items	0	0	0	0	0	0	0	0	0	1	0	0	1	0	1
Operational Position	(13,431)	2,144	392	114	(987)	312	(4,189)	2,704	(4,657)	(582)	0	6,913	(11,266)	0	(11,266)
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	3,333	3,333
Total Variance	(13,431)	2,144	392	114	(987)	312	(4,189)	2,704	(4,657)	(582)	0	6,913	(11,266)	3,333	(7,933)

Appendix 3 - NHS Lothian Month 7 FRP Summary showing % Delivery

	Target @ 3%	25/26 Schemes Identified	% Identified	CY Forecast @ M07	% CY Forecast Delivery	FY Forecast @ M07	% FY Forecast Delivery
	£'000	£'000		£'000		£'000	
Acute Divisional Management	1,290	779	1.8%	469	1.1%	425	1.0%
DATCC	6,846	5,674	2.5%	5,303	2.3%	4,884	2.1%
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	6,625	3.2%	4,888	2.4%	2,043	1.0%
St John's Hospital Site	2,666	3,052	3.4%	2,751	3.1%	2,482	2.8%
Western General Hospital Site	5,832	6,412	3.3%	6,455	3.3%	6,515	3.4%
Women & Children Services	4,300	3,623	2.5%	3,289	2.3%	2,777	1.9%
Acute Services Division Total	28,438	27,553	2.9%	24,515	2.6%	20,221	2.1%
Corporate Services Total	4,736	5,702	3.6%	5,379	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 HSCP	3,375	3,375	3.0%	3,278	2.9%	2,541	2.3%
Edinburgh HSCP	10,460	6,699	1.9%	6,652	1.9%	6,652	1.9%
Midlothian HSCP	2,439	2,505	3.1%	2,455	3.0%	2,455	3.0%
West Lothian HSCP	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	57,994	2.7%	52,992	2.5%	45,821	2.1%

Meeting: NHS Lothian Board
Meeting date: 04 February 2026
Title: Corporate Risk Register
Responsible Executive: Tracey Gillies, Medical Director
Report Author: Jill Gillies, Associate Director of Quality

1. Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

Board members are asked to:

- 2.1.1 Review the November 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 remove risk **5785 - Absence of Female High Secure Accommodation in the Estate** from the CRR.

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. 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 are reviewed by the CMT every 6 months and were last reviewed 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	Dec-23	Feb-24	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25	Sep-25	Oct-25	Dec-25
3600 - Finance	25	25	25	25	25	25	25	25	20	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	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	25	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	16
6185 - Safe Delivery of Maternity Services													20

Risk Removed from CRR (April 2025)													
5020 - Water Safety and Quality	12	12	12	12	12	12	12	8					
3828 - Nursing Workforce	20	20	12	12	12	12	12	6					
5784 - Low Secure Accommodation		20	15	15	15	15	15	10					

2.3.2 Board members are asked to agree that risk **5785 – Absence of Female High Secure Accommodation in the Estate** is removed from the CRR. This is no longer a risk for NHS Lothian as the national provision of a 6 bedded unit at Carstairs is now in place, and therefore the risk has transferred.

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 November 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 remove risk **5785 - Absence of Female High Secure Accommodation in the Estate** from the CRR.

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Risk assurance table

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	November/December 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	<ul style="list-style-type: none"> It is still anticipated that the Board will be able to deliver against its financial targets this year, however, this will still be reliant on one-off, non-recurring benefits. Organisational focus on delivery of recurrent savings is a necessary requirement to improve financial sustainability of the Board. The latest DL on sub-national planning should act as a conduit to deliver additional potential recurrent savings, which it is anticipated will reduce the size of the Boards recurrent, combined deficit of £90m. As a Board, we will need to ensure that the focus on sub-national planning does not reduce our internal focus on good fiscal management. The UK budget will be announced on 26 Nov and will be followed up by the Scottish budget on 13 Jan. It is not anticipated that either fiscal event will materially improve the current recurrent deficit position of the Board. It is anticipated in 2026/27 that there will be further focus on maximising service performance that could heighten the financial risk faced by the Board. An updated financial plan and risk register has identified this risk and is considering appropriate mitigation.
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 Nov 2025	<p>Improved Breach Metrics: NHS Lothian's performance for September stood at 66%, showing improvement on 2024 levels despite sustained front-door pressure and occupancy above 95%. All acute sites recorded marginal reductions after July's peak, reflecting higher attendances and inpatient flow constraints.</p> <ul style="list-style-type: none"> 4-hour performance reached 69% at RIE, 67% at WGH and SJH, 93% at RHCYP. <p>Targeted Flow Interventions: Frailty-focused pathways continue to deliver measurable benefits, with a 14–15% reduction in bed days for patients over 75 years old, sustained since June. This reflects the combined impact of the Enhanced ED Frailty Model, Frailty LES, Care @ Home, Crisis Response, and Hospital @ Home expansion. Collaboration with HIS – Focus on Frailty visits is ongoing (SJH completed; RIE and WGH scheduled for late October).</p> <p>Alternative Pathways Expansion: Non-admitted performance improved to ~76% (up from 71% in 2024). This was supported by strengthened clinical streaming, SDEC utilisation and Flow Navigation Centre (FNC) redirections. In September, the FNC diverted 22% of urgent referrals (GP/HCP/SAS) and 34% of NHS 24 referrals to alternative pathways — both above targets.</p> <p>Funding & System Resilience: The £1.1 million Hospital @ Home funding continues to support community capacity, complementing frailty and system-flow work. The main operational risks remain acute-bed capacity and delayed-discharge pressure, though mitigation through coordinated flow initiatives continues to yield measurable benefits across sites.</p>

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	November/December 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 Nov 2025	<p>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.</p> <p>Inpatient Capacity Gains Across HSCPs: Inpatient numbers decreased across all four HSCPs versus the 2024 baseline — East Lothian (–10%), Midlothian (–6%), Edinburgh (–5%), and West Lothian (–1%) — reflecting the positive impact of enhanced Care @ Home and Crisis Response capacity.</p> <p>System Resilience Amid Rising Demand: Across Lothian there was a 47% reduction in 12-hour breaches and a 21% reduction in 8-hour breaches when compared with September 2024.</p> <ul style="list-style-type: none">RIE achieved a 53% reduction in 12-hour waits and 16% reduction in 8-hour waits, despite a 7% increase in attendances and 17% rise in admissions.WGH maintained gains, delivering a 3% improvement in 4-hour performance and a 57% reduction in 12-hour waits compared with 2024. Lower occupancy relative to RIE continues to facilitate inter-site transfers, although some longer out-of-hours waits persist; mitigations are in development at both sites. <p>Targeted Improvements for Older Adults & USC Bed Use: Patients aged 75+ accounted for 89 fewer occupied beds per day than the 2024 baseline — an 11% reduction in bed days — driven by the Enhanced ED Frailty Model, Frailty LES, and strengthened community capacity.</p> <p>Flow Navigation Centre Impact: The Flow Navigation Centre maintained strong performance in September, with 21.6% of urgent-care referrals redirected to alternative pathways, exceeding the 20% KPI target and sustaining an estimated 100 bed days weekly.</p>
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 Nov 2025	<p>Performance Against Trajectory: As of October 2025, both Outpatients and TTG waiting lists are ahead of planned trajectories. Please see the November SPPC Performance paper for more detail.</p> <p>Monitoring & Governance: Weekly and monthly Access meetings are in place to track activity delivery, address deviations, and drive productivity improvements across both pathways.</p> <p>Capacity Expansion & External Support: Funding requests submitted to the Scottish Government have been approved to support additional activity via external providers, including See & Treat pathways and specialty-specific treatments.</p> <p>In July 2025 CMT supported progress of a procurement exercise to confirm capacity available and associated costs for additional external provision. Following the output of this exercise NHS Lothian submitted an additional funding request to SG, on 21 August 2025, of up to £5.86m to progress external provider contracts scoped. At the time of writing this report (4th Nov) NHS Lothian await feedback on this request.</p>

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	November/December 2025 Update
								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	<ul style="list-style-type: none"> 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. Progress on reducing risk relies on securing funding and implementing upgrades to existing assets. At this stage, advancement at the national level has been limited. The mitigation plan surrounding external resilience (or lack thereof) is currently being reviewed. As previously noted, NHS Lothian can no longer fully rely on external contingency measures (neighbouring Boards and private sector).
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	<ul style="list-style-type: none"> No change from last update. 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>	Tom Power	High: 15 Likelihood: Almost certain (5) Impact: Moderate (3)	High: 15 Likelihood: Almost certain (5) Impact: Moderate (3)	High: 12 Likelihood: Likely (4) Impact: Moderate (3)	Staff Governance Committee	Moderate July 2025	<ul style="list-style-type: none"> Ownership of risk transferred to Director of People and Culture Key controls: <ul style="list-style-type: none"> policy/procedure training risk assessment roles & responsibilities Monitoring and review of effectiveness of controls monitored via NHS Lothian and service H&S committee structure Planned review of risk mitigation plan, including resources to support implementation <p>Liaison with Police Scotland and Procurator Fiscal teams to explore how working in partnership can help improve prevention</p>
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	<p>REH - An extension to a Traffic Enforcement Order (TRO) from the City of Edinburgh Council was granted. This prevents the unauthorised parking of vehicles in the area through enforcement by the Council who regularly visit the site to review.</p> <p>WGH - A temporary one-way system is in place on 'Hospital Main Drive.'</p> <p>A project to permanently re-purpose the road to a one-way system has been approved and funding granted. This work has commenced and will be ongoing through the end of this current financial year.</p>

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	November/December 2025 Update
								<p>As previously reported, 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 which will create further pressure on parking.</p> <p>RIE – Waiting emergency vehicles at the Emergency department (most notably Police Scotland) are now diverted to Plot 1 to ease congestion. Traffic Management Teams also patrol the area. A project scope is currently being assessed and established via Capital Planning to redesign and relocate the 'long zebra crossing' away from the junction point.</p>
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	<ul style="list-style-type: none"> Specialist staffing to support IPCT agenda continues to be fragile with gaps in establishment at band 6 and 7 Business manager post now at interview stage following withdrawal of previous appointee Additional specific challenge in recruiting senior post for PAEP project re-provision as a requirement for Scot Gov to release capital funding Challenges in retention and succession planning for senior posts and attracting staff to choose IPCT as a career option are recognised nationally Implementation of national strategy is devolved to Boards – there may be potential opportunities through planned regional structures
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	<ul style="list-style-type: none"> Risk mitigation plan presented to Audit & risk committee in November and to private Board in December No changes to risk mitigation plan - ongoing implementation and continued vigilance required for cyber security to mitigate against ongoing threats
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	<p>Divert Suite at REH: Remains operational; four contingency beds remain open following patient transitions to new supported accommodation within EHSCP. Full transition anticipated by end of November 2025.</p> <p>REH Bed Reprofitting: Immediate reprofiling approved (CMT paper, 21 Oct) with 24-month funding to enable ward reprofiling and MDT stabilisation, ensuring safe care while community redesign programmes mature.</p> <p>MHAS Options Appraisal: Completed; implementation approaches under review to ensure optimal delivery. By Q4</p> <p>Governance Review: Formal review of REAS governance arrangements ongoing to strengthen oversight and accountability of risks.</p> <p>Assurance Governance arrangements are in place, and key programmes are progressing to mitigate risks associated with inpatient capacity and service redesign. An update was provided to SPPC in November on whole system MH service provision.</p>

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	November/December 2025 Update
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	<ul style="list-style-type: none"> Risk exists in the basement area of the site around the 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 is currently under consideration by CMT/LCIG. Work to review data associated with this request concluded prior to end of November 2025, with a decision from CMT now expected early December 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	<ul style="list-style-type: none"> Beds are now open as part of the national provision to accommodate when required Risk therefore transferred and recommended for removal from NHS Lothian CRR A formal update will be presented to the Healthcare Governance Committee in January 2026.
6134	Reduced Working Week <i>People and Culture</i>	Tom Power	High: 16 Likelihood: Likely (4) Impact: Major (4)	N/A		Staff Governance Committee Healthcare Governance Committee Finance & Resource Committee	New risk approved by Board Oct 2025	<ul style="list-style-type: none"> CMT has reviewed all returns from services and agreed prioritisation of funding resource to very high and high-risk areas based on risk levels confirmed by Professional Leads Further review by professional leads with service leads ongoing to ensure medium risk areas are correctly categorised A detailed update was provided to the December Board Risk mitigation plan will be presented to Staff Governance Committee in December.
6185	Safe Delivery of Maternity Services <i>Quality and safety of services</i>	Tracey Gillies	V High: 20 Likelihood: Almost certain (5) Impact: Extreme (4)	N/A		Healthcare Governance Committee Staff Governance Committee	New risk approved by Board Dec 2025	<ul style="list-style-type: none"> Risk mitigation plan will be presented in January to HGC and to Staff Governance in March 2026

Meeting: NHS Lothian Board
Meeting date: 04 February 2026
Title: NHS Lothian Child Poverty Activity
Responsible Executive: Susan Webb, Director of Public Health and Health Policy
Report Author: Martin Higgins, Head of Healthy Places

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

The report provides the Board with an update on action being taken to tackle child poverty by NHS Lothian. Work has progressed successfully on the previously agreed programme of NHS child poverty actions. The Board is asked to note the update provided and take moderate assurance that NHS Lothian is fulfilling its statutory responsibility to co-produce Local Child Poverty Action Reports (LCPARs) with local authorities; two of the 2024-25 LCPARs are complete and work continues to finish the others in early 2026.

2.2 Background

The early years of a child's life lay the foundations for their physical, social, intellectual, and emotional development. There are, however, significant differences in health outcomes evident from very early in babies' lives. Policies focusing on children and young people's health and wellbeing are based on prevention, early identification of need and early intervention with extra support for children and families identified as having the greatest need. Work across the Lothian health and care system seeks to ensure child health is prioritised often in conjunction with local authorities, other community planning partners and community and voluntary sector partners. The [Director of Public Health Annual Report 2023](#) provides more detail on the breadth of work focused on child health. At present, there are two pillars of the Lothian Strategic Development Framework (Children and Young People and Anchor Institution) which include specific actions to improve child and family outcomes. NHS Lothian also partners with local authorities and wider partners to produce Children's Services Plans in each area. And our ongoing commitment to The Promise and to deliver on our responsibilities under the United Nations Convention on the Rights of the Child shows the organisation's commitment to improving child health outcomes.

Poverty is one of the most significant negative determinants of child health and NHS Lothian action to address this is the focus of this paper. Across Lothian, 22% of children lives in relative poverty and significant work is required to improve the lives of these children and their families. The Child Poverty (Scotland) Act 2017 sets national targets for reducing poverty:

- Relative poverty: less than 18% by 2023/24 and less than 10% by 2030/31.
- Absolute poverty: less than 5% by 2023/24 and less than 5% by 2030/31.
- Low income and material deprivation: less than 5% by 2023/24 and less than 5% by 2030/31.
- Persistent poverty: less than 5% by 2023/24 and less than 5% by 2030/31.

The Act places a duty on local authorities and NHS Boards jointly to produce an annual Local Child Poverty Action Report (LCPAR). In addition to input to these local partnership reports, a set of common actions have been agreed across the Lothian health and care system to increase our contribution to tackling child poverty. This paper summarises some of the main points of the LCPARs with additional detail on NHS actions to improve pathways locally in line with the priorities.

2.3 Assessment

LCPAR 2024-25 update

The LCPAR reporting requirement means that NHS Lothian is responsible for four co-produced reports. Each report is written in partnership with local authority colleagues. In each area there are child poverty action plans which are developed and monitored by local governance groups. Final reports are approved by the local authority and the Director of Public Health has delegated authority to sign off the report for NHS Lothian after approval through public health governance. In summary, for 2024-25, the Edinburgh and West Lothian reports have completed NHS Lothian and local authority governance while the Midlothian report is in process. East Lothian Council secured agreement from Scottish Government to combine the 2023-24 and 2024-25 LCPARs along with the Children's Services Partnership report. The 2024-25 report is expected to be completed in early 2026. Reports can be accessed from the [reports section of Public Health webpages](#).

NHS Lothian Public Health Partnership and Place teams lead work to produce LCPARs but clinical staff and People and Culture staff play key roles in NHS Lothian's child poverty efforts. The Scottish Government Child Poverty Accelerator fund supports projects in local authority areas and public health teams in East Lothian, Midlothian and West Lothian have supported projects that address data and surveillance, better targeting of services for families with young children experiencing poverty and getting better qualitative information about the experience of child poverty and how public services can respond better. Child Poverty work is now aligned to the NHS Lothian Anchor Institution work programme and strengthening efforts on poverty prevention, in addition to mitigating action, is a key priority within the Lothian health and care system prevention plan.

Scottish Government data shows that none of the interim national targets have been met with the relative poverty rate at 23% for Scotland in 2023/24.¹ Data for most of the national targets are not available at a local level so progress on child poverty reduction is measured against the metrics produced by the End Child Poverty Coalition in conjunction with Loughborough University. The End Child Poverty Report publishes annual data on the proportion of children living in poverty, after housing costs, as well as how these proportions have changed over time by local authority. Like Scotland as a whole, none of the Lothian local authority areas has met the interim targets. The data for 2015-2016 to 2023-2024 are presented below.²

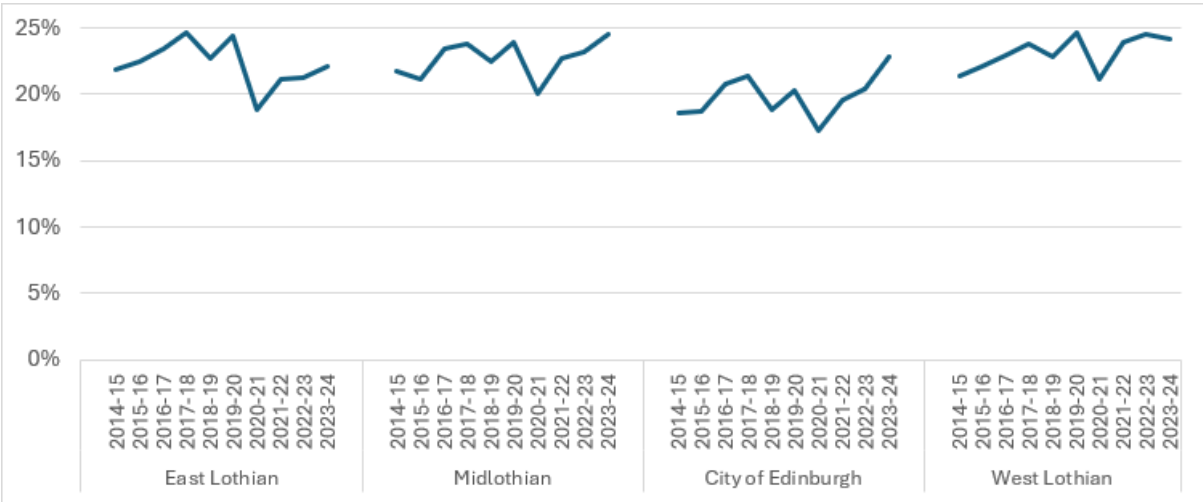


Figure 1: Lothian Local Authorities Child Poverty Rates After Housing Costs 2014-15 to 2023-24

¹ [Child poverty summary](#)
² [Child Poverty Statistics 2025 - End Child Poverty](#)

Local child poverty rates are broadly in line with deprivation levels in each local authority area and in recent years, child poverty rates have not been declining. Rates across Scotland are, however, notably lower than in England; the End Child Poverty Coalition report highlights the effectiveness of the Scottish Child Payment in mitigating some of the effects of poverty. But Public Health Scotland estimates that to reduce child poverty by 1% in Scotland 10,000 families need to be supported out of poverty so significant challenges remain. Locally, the [End Poverty Edinburgh 2025 report](#) also notes that over the last five years the experience of poverty has become more complex and more severe for many people; there is no reason to think this will not apply in East Lothian, Midlothian and West Lothian. The Edinburgh report goes on to say that increasing complexity is due in large part factors beyond the

direct influence of partners in the city - including continuing effects of the covid pandemic, the cost-of-living crisis, and increasing pressures on the local services on which people in poverty depend. There is no solution to poverty in Edinburgh without significant investment and policy changes from the national Governments - particularly on matters relating to housing and social security policy.

The Scottish Government is due to publish a new national child poverty delivery plan early in 2026. NHS Lothian has provided input to the consultation for the new plan and will update our actions in response to the new national plan.

NHS Lothian Child Poverty priorities update

Our child poverty work has been based on three priorities agreed in 2023 (listed in the table below) which seek to address immediate cost of living challenges facing some families and households. These NHS Lothian priorities are embedded in the Lothian Strategic Development Framework (LSDF). During 2024-25, work to refine the financial wellbeing pathways was completed and proposals for a funded NHS service have been agreed for 2025-26 (more detail below).

NHS Lothian LCPAR priority (within the LSDF)	Progress
Strengthen financial wellbeing pathways across midwifery, health visiting and Family Nurse Partnership services to increase identification of, and support to, those most in need.	Referral pathways updated and automated where possible.
Review current provision of income maximisation services to inform future provision, strengthen communication to front-line staff and service users, and improve reach and impact of income maximisation service provision, including in community health settings.	NHS Lothian Charity funding being used for pilot project across early years settings in 2026-27
Ensuring NHS/HSCP staff and services have the knowledge and skills to support increased take-up of both Social Security Scotland’s package of five family benefits and Early Learning and Childcare places for eligible two-year-olds.	Ongoing

The financial referral data for midwives, health visitors and Family Nurse Partnership are now recorded and monitored via Trak. In 2024-25, more than 6,600 patients were asked whether they had money worries during routine consultations. Five percent (340 people) responded yes to this question and just over half of these people attended an appointment with an income maximisation service. But the referral rate is far below the child poverty rate so further work is required to understand why this discrepancy exists.

But the quality of data collected about appointments and outcomes has been hampered by a lack of funding for service providers, which means that it has not been possible to get complete data on outcomes for referred patients. NHS Lothian systems also need to be better utilised to ensure that eligible patient numbers are more clearly defined, which will allow better understanding of uptake as well as work to follow up those individuals who do not attend. The NHS Lothian Charity has agreed to fund a pilot programme of early years income maximisation services to help improve the service and our ability to record patient outcomes.

Identifying Child Poverty Priorities 2026 onwards

NHS Lothian's longer-term work needs to focus more on prevention while continuing to maintain support for efforts (e.g. income maximisation) to help people cope with the impacts of poverty. National policy (such as the recently announced increase to Scottish Child Payments or the removal of the two child cap for Child Benefit) can have a notable impact on alleviating the impacts of poverty. So advocating for effective national action needs to be part of NHS Lothian's work. Our child poverty work also must consider feedback from our local population; each LCPAR is required to include information about public engagement and the way it influences local action.

Our new set of priority actions are being finalised in conjunction with the review of the Anchor Institution work (as part of the LSDF review) and they will also be aligned with the development of the new Lothian health and care system prevention framework. Our ambition is to have a focus on preventative action that covers both the Lothian health and care system and wider community planning partnerships. From an Anchors perspective, our spending, recruitment and workforce development decisions and our partnership approach to land and assets are important ways in which NHS Lothian can use its influence to alleviate poverty. Similarly, a whole Lothian health and care system emphasis on ensuring that our services' design and delivery take into account child poverty priorities will be important. We know we can improve our data analysis and presentation and utilise new datasets and dashboards to target our child poverty efforts more effectively and contribute to changing the lives of the 38,000 children in Lothian who experience poverty.

2.3.1 Quality/ Patient Care

Child poverty work needs to be viewed as part of a wider set of prevention action to improve population health. There is extensive and compelling evidence that poverty in early years has significant negative health impacts on later life. Refreshed child poverty priorities embedded within the prevention plan and LSDF update will produce a more co-ordinated focus on child poverty within services.

2.3.2 Workforce

Most NHS Lothian child poverty work relies on existing staff capacity with changes to practice or processes within existing resource. For example, the early years income maximisation referral pathway was developed in partnership by NHS Lothian staff alongside organisations externally who deliver income maximisation services. At a national level, Public Health Scotland continues to lead on work that focuses on training for health professionals working with pregnant women and families with children about the importance of identifying and supporting families with money worries. Teams have continued to support Money Matters programmes. As part of wider workforce information, there is work to provide access to local and national resources as well as the Independent Food Aid Network money worries resources.

2.3.3 Financial

Most NHS Lothian child poverty work relies on existing staff capacity with changes to practice or processes within existing resource. Time limited funding supports various child poverty workstreams: the NHS Lothian Charity has provided funding for the early years' income maximisation pilot for 2025-26 as well as a five-year fund from October 2022 to September 2027 for hospital income maximisation services, which includes a dedicated provision at the Royal Hospital for Children and Young People. Activity in local authority areas has been funded by Scottish Government Child Poverty Accelerator Funds.

2.3.4 Risk Assessment/Management

Staff shortages and organisational change in local authorities have delayed two of the 2024-25 LCPARs. But we are assured by partners that these challenges have been addressed and the reports will be completed soon. Several partners have raised concerns about sustainability of funding for community income maximisation services given the context of budgetary cuts and increasing demand threatening to overwhelm capacity. If funding for these services was reduced it would present an important risk to NHS Lothian's ability to fulfil its obligations around actions to reduce the number of children and families living in poverty. The NHS Lothian Charity hospital income maximisation funding has been essential but is only committed to September 2027. Additional NHS Lothian Charity funding has been secured for one year to support financial wellbeing services linked to the referral pathways across NHS early years' services but longer-term funding has yet to be confirmed. Work is underway to investigate funding options from 2027 onwards and the Board will be updated about this work.

2.3.5 Equality and Diversity, including health inequalities

Integrated impact assessments are undertaken by partnership areas on Tackling Poverty Strategies, LCPARs, and/or new actions or activity to tackle child poverty. The actions detailed in this paper form part of local tackling poverty strategies and/or child poverty plans so an additional impact assessment is not required for this report.

2.3.6 Other impacts

N/A

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. In each local authority area, multi-agency child poverty and anti-poverty groups have been established with lived experience a key component of LCPARs.

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.

- Public Health Senior Management Team, 27 October 2025

2.4 Recommendation

Assurance – The Committee is asked to agree and accept moderate assurance – due to the delay in publishing two of the 2024-25 LCPARs -- that statutory responsibilities relating to the Child Poverty (Scotland) Act 2017 are being fulfilled and that there is work ongoing to ensure the Board is taking action to address child poverty.

3 List of appendices

The following appendices are included with this report:

- NHS Lothian Child Poverty update 2024-25

Child Poverty activity update 2024-25

1. Introduction

The purpose of this report is to provide more information on action to tackle child poverty by NHS Lothian during 2024-25. The update briefly outlines NHS Lothian's current child poverty commitments and actions; it summarises progress in relation to NHS Lothian's statutory responsibilities from the Child Poverty (Scotland) Act 2017; and it outlines how future priorities will be aligned with emerging NHS Lothian strategies as well as future statutory requirements being introduced by Scottish Government.

The future child poverty priorities will be aligned with the Lothian Strategic Development Framework Review and the emerging prevention framework. These priorities will be reported to the Board in the next update.

2. Background

The [Director of Public Health Annual Report 2023](#) highlighted the importance of an early years focus in improving child health and tackling health inequalities. The early years of a child's life lay the foundations for their physical, social, intellectual, and emotional development. There are, however, significant differences in health outcomes evident from very early in babies' lives. Policies focusing on children and young people's health and wellbeing are based on prevention, early identification of need and early intervention with extra support for children and families identified as having the greatest need. Work across the Lothian health and care system seeks to ensure child health is prioritised often in conjunction with local authorities and community and voluntary sector partners. At present, there are two pillars of the Lothian Strategic Development Framework (Children and Young People and Anchor Institution) which include specific actions to improve child and family outcomes. NHS Lothian also partners with local authorities to produce Children's Services Plans in each area. And our ongoing commitment to The Promise and to deliver on our responsibilities to the United Nations Convention on the Rights of the Child shows the organisation's commitment to improving child health outcomes.

The Child Poverty (Scotland) Act 2017 places a duty on local authorities and NHS Boards jointly to produce an annual Local Child Poverty Action Report (LCPAR). In addition to input to these local partnership action plans and reports, a set of common actions have been agreed across NHS Lothian to increase our contribution to tackling child poverty.

There are six priority population groups for child poverty work:

lone parent families, minority ethnic families, families with a disabled adult or child, families with a younger mother (under 25), families with a child under 1, and larger families (3+ children).

All actions should consider their impact on poverty for these families and LCPARs are developed with a focus on these households. Families do often belong to more than one of these groups.

Our child poverty work has been based on three priorities agreed in 2023 which seek to address immediate cost of living challenges facing some families and households:

- Strengthen financial wellbeing pathways across midwifery, health visiting and Family Nurse Partnership services to increase identification of, and support to, those most in need.
- Review current provision of income maximisation services to inform future provision, strengthen communication to front-line staff and service users, and improve reach and impact of income maximisation service provision, including in community health settings.
- Ensuring NHS/HSCP staff and services have the knowledge and skills to support increased take-up of both Social Security Scotland's package of five family benefits and Early Learning and Childcare places for eligible two-year-olds.

These NHS Lothian priorities are embedded in the Lothian Strategic Development Framework (LSDF).

3. Performance

The Child Poverty (Scotland) Act 2017 sets national targets:

- Relative poverty: less than 18% by 2023/24 and less than 10% by 2030/31.
- Absolute poverty: less than 5% by 2023/24 and less than 5% by 2030/31.
- Low income and material deprivation: less than 5% by 2023/24 and less than 5% by 2030/31.
- Persistent poverty: less than 5% by 2023/24 and less than 5% by 2030/31.

Scottish Government data shows that none of the interim targets have been met with the relative poverty rate at 22% in 2023/24.¹ Data for most of the national targets are not available at a local level so progress on child poverty reduction is measured against the metrics produced by the End Child Poverty Coalition, in conjunction with Loughborough University. The End Child Poverty Report publishes annual data on the proportion of children living in poverty, after housing costs, as well as how these proportions have changed over time by local authority. The data for 2015-2016 to 2023-2024 are presented below.²

¹ [Child poverty summary](#)

² [Child Poverty Statistics 2025 - End Child Poverty](#)

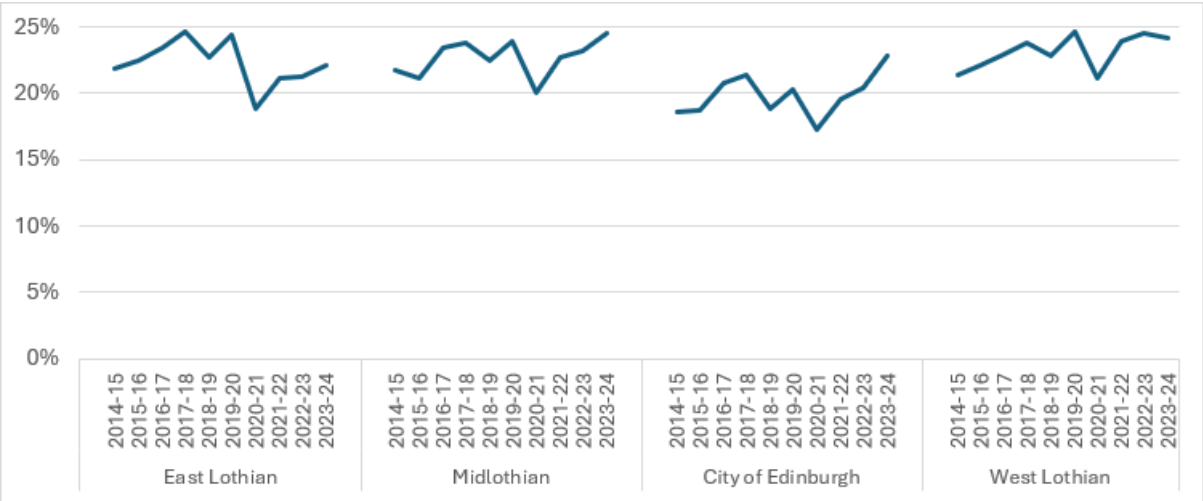


Figure 1: Lothian Local Authorities Child Poverty Rates After Housing Costs 2014-15 to 2023-24

In recent years, child poverty rates have not been declining even though rates across Scotland are notably lower than in England. The End Child Poverty Coalition report highlights the effectiveness of the Scottish Child Payment in mitigating some of the effects of poverty. But the End Child Poverty data suggests that up to 38,000 children in Lothian live in poverty. The [End Poverty Edinburgh 2025 report](#) also notes that over the last five years the experience of poverty has become more complex and more severe for many people; there is no reason to think this will not apply in East Lothian, Midlothian and West Lothian. The Edinburgh report goes on to say that increasing complexity is due in large part factors beyond the direct influence of partners in the city - including continuing effects of the covid pandemic, the cost-of-living crisis, and increasing pressures on the local services on which people in poverty depend. There is no solution to poverty in Edinburgh without significant investment and policy changes from the national Governments - particularly on matters relating to housing and social security policy.

The Scottish Government is due to publish a new national child poverty plan early in 2026. NHS Lothian has provided input to the consultation for the new plan. This work needs to remain a priority for NHS Lothian.

4. Local Child Poverty Action Reports

The Director of Public Health and Health Policy has delegated authority to approve the four Local Child Poverty Action Reports (LCPARs) on behalf of the NHS Board. These reports are completed at different timepoints in the year due to differing partnership arrangements. The status of the 2024-2025 reports is outlined below for information and each report can be accessed from the [child poverty annual reports](#) section of the Public Health webpages.

- The West Lothian report 2024-25 report was approved by both NHS Lothian and West Lothian Council in October 2025.
- The City of Edinburgh report has been approved by both City of Edinburgh Council and NHS Lothian. The Edinburgh Poverty Commission also published a five-year progress report on 31st October. The findings of the Commission report are likely to inform all anti-poverty work in the city in

future. The report is incorporated within the council’s annual poverty report- [End Poverty in Edinburgh Annual Progress Report \(2024/25\)](#) For the first time, the annual poverty report has been combined with the annual Local Outcome Improvement Plan report. This is an attempt to avoid duplication of reporting as well as demonstrate the attempts at highlighting the joined-up nature of poverty work with the community planning structure in the city.

- The Midlothian report is at final draft with sign-off due via the Community Planning Poverty Group. Staffing changes at Midlothian Council have slightly delayed completion of the governance process.
- East Lothian Council secured agreement from Scottish Government to combine the 2023-24 and 2024-25 LCPARs along with the Children’s Services Partnership report. The 2024-25 report is expected to be completed by early 2026.

In the last two years, NHS Lothian child poverty work has progressed three priority areas:

NHS Lothian LCPAR priority (within the LSDF)	Progress
Strengthen financial wellbeing pathways across midwifery, health visiting and Family Nurse Partnership services to increase identification of, and support to, those most in need.	Referral pathways updated and automated where possible.
Review current provision of income maximisation services to inform future provision, strengthen communication to front-line staff and service users, and improve reach and impact of income maximisation service provision, including in community health settings.	NHS Lothian Charity funding being used for pilot project across early years settings in 2026-27
Ensuring NHS/HSCP staff and services have the knowledge and skills to support increased take-up of both Social Security Scotland’s package of five family benefits and Early Learning and Childcare places for eligible two-year-olds.	Ongoing

As much of the work relating to this first set of priorities is nearly complete, it is necessary to develop new child poverty priorities for NHS Lothian.

Financial wellbeing pathways

There is a statutory requirement to describe the measures taken by NHS Boards and local authorities to provide pregnant women and families with children information and advice about eligibility for financial support and, assistance to apply for financial support. Across Lothian, Family Nurse Partnerships, maternity services and health visiting teams have worked to achieve a robust financial referral pathway which targets priority families. There have been significant information governance and IT challenges to overcome but the automated referral pathways across early years (midwifery, health visiting, and Family Nurse Partnership (FNP)) teams are now in place in East Lothian, Midlothian and West Lothian.

Automated referral has not yet been implemented in Edinburgh, but the process is clear: midwifery teams currently signpost only to one of four providers (Community Health and Information (CHAI), Citizens Advice Edinburgh (CAE), Granton Information Centre and the City of Edinburgh Council Advice Shop); health visiting and family nurse partnership teams refer by telephone to dedicated city wide service provided by CHAI. Activity is reported on a quarterly basis, but our monitoring is limited because welfare advice partners do not routinely provide outcome data (and some have indicated that they do not have the capacity within existing resources to provide these data). Additional funding has been secured from the NHS Lothian Charity for a one-year pilot scheme that will ensure dedicated provision of income maximisation advice for women referred from maternal and child services. This should improve the evaluation of the effectiveness of these services.

Since questions about financial worries were embedded in Maternity Trak at the end of May 2024, 344 women (5%) were identified as having money worries; of these, 54% were offered and accepted referral.³ This percentage is similar to the early months of the programme which were reported last year. But further work is required to understand why more women – in line with the overall 22% relative poverty rate – are not identifying any financial need. We also need to focus on data quality including accuracy and completion of recording and tracking missing data. The quality of data collected about appointments and outcomes has been hampered by a lack of funding for service providers, which means that it has not been possible to get complete data on outcomes for referred patients. NHS Lothian systems also need to be better utilised to ensure that eligible patient numbers are more clearly defined, which will allow better understanding of uptake as well as work to follow up those individuals who do not attend.

Table 1: Do you have any money worries? – total numbers and (percentage) of total women seen).

	East Lothian	Edinburgh	Midlothian	West Lothian	NHS Lothian
Yes	40 (5)	186 (5)	40 (5)	78 (5)	344 (5)
No	689 (94)	3,488 (95)	725 (92)	1,357 (93)	6,259 (95)
Not discussed	2 (1)	3 (0)	4 (1)	0 (0)	10 (0)
Missing	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Total	731	3,677	769	1,436	6,613

Table 2: Of those with money worries, what was the outcome of money worries referral (total and percentage)

³ Data for East Lothian, Edinburgh and Midlothian covers Q2-4 of 2024-25 financial year. West Lothian data covers all four quarters due to a funded project in the area that already supported families to access financial advice.

	East Lothian	Edinburgh	Midlothian	West Lothian	NHS Lothian
Accepted	30 (74)	70 (38)	31 (84)	51 (68)	182 (51)
Declined	7(16)	25 (13)	1 (3)	6 (8)	37(16)
Not offered	5 (10)	18 (10)	3 (8)	12 (16)	26 (11)
Missing	0 (0)	73 (39)	2 (5)	6 (8)	95 (23)
Total	42	186	37	75	340

Child Poverty Accelerator Fund

All partnership areas are contributing to work aiming to support more effective use of data to understand and act upon child poverty. In Midlothian, West Lothian and East Lothian this is being supported by Child Poverty Accelerator funding (CPAF). In East Lothian this focuses upon a data management test of change which aims to enhance the quality and utility of both quantitative and qualitative lived experience data. Such incorporation of the voices of those with lived experience, aims to ensure a human-centred, trauma-informed approach to data collection, sharing, and analysis. A second strand of work in East Lothian is focusing on a No Wrong Door pilot which seeks to improve access to public services in the area.

The West Lothian Partnership and Place team has worked on a data-driven project with local authority colleagues and the Improvement Service that focuses on identifying unmet need. This work builds upon the 'West Lothian Model of Understanding Unmet Need' and the development of the Child Poverty Index - which combined council held data on free school meals, clothing grants, and educational maintenance grants with data on children in low-income families produced by HMRC/DWP. The Child Poverty Index, based on the prevalence of each indicator within small areas, shows areas with high child poverty levels, including areas that traditionally child poverty may not have been identified. The Improvement Service is seeking to develop this dataset nationally.

The Midlothian Partnership and Place team has liaised with Public Health Scotland (PHS) to develop a set of child poverty indicators that will inform their child poverty dashboard. This has now developed into a [national child poverty dashboard](#) project led by PHS with support from the Lothian Public Health Intelligence Team. The Edinburgh Partnership and Place team has been working with colleagues from the Public Health Intelligence Team on developing a more concise and clear data set for the child poverty report indicators.

It is evident that there are several data-led projects focusing on child poverty. Over the next year, it will be important to ensure these contribute to our child poverty work in an effective way. There are improvements to be made in data collection, data analysis and data presentation for child poverty work.

NHS Lothian Child Poverty priorities update

NHS Lothian's longer-term work needs to focus more on prevention while continuing to maintain support for efforts (e.g. income maximisation) to help people cope with the impacts of poverty. Future work will continue to develop the Lothian Health and Care System's financial support for income maximisation services for the 22% of families with children at highest risk of poverty. National initiatives (such as the recently announced increase to Scottish Child Payments or the removal of the third child policy for Child Benefit) can have a notable impact on alleviating the impacts of poverty. Advocating for effective national action needs to be part of NHS Lothian's work. Our child poverty work also has to take into account feedback from our local population; each LCPAR is required to include information about public engagement and the way it influences local action.

Our new set of priority actions are being finalised in conjunction with the review of the Anchor Institution work (as part of the LSDF review) and they will also be aligned with the Lothian health and care system prevention framework. Our ambition is to have a focus on preventative action that covers both the Lothian health and care system and wider community planning partnerships. A whole Lothian health and care system emphasis on ensuring that our services' design and delivery consider child poverty priorities will be important. We know we can improve our data analysis and presentation and also utilise new datasets and dashboards to target our child poverty efforts more effectively and contribute to changing the lives of the 38,000 children in Lothian who experience poverty.

From an Anchors perspective, our spending, recruitment and workforce development decisions and our partnership approach to land and assets are important ways in which NHS Lothian can use its influence to alleviate poverty. Ongoing work linked to the Anchor Institution programme that focuses on making NHS Lothian a more inclusive, accessible employer through the whole employment pathway is important. There is an opportunity to ensure that the six child poverty priority household types⁴ are foregrounded in this work. This work includes: building on and improving NHS Lothian's employability and workforce development policies; supporting and further developing our flexible working approaches; our action to ensure a workforce representative of Lothian communities; and ensuring our workforce has pathways and opportunities to progress and develop no matter which role people currently have within the system. Much of this work will be done in partnership with local authorities, Local Employability Partnerships, community and voluntary sector organisations, schools, local colleges and universities and national organisations such as NES and Skills Development Scotland. This work benefits our local population and is part of our commitment to addressing poverty and inequality.

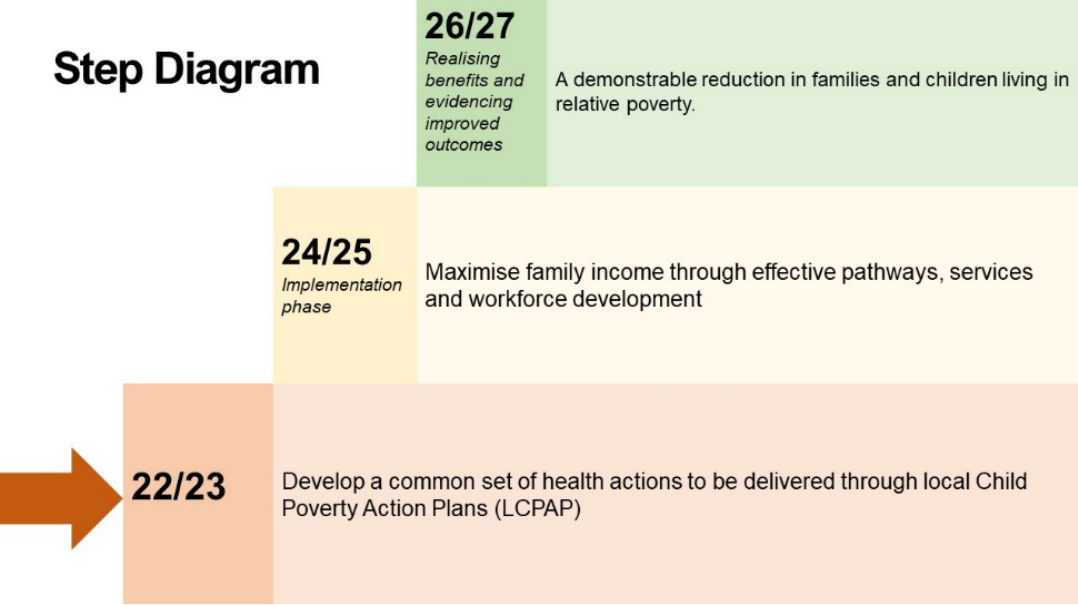
⁴ lone parent families, minority ethnic families, families with a disabled adult or child, families with a younger mother (under 25), families with a child under 1, and larger families (3+ children).

And the Lothian Health and Care System will see benefit from a resident population experiencing less inequality and poverty

Martin Higgins
Head of Healthy Places, Public Health
26 January 2026

Appendices

Appendix 1: Child Poverty step diagram



Appendix 2: Child Poverty After Housing Costs, 2022-23 and 2023-24

Local authority area	Children living in poverty (%) 2022-2023	Percentage point change between 2015-2023 (%)
City of Edinburgh	20.4	1.8
East Lothian	21.3	-0.6
Midlothian	23.2	1.4
West Lothian	24.6	3.3

Local authority area	Children living in poverty (%) 2023-2024	Percentage point change between 2015-2024 (%)
City of Edinburgh	22.8	4.2
East Lothian	22.1	0.2
Midlothian	24.6	2.8

West Lothian	24.1	2.8
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