

## Agenda

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

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

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

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

*Please notify changes to [loth.corporategovernanceteam@nhs.scot](mailto:loth.corporategovernanceteam@nhs.scot)*

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


**10:35 - 10:55** **4. CAR-T Presentation**  
20 min  
Presentation      Tracey Gillies

## Items for Approval or Noting

**10:55 - 11:00** **5. Items proposed for Approval or Noting without further discussion**  
5 min  
Decision      John Connaghan

### 5.1. Minutes of Previous Board Meeting - 22 April 2026

*For Approval      John Connaghan*

 2026-06-24-Board-Paper-Item-5-1-2026-04-22-Public-Board-Minutes-Draft.pdf (8 pages)

### 5.2. Staff Governance Committee Minutes - 11 March 2026

*For Noting      Val de Souza*

 2026-06-24-Board-Paper-Item-5-2-Staff-Governance-Minutes-2026-03-11-Final.pdf (13 pages)

### 5.3. Finance and Resources Committee Minutes - 25 March 2026

*For Noting      Ralph Roberts*

 2026-06-24-Board-Paper-Item-5-3-Finance-and-Resources-Minutes-2026-03-25-Final.pdf (10 pages)

### 5.4. Healthcare Governance Committee Minutes - 17 March 2026

For Noting Andrew Cogan

 2026-06-24-Board-Paper-Item-5-4-Healthcare-Governance Minutes-2026-03-17-Final.pdf (8 pages)

### **5.5. Audit and Risk Committee Minutes - 13 April 2026**

For Noting Jonathan Blazeby

 2026-06-24-Board-Paper-Item-5-5-Audit-and-Risk-Minutes-2026-04-13-Final.pdf (7 pages)

### **5.6. Midlothian Integration Joint Board Minutes - 19 February 2026**

For Noting Val de Souza

 2026-06-24-Board-Paper-Item-5-6-Midlothian-IJB-Minutes-2026-04-02-Final.pdf (18 pages)

### **5.7. West Lothian Integration Joint Board Minutes - 24 March 2026**

For Noting Alison White

 2026-06-24-Board-Paper-Item-5-7-West-Lothian-IJB-Minutes-2026-03-24-Final.pdf (3 pages)

### **5.8. Edinburgh Integration Joint Board Minutes - 24 March 2026**

For Noting Christine Laverty

 2026-06-24-Board-Paper-Item-5-8-Edinburgh-IJB-Minutes-2026-03-24-Final.pdf (6 pages)

### **5.9. East Lothian Integration Joint Board Minutes - 26 March 2026**

For Noting Andrew Cogan

 2026-06-24-Board-Paper-Item-5-9-East-Lothian-IJB-Minutes-2026-03-26-Final.pdf (11 pages)

### **5.10. Q4 and Annual Whistleblowing Performance Report 2025/26**

For Noting Tom Power

 2026-06-24-Board-Paper-Item-5-10-Whistleblowing-Monitoring-Annual-Report-Final.pdf (5 pages)

 2026-06-24-Board-Paper-Item-5-10-Appendix-01-Whistleblowing-Monitoring-Annual-Report-25-26.pdf (13 pages)

### **5.11. Area Clinical Forum Report**

For Noting Eddie Balfour

 2026-06-24-Board-Paper-Item-5-11-Area-Clinical-Forum-Report-Final.pdf (3 pages)

### **5.12. Board Appointments - June 2026**

For Approval John Connaghan

 2026-06-24-Board-Paper-Item-5-12-Appointments-June-2026-Draft.pdf (4 pages)

## **Items for Discussion**

### **11:00 - 11:05 6. Board Chair's Report - June 2026**

5 min

Verbal John Connaghan

### **11:05 - 11:15 7. Chief Executive's Report - June 2026**

10 min

Discussion Caroline Hiscox

 2026-06-24-Board-Paper-Item-07-Chief-Executives-Report-Jun-2026-Final.pdf (5 pages)

### **11:15 - 11:20 8. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items**

5 min **for Awareness**


*Verbal* *John Connaghan*

**11:20 - 11:30 9. NHS Lothian Board Performance Report**

10 min

*Discussion* *Jenny Long*

 2026-06-24-Board-Paper-Item-09-Board-Performance-Report-June-2026-Final.pdf (5 pages)

 2026-06-24-Board-Paper-Item-09-Appendix-01-NHS-Lothian-Board-Performance-Summary-June-2026-Final.pdf (26 pages)

**11:30 - 11:35 10. Escalation Update Maternity Services & CAMHS (Standing Item)**

5 min

**10.1. Maternity Services**

*Verbal Update* *Tracey Gillies*

**10.2. CAMHS**

*Verbal Update* *Jim Crombie & Jillian Torrens*

**11:35 - 11:45 Comfort Break**

10 min

**11:45 - 11:55 11. Corporate Risk Register**

10 min

*Discussion* *Tracey Gillies*

 2026-06-24-Board-Paper-Item-11-Corporate-Risk-Register-Final.pdf (13 pages)

**11:55 - 12:00 12. March 2026 Financial Update**

5 min


*Discussion* *Craig Marriott*

 2026-06-24-Board-Paper-Item-12-Finance-Update-M12-Final.pdf (10 pages)

**12:00 - 12:05 13. 5 Year Financial Plan 2026/27 - 2030/31**

5 min

*Discussion* *Craig Marriott*

 2026-06-24-Board-Paper-Item-13-Financial Plan-Final.pdf (18 pages)


**12:05 - 12:20 14. Prevention-Focused Lothian Health and Care System**

15 min

*Discussion* *Susan Webb*

 2026-06-24-Board-Paper-Item-14-NHSL-Board-Prevention-Final.pdf (5 pages)

 2026-06-24-Board-Paper-Item-14-Appendix-01-Prevention-Focused-HCS.pdf (48 pages)

 2026-06-24-Board-Paper-Item-14-Appendix-02-Proposed-Outcome-Measures.pdf (2 pages)

**12:20 - 12:30 15. People & Culture Strategy 2026-31**

10 min

*Discussion* *Tom Power*

 2026-06-24-Board-Paper-Item-15-People-and-Culture-Strategy-26-31-Final.pdf (5 pages)


 2026-06-24-Board-Paper-Item-15-People-and-Culture-Strategy-Appendix-01-P&C-Strategy.pdf (21 pages)

**12:30 - 12:40 16. LSDF Annual Report 2025-26**

10 min

*Discussion* *Colin Briggs*

 2026-06-24-Board-Paper-Item-16-LSDF-Annual-Report-25-26-Final.pdf (3 pages)

 2026-06-24-Board-Paper-Item-16-Appendix-01-LSDF-Annual-Report-2025-26-Slides.pdf (10 pages)

**12:40 - 12:50** **17. Corporate Objectives and Annual Operating Planning**

10 min

*Discussion*                      *Colin Briggs*

 2026-06-24-Board-Paper-Item-17-Corporate-Objectives-and-Annual-Operating-Planning.pdf (32 pages)

**12:50 - 12:52** **18. Any Other Business**

2 min

*Verbal*                              *John Connaghan*

**12:52 - 12:54** **19. Reflections on the Meeting**

2 min

*Verbal*                              *John Connaghan*

**12:54 - 12:55** **20. Future Meeting Dates**

1 min

*For Noting*                        *John Connaghan*

- 12 August 2026
- 07 October 2026
- 02 December 2026

**LOTHIAN NHS BOARD**

Minutes of the meeting of Lothian NHS Board held at 0930hrs on Wednesday 22 April 2026 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

**Present:**

**Non-Executive Board Members:** Prof. J. Connaghan (Board Chair); Mr A. Fleming (Vice Chair); Mr E. Balfour; Mr J. Blazeby; Ms H. Campbell; Dr P. Cantley; Mr A. Cogan; Mr G. Gordon; Cllr J. Griffiths; Prof J. Innes; Prof A. Khan; Mr P. Knight; Prof. L. Marson; Ms T. A. Miller; Mr R. Roberts and Ms V. de Souza.

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

**In Attendance:** Mr J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning); Ms M. Campbell (Director of Estates & Facilities); Ms M. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Innovation and Transformation); Ms T. McKigen (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Mr T. Power (Director of People & Culture); Ms J. Torrens (Service Director, REAS); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB) ; Ms G. Cowan, Head of Primary Care & Older People's Services Midlothian HSCP (for Morag Barrow); Mr J. Sherval, Consultant in Public Health, attending for Item 8; Dr E. Fletcher, Locum Consultant in Public Health Medicine, attending for Item 10; Ms J. Gillies, Associate Director of Quality, attending for Items 11 & 12; Mr C. Stirling, Hospital Director – WGH, attending for Item 14; Andrew Milne, Programme Director – Capital Planning, attending for Item 14; Mr D. Thompson (Board Secretary) and Mr. C Graham (Corporate Governance Team, minutes).

**Apologies for Absence:** Cllr S. Akhtar (Non-Executive Director); Mr P. Allenby (Non-Executive Director); Cllr H. Cartmill (Non-Executive Director); Ms E. Gordon (Non-Executive Director); Cllr D. Milligan (Non-Executive Director); Ms M. Barrow (Chief Officer, Midlothian IJB) and Ms C. Laverty (Chief Officer, Edinburgh IJB).

**1. Welcome & Declaration of Interests**

- 1.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Chair also welcomed Councillor Joan Griffiths to her first Board meeting as the City of Edinburgh Council's Stakeholder Non-Executive.
- 1.2 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.

**ITEMS FOR APPROVAL OR NOTING****2. Items proposed for Approval or Noting without further discussion**

- 2.1 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.

- 2.2 Minutes of Previous Board Meeting held on 04 February 2026 – Minutes were approved
- 2.3 Staff Governance Committee Minutes – 15 December 2025 – Minutes were noted.
- 2.4 Finance and Resources Committee Minutes – 11 February 2026 – Minutes were noted.
- 2.5 Healthcare Governance Committee Minutes – 27 January 2026 – Minutes were noted.
- 2.6 Audit and Risk Committee Minutes – 16 February 2026 – Minutes were noted.
- 2.7 Midlothian IJB Minutes – 11 December 2025 – Minutes were noted.
- 2.8 West Lothian IJB Minutes – 04 February 2026 – Minutes were noted.
- 2.9 Edinburgh IJB Minutes – 10 February 2026 – Minutes were noted.
- 2.10 East Lothian IJB Minutes – 26 February 2026 – Minutes were noted.
- 2.11 East Lothian Integrated Joint Board Strategic Plan 2025-2030 – Strategic Plan was noted.
- 2.12 Health and Care (Staffing) (Scotland) Act 2019, Annual & Quarter 4 Board Compliance Report – The report was noted.
- 2.13 Pharmacy Practices Committee – Annual Report 2025/26 – The report was noted.
- 2.14 Q3 Whistleblowing Performance Report 2025/26 – The report was noted.
- 2.15 NHS Lothian Health & Safety Policy - The Board approved the Health & Safety Policy as reflected in its Standing Orders.
- 2.1.6 NHS Lothian Climate Emergency & Sustainability Report 24–25 – The report was noted and it was highlighted that the paper was an interesting read and highly commended.
- 2.17 Eye Pavilion Reprovision Project – Opening of Project Bank Account – The Board noted that Scottish Government Construction Policy Note CPN 1/2019 required the Board to establish a Project Bank Account (PBA) for the PAEP Reprovision Project in the joint names of the Board and the main contractor. The Board approved the opening of this PBA and to designate the Director of Finance as the authorised signatory.
- 2.18 Confirmation of Surplus Status – Edenhall Hospital Site - The Board formally agreed to support the declaration of the former Edenhall Hospital site as surplus and that NHS Lothian progress to completion of missives with the current purchaser.
- 2.19 NHS Lothian Area Clinical Forum Report – The report was noted.
- 2.20 Review of NHS Lothian Board Operating Guidance - The Board reviewed and notes the suite of Operating Guidance, taking significant assurance that it met the requirements of the Blueprint for Good Governance. The Board formally approved the proposed revisions to the Standing Financial Instructions and the Scheme of Delegation, as recommended by the Audit & Risk Committee, and approved the Terms of Reference for each standing committee, noting that these had been reviewed and updated by the committees during the year where necessary.
- 2.21 Appointments – April 2026 - The Board approved the re-appointment of Dr John Hardman, as a non-voting member of the East Lothian Integration Joint Board and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers” with effect from 20 June 2026 (for a further three-year term).

## ITEMS FOR DISCUSSION

### 3. Board Chair's Report – April 2026

- 3.1 The Chair provided a brief update on recent matters. He highlighted that nominations for this year's Celebrating Success Awards had closed on 17 April and reminded members that the usual ceremony would be held on 2 October 2026.

### 4. Chief Executive's Report – April 2026

- 4.1 The Chief Executive presented her report to the Board, highlighting key matters therein. She reported on the successful implementation of Phase 1 of the Reduced Working Week, acknowledging the collaborative work with staff-side, HR and OD colleagues but also noting that further work remained.

- 4.2 Members discussed the content of the Report, noting the role of the Patient Safety Commissioner for Scotland and querying how this related to NHS Lothian's own efforts to strengthen the patient voice. It was reported that NHS Lothian continued to fulfil its statutory engagement responsibilities in relation to local service change. However, there was growing recognition of the need for the Scottish Government and NHS Scotland to engage at a national population level, using various methods and channels, in order to set out the case for wider change and reform.

- 4.3 Progress was noted and welcomed in relation to the acquisition of Plot 11 to support future infrastructure development within the BioQuarter, with further updates to follow. The Board also welcomed the Report's celebration of staff achievements across the system.

- 4.4 The Board also noted feedback from a recent summit meeting between Board Chairs, Chief Executives and Scottish Government officials where there had been useful discussions on future direction, culture and preparation for the next Parliamentary phase.

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

- 5.1 The Audit & Risk Committee Chair reported on the recent receipt and review of six Internal Audit reports, all with limited assurance ratings. The reports covered medical devices; backup and joiners/movers/leavers; independent GP practices and service agreements; medicines management; prison healthcare; and mandatory training. Management had accepted all findings, with actions in place and progress monitored through the Internal Audit tracker, overseen through CMT.

- 5.2 Members queried the impact of new GP Service Level Agreement arrangements on the delivery of primary care services. It was reported that there were currently no significant impacts on the sustainability and stability of services. However, implementation remained a live topic of discussion with GPs and NHS Lothian's ability to fully enact the SLAs was restricted. It was agreed that a further update on this matter would be provided to the Board and/or SPPC at an appropriate stage.

5.3 The Lead Voting Member for the Midlothian IJB reported that the IJB had agreed its 2025/26 budget and she recorded her thanks to the IJB's Interim CFO for his leadership and support. The IJB had also discussed Audit Scotland's Health and Social Care Report, with work underway to respond to this. Further discussion would take place through the national IJB Chairs and Vice-Chairs Network.

## **6. NHS Lothian Board Performance Paper**

6.1 The Board received the latest Board Performance Report, which outlined organisational performance against key national and local indicators. Members noted a mixed operational performance picture, with continued challenges across planned, diagnostic and cancer services, alongside whole-system pressures impacting unscheduled care.

6.2 It was reported that while performance against several access standards remained below target, there had been significant progress in reducing long waits, including substantial reductions in outpatient and treatment time guarantee backlogs over the course of the year. Members recognised the exceptional efforts of staff in delivering these improvements, despite overall activity levels remaining below plan.

6.3 The Board noted that CAMHS waiting times had reduced faster than planned, with delivery on track to meet the end of June target, and that performance in radiology and antenatal care waiting time standards remained strong, supported by additional capacity delivered during the year. Diagnostic delivery was reported as below the average of previous years.

6.4 Members discussed areas of highest concern, including 62-day cancer performance, urology and endoscopy waits, and unscheduled care performance, which remained below national standards. Updates were provided on cancer performance improvement work, including backlog reduction initiatives, pathway redesign, benchmarking with other Boards, and specialty-specific interventions, particularly within prostate and neurological cancer pathways. It was noted that some current recovery measures were fragile and dependent on continued investment.

6.5 In relation to unscheduled care, the Board noted ongoing operational and system-wide actions involving acute services, HSCPs and whole-system groups, with a focus on flow, alternatives to admission, and reducing avoidable emergency department attendance. Members emphasised the need for clearer data, modelling and narrative to support strategic decision-making and to distinguish capacity, demand and transformation impacts.

6.6 The Board acknowledged the requirement for a more integrated, system-wide performance framework and welcomed plans to develop an Integrated Performance and Quality Report (IPQR) for 2026/27. It was agreed that further detailed discussion on cancer and unscheduled care performance, including improvement plans, would be taken forward through SPPC.

## **7. Escalation Update Maternity Services & CAMHS (Standing Item)**

### **7.1 Maternity Services**

7.1.1 The Board received an update on maternity services, outlining progress since the previous Board meeting. It was reported that NHS Lothian was in the final stages of preparing its submission to Healthcare Improvement Scotland, with actions from the recent inspection of maternity services at the Royal Infirmary of Edinburgh nearing completion.

- 7.1.2 Members noted that further escalation discussions had taken place with the Scottish Government, during which updated data had been shared. The Board was advised that feedback was awaited on the next stage of required data and assurance. In addition, the scheduled Women's Services Assurance Report to the next Healthcare Governance Committee was highlighted, which would offer a detailed update on maternity services performance and associated risks.
- 7.1.3 In discussion, reassurance was provided that the agreed action plan remained on track, with further consideration requested through SPPC regarding the recruitment position by the end of the financial year.
- 7.1.4 The Board also noted indicative improvements in patient experience, including the routine collection of feedback at triage on a monthly basis and significant improvements in waiting times for induction of labour at the RIE.

## **7.2 Child and Adolescent Mental Health Services (CAMHS)**

- 7.2.1 The Board received an update on the current position within CAMHS. It was reported that the service remained at Level 3 escalation, with ongoing engagement with the Scottish Government on a four-weekly cycle, and the next review scheduled for the following week.
- 7.2.2 Members noted that recovery actions remained on track, with the service ahead of schedule to achieve zero young people waiting over 52 weeks by June 2026, and only two young people remaining on the pathway, expected to be cleared by the end of the month. Discussions with the Scottish Government continued, including in relation to its criteria and decision-making on potential de-escalation of the service, subject to sustained progress.
- 7.2.3 The Board welcomed the update and acknowledged the significant improvement described. The Chair requested that members be informed in advance should the June 2026 position be achieved ahead of the next scheduled Board meeting.

## **8. Director of Public Health Annual Report 2025**

- 8.1 The Board received and considered the Director of Public Health Annual Report for 2025. The report focused on mental health and wellbeing and was presented for discussion and endorsement.
- 8.2 Members noted the evidence set out in the report demonstrating a worsening mental health picture over the past decade, including increasing levels of anxiety, particularly among younger adults, delayed diagnosis, higher mortality rates and significant comorbidity. The Board discussed the importance of addressing stigma, strengthening prevention, and ensuring inequalities-sensitive pathways, given evidence that individuals with mental health needs were more likely not to attend appointments. The report's population-level framework, drawing on multiple indicators and national and local evidence, was welcomed as a helpful basis for understanding need and targeting action.
- 8.3 The Board recognised the strong contribution being made across the Lothian system, including the role of community and third-sector partners, lived experience and advocacy. Members emphasised the importance of whole-system working, including Community Planning Partnerships, Integration Joint Boards and other partners, and noted the need to maintain pace and focus by translating evidence into clear, prioritised actions. Discussion acknowledged that some increases in self-reported mental health conditions reflected methodological change and post-pandemic impacts, while longer-term trends indicated sustained growth in demand, particularly among young people.

8.4 It was noted that the report represented a starting point for further engagement and action, rather than a performance report, and that next steps would include broader discussion through governance structures and Community Planning Partnerships, supported by stronger impact modelling and learning from effective interventions. The Board welcomed the accessibility of the report and the planned approach to engagement, including the use of digital formats.

8.5 The Board noted and discussed the evidence presented, and endorsed the Director of Public Health Annual Report 2025, including the proposed next steps and planned engagement with Community Planning Partnerships across Lothian.

## **9. NHS Lothian Pharmaceutical Care Services Plan (PCSP) 2025–2028 – Annual Update**

9.1 The Board received an update on progress in Year 1 of the Pharmaceutical Care Services Plan.

9.2 Members noted the continued contribution of community pharmacy in supporting system capacity, the positive impact of Pharmacy First+ expansion, and progress across priority areas, including smoking cessation and the introduction of a pre-diabetes prevention testing pathway.

9.3 The Board noted progress achieved in Year 1 of delivery of the Pharmaceutical Care Services Plan 2025–2028.

## **10. Lothian Health and Care System as a Population Health Organisation**

10.1 The Board considered the paper which set out the case for affirming the Lothian Health and Care System's commitment to becoming a Population Health Organisation (PHO). The report highlighted the growing burden of disease, the increasing emphasis on prevention, and the pace at which demand was outstripping the system's ability to respond through traditional models of care.

10.2 Members noted that the proposals aligned with the ambitions of the Lothian Strategic Development Framework and reflected a strategic shift towards a more prevention-led, system-wide approach, supported by strong leadership and governance. The report outlined national and local activity, including engagement with the King's Fund, peer review, system maturity frameworks and the development of metrics to assess progress, alongside work already shared with SPPC and the Corporate Management Team.

10.3 There was discussion on the importance of measuring progress towards becoming a population health organisation, recognising the need for proportionate and shared metrics developed in partnership with other agencies. Members emphasised the importance of whole-system working across health, social care and community services, including primary care and Integration Joint Boards, and highlighted the need to address inequalities, "missingness" and access to care. The long-term nature of public health improvement was acknowledged, alongside the need for clarity on what would change in practice and how progress would be demonstrated.

10.4 Members recognised the paper as a clear statement of strategic intent, supported the direction of travel towards a population health approach, and welcomed the commitment to bring forward further detail, including implementation planning, maturity metrics and governance arrangements.

10.5 The Board affirmed its commitment to the Lothian Health and Care System becoming a Population Health Organisation and endorsed the strategic intent set out within the paper.

## **11. Quality Directorate End of Year Report 25/26 and Annual Plan 26/27**

11.1 The Board received the Quality Directorate End of Year Report and Annual Plan. Members noted progress in delivering the NHS Lothian Quality Strategy and accepted moderate assurance regarding patient safety improvement programmes and the supporting quality infrastructure.

11.2 The Board recognised the need to shift from service-level improvement to a system-wide quality improvement approach, maintaining a focus on patient safety, learning from adverse events and strengthening quality as a driver of redesign and transformation. Engagement with staff, partners and the Board was noted as integral to the proposed refresh.

11.3 The Board accepted moderate assurance and endorsed the planned refresh of the NHS Lothian Quality Strategy to support a system-wide approach to quality improvement.

## **12. Corporate Risk Register**

12.1 The Board considered an update on the Corporate Risk Register, and reviewed recent executive updates on risk mitigation. Members noted changes to the register over the past two years and that divisional high and very high risks had been reviewed by the Corporate Management Team in April 2026.

12.2 The Board agreed to accept a new corporate risk relating to nationally procured digital systems, reflecting executive concerns regarding implementation challenges and associated service impacts. It was acknowledged that the risk would be refined further as mitigations progressed and that broader pressures, including finance, capacity and national system change, would continue to be kept under review.

12.3 The Board agreed to postpone the review of the Risk Management Policy and Procedure originally scheduled for April 2026. The position was noted.

12.4 The Board reviewed and noted the Corporate Risk Register update and agreed the actions outlined within the report.

## **13. February 2026 Financial Position and Latest Year-End Forecast**

13.1 The Board received an update on the financial position at the end of February 2026 (Month 11) for 2025/26, including the latest year-end forecast. It was noted that the organisation remained in the process of closing the accounts, with the reported position subject to external audit.

13.2 The report set out a reported overspend of £2.1m at the end of February, with the year-end forecast revised to an overspend of £2.8m. Members also noted the position of the Financial Recovery Plan, including a year-to-date delivery shortfall of £3.0m at January 2026 and a forecast shortfall against target of £8.4m, with 2.2% delivered on a recurrent basis.

13.3 It was reported however that, at the point of reporting, a position of overall financial balance was expected to be achieved for 2025/26, subject to completion of the year-end process and external audit. The Board noted its continued commitment to the Scottish Government to deliver financial balance and accepted significant assurance on the expectation of achieving this position.

- 13.4 Board members acknowledged the work undertaken to support financial balance and expressed thanks to the Director of Finance, the finance team and colleagues across the organisation for their collective efforts.
- 13.5 The Board noted the financial position at the end of February 2026, the revised year-end forecast, the Financial Recovery Plan delivery position, and the ongoing commitment to achieving financial balance.

#### **14. Outline Business Case – Western General Hospital Demolitions**

- 14.1 The Board considered an Outline Business Case for demolitions at the Western General Hospital site. The report set out proposals for demolition works, including associated decant and reprovision arrangements, as the first phase of a wider masterplanning approach. Members noted the significant risks arising from the condition of the estate, the absence of a viable 'do nothing' option, and the need to address derelict and unstable buildings while enabling future service development, including the Cancer Centre.
- 14.2 The Board welcomed the progress made and recognised the proposed demolitions as a necessary step to de-risk the site, supported by available capital funding, while further detailed business cases would be developed for subsequent phases.
- 14.3 Assurance was provided regarding ongoing service continuity, risk management and future planning work. Members acknowledged the strategic importance of the proposals and the intent to return to the Board with further options as the wider masterplan evolved.
- 14.4 The Board approved submission of the Outline Business Case to the Scottish Government for funding consideration.

#### **15. Any Other Business**

- 15.1 There was no other business.

#### **16. Reflections on the Meeting**

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

#### **17. Date of Next Board Meeting**

- Wednesday 24 June 2026, **10:30am** (*Annual Accounts*)

## NHS Lothian

### STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 11 March 2026 via Microsoft Teams.

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

**In Attendance:** Miss T. Gillies (Executive Medical Director), Ms M. Campbell (Director of Facilities); Mr T. Power (Director of People and Culture, Human Resources); Ms A. MacDonald (Executive Nurse Director, Nursing); Mrs R. Kelly (Deputy HR Director); Ms L. Cunningham (Partnership Representative); Mr D. Thompson (Board Secretary); Mr M. Beswick (Head of Careers Development & Employability) D. Collins (Head of Health & Safety – Item 7.2 & 7.3) Mr C. Drake (Project Manager, HR -Item 6.3) Mr A. Tyrothoulakis (Site Director Women & Children's – Item 7.1.4) Ms S. Perriss (Partnership Lead -Item 7.1.4) and Mr G. Ormerod (Corporate Governance Team -Minute).

**Apologies for absence were received from:** Mr J. Crombie (Deputy Chief Executive)

### 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.*

#### 52. Declaration of Conflicts of Interest

52.1 None.

#### 53. Minutes and Action Note of the Previous Meeting held on 15 December 2025

53.1 The minutes of the meeting held on the 15 December were approved as an accurate record.

#### 54. Matters Arising

54.1 The Chair confirmed that Ms Elizabeth Gordon has taken up the role of Whistleblowing Champion on an interim basis, succeeding Ms Katharina Kasper, who has moved into the position of Board Chair at NHS Lanarkshire.

#### 55. Draft People & Culture Plan

55.1 The Director of People & Culture confirmed that work is ongoing into 2025/26 to support the corporate objective for People & Culture, including the requirement to draft a plan that sets out how the organisation will progress the aims of the LSDF and build a sustainable organisation.

- 55.2 The paper provides the Committee with an overview of the work completed to date, the range of forums involved, and what needs to be in place to move forward, including the Committee's role in that process.
- 55.3 The overarching aim is to develop a People and Culture Plan with a broader focus, including areas such as maternity risk and wider factors that influence people's experience at work.
- 55.4 The paper sets out a long-term vision for the next 5–10 years for a healthy and sustainable organisation. This vision has been developed and evaluated across a range of forums and is built around three strategic aims and areas of focus: workforce sustainability, culture and staff experience, and health and safety.
- 55.5 The three strategic aims and a further ten areas of focus were approved by CMT in December. Work undertaken by the Culture and Leadership Group has contributed to these areas and to the associated actions designed to support delivery of the intended outcomes over the next 1–3 years. The emphasis will be on Year 1 actions, with actions for Years 2–3 forming part of the next phase and feeding into the appropriate management forums.
- 55.6 The development of these actions is running in parallel with work across the three strategic areas, and this alignment is reflected within the Board Assurance Framework.
- 55.7 A full report and plan will be brought to the meeting in May, following the update to the Lothian Partnership Forum in April.
- 55.8 A Non-Executive Board Member asked whether the 'Speaking Up' section in Appendix C would include reference to whistleblowing within the plan, particularly in relation to increasing confidence in the process. The Director of People & Culture confirmed that there is an action to improve the whistleblowing model and associated timescales to ensure a timely response.
- 55.9 The work completed to date was noted by the Committee, and the Committee took significant assurance from the progress reported.

## **56 Board Assurance Framework**

- 56.1 The Board Secretary provided an update on the development of the Board Assurance Framework (BAF). Work continues to refine the framework, and the current cycle of committee meetings will be used to gather feedback on progress to date, particularly in relation to staff governance, the delivery plan, and associated KPIs.
- 56.2 The objectives of the BAF is to increase confidence in governance and assurance arrangements, improve organisational line of sight, and support implementation of the Blueprint for Good Governance. The BAF will function as a user manual, setting out the Board's governance arrangements and the integrated governance system with two new elements introduced: an Integrated Quality Report and an Assurance Risk Report.

- 56.3 The Board Secretary also outlined the five core components of the BAF:
- Performance and Quality Report
  - Risk Management System
  - Strategic Planning and Commissioning System
  - Audit Arrangements
  - Board Operating Guidance, including Standing Orders, Committee Terms of Reference, and related protocols.
- 56.4 An assessment against the Blueprint for Good Governance was completed in March 2024. A steering group was subsequently established, supported by a working group that has met regularly since September and weekly since January. Internal Audit has provided additional support throughout this process.
- 56.5 The updated BAF is expected to be presented to the Board for approval in August. In the interim, engagement with Committees will continue to ensure clarity on how each committee contributes to the Board's assurance system. Committees will provide feedback by the end of the month, with further updates planned for June and July. Work is also underway with analytics colleagues to consolidate reporting.
- 56.6 The working group is progressing practical assurance mapping, reviewing business cycles and committee work plans to identify gaps in assurance. A stakeholder survey has also been completed to gather wider perspectives from those involved in Committee work.
- 56.7 The Committee noted the information and work ongoing between now and August.

## **57 STAFF EXPERIENCE**

### **57.1 Advancing Equalities Action Plan 2024/26 update**

- 57.1.1 The Deputy Director of People & Culture provided an update on the Advancing Equalities Action Plan for 2024/2026. She confirmed that the report includes the full action plan and progress to date. Key statutory and benchmarking requirements have been met, including completion of the gender pay gap analysis.
- 57.1.2 There has been an improvement in the quality of staff data, with targeted work undertaken in areas where there were previously high levels of "unknown" responses. This focus will continue into the new plan. Work has also progressed on promoting staff networks, increasing visibility of disability and carers' passports, and strengthening communication and awareness.
- 57.1.3 A range of Equality, Diversity and Inclusion initiatives have taken place, including the Equality and Diversity Conference, a programme of lunch-and-learn sessions, and the use of staff forums to surface and discuss issues. Work is continuing to develop the Equality and Diversity education calendar, with the Human and Diversity Framework scheduled for launch in 2026.

- 57.1.4 The organisation has retained its Disability Confident Leader status until 2027 and has signed up to the Equally Safe at Work programme, with the aim of achieving Bronze accreditation.
- 57.1.5 A new maternity hub has been established to ensure staff on maternity leave remain connected and supported, addressing previous concerns during their absence. Work is also underway with IT and Finance to resolve issues such as staff accounts being automatically closed after 90 days.
- 57.1.6 Progress continues on BME career development, particularly within nursing, with a series of improvements and updates delivered over recent years.
- 57.1.7 Active engagement is underway with staff network chairs to support delivery of the Advancing Equalities Action Plan. The plan is being transitioned to a three-year cycle to align with the wider People and Culture Plan. A further update will be presented in May.
- 57.1.8 A Non-Executive Board Member asked how progress in this area is measured and demonstrated. The Director of People & Culture advised that survey data and benchmarking against agreed progress measures are used to track improvement. He also suggested inviting Laura Hutchinson to a future meeting to provide a more detailed update. **TP**
- 57.1.9 A Non-Executive Board Member welcomed the new maternity hub and asked whether a similar approach could support staff on parental leave or long-term sickness, who can become disconnected from policies. The Deputy Director of People & Culture agreed this is an issue, noting that staff on long-term sickness often cannot access the NHS network, and confirmed the organisation will need to consider how to make policies more accessible. **RK**
- 57.1.10 The Chair highlighted the uptake levels for Equality, Diversity & Rights within the mandatory training data and asked whether there were any comments. The Deputy Director of People & Culture advised that further detail would be required and confirmed she would follow up with Kayleigh Morris. **RK**
- 57.1.11 The Committee noted the update and the progress outlined in the report.

## 57.2 Whistleblowing Report

- 57.2.1 The Committee received the regular quarterly report on Whistleblowing activity, covering Q3 and Q4. One case is currently at Stage 2, with a further two cases progressing and one recently closed. There are five investigations ongoing.
- 57.2.2 Activity since the last committee meeting reflects a sustained level of work, with several cases now at the action plan stage. Five cases have been referred to the INWO.

57.2.3 The number of Stage 2 cases has fallen each year since the introduction of the standards in 2021/22. Although full-year data is not yet available, there has been an increase in cases referred to the INWO, including concerns about the substance of investigations and, in a small number of cases, negative behaviours within services that have led to whistleblowing concerns being raised.

57.2.4 Timelines continue to be a challenge, with extended response periods often linked to case complexity. Further work is required with investigators to ensure effective follow-through on action plans, improved tracking, and increased investigator capacity.

57.2.5 Learning has been taken from the recent maternity-related case referred to the INWO. Guidance for investigators has been updated to ensure greater focus on absence management and the speak-up culture within services when whistleblowing concerns are raised.

57.2.6 A Non-Executive Board Member welcomed the plans to increase the number of investigators. She asked about the timing of annual feedback and questionnaires, noting that some individuals may feel dissatisfied at the end of the process and queried whether questionnaires are issued after one year or on completion of a case. It was agreed that RK and TP will review the timing of questionnaire distribution, with agreement that questionnaires should be issued once an investigation has concluded.

**RK / TP**

57.2.7 Committee members approved the report's recommendations.

### 57.3 Employability update

57.3.1 The Head of Careers Development & Employability presented an update on employability activity, confirming the report reflects progress over the past year and provides continued assurance. The update highlighted the continued access to programmes covering employability, apprenticeships, career progression, and work-experience opportunities, including the NHS Gateway.

57.3.2 Members noted the ongoing work and its alignment with the upcoming People and Culture Plan, as well as the Employability Programme workstreams focused on diversity, inclusion, attraction, workforce development, and widening access for people to join NHS Lothian and career progression within the organisation.

57.3.3 Workforce planning activity is ongoing. Previous versions of the plan highlighted key enablers and challenges related to retention and recruitment, and the team is now exploring opportunities to innovate within existing resources or alternative supply options.

57.3.4 Members discussed the wider impacts on the work-experience programme, including opportunities for individuals interested in nursing. A short-life working group is focusing on attraction, exploring what additional opportunities nursing can offer and what qualifications or courses are required to enter the profession. The Head of Careers Development & Employability confirmed that there is a clear structure in place to support anyone interested in pursuing an NHS career, including access to Insight Days.

57.3.5 Committee members accepted significant level of assurance that the programme of employability work widens access and aligns to our workforce needs and responsibilities.

## **58 SUSTIANABLE WORKFORCE**

### **58.1 Workforce Report**

58.1.1 The Deputy Director of People & Culture presented an update on the standard report with statistics for January 2026, highlighting sickness absence levels, including both long and short term absences. The main reasons for absence in January were coughs, colds, and flu, while the highest number of hours lost related to mental health, depression, and psychiatric causes.

58.1.2 Appraisal compliance was 63%, representing a 1% decrease from the previous reporting period.

58.1.3 Committee members noted the report.

### **58.2 3 Year Workforce Plan update**

58.2.1 The Director of People & Culture presented an update on 3 Year Workforce Plan confirming the plan now aligns with the performance schedule and there was a slight delay in year 1 actions and a knock-on effect for planning for implementation of the reduced working week. The Workforce plan has been brought forward alongside the People and Culture plan and Digital Development Strategy.

58.2.2 Members noted that service leads will be developing workforce plans, including cross-cutting actions for LSDF. The People and Culture Plan have clear alignment with priorities around reshaping the workforce, attraction, retention, resources, skills, and employability.

58.2.3 Work will continue to be influenced through the Directors of HR, alongside the development of the national framework and Scotland-wide support to build capacity across the system as an ongoing activity.

58.2.4 Members discussed what the organisation needs to do to attract people into the organisation. The Director of People & Culture highlighted the increasing competition for talent, recognising that there is a 'war for talent' and that vocational pull remains a factor. However, there is now greater competition for graduates, who are also making career choices at a much earlier age.

58.2.5 The Director of People & Culture noted that supporting the development of health careers that effectively utilise modern technologies remains a key priority. The Head of Careers Development & Employability highlighted the significant work taking place with high schools, emphasising the need to promote careers in science, research, and the wider healthcare professions to students. He noted that Healthcare Scientist Week, taking place this week, along with Insight Days, provides valuable opportunities to highlight these roles. Graduates are increasingly attracted to the

organisation due to job security and strong values-based employment, which may not have been available to them in other sectors.

58.2.6 The Director of People & Culture confirmed that, over the next 5–10 years, the role of technology will require the organisation to think differently about how it equips people to work.

58.2.7 The recommendations outlined in the report were approved.

### 58.3 Agenda for Change Reform – Update

58.3.1 The Deputy Director of People & Culture presented an update on the Agenda for Change reform, confirming that work continues on the implementation of the reduced working week from 1 April 2026. The paper focuses on recent actions and the confirmation of backfill funding.

58.3.2 The paper confirms that, in January 2026, the CMT agreed to provide backfill funding for service areas assessed as very high or high risk. Decisions were taken to fund very high-risk areas for two years on a non-recurring basis, and high-risk areas for one year on a non-recurring basis. A total of £31m has been committed to this process.

58.3.3 Services receiving backfill funding are aware of the arrangements and are progressing recruitment to the relevant posts or increasing the hours of part-time staff and work within the services to support implementation is ongoing.

58.3.4 The Deputy Director of People & Culture advised monitoring implementation of the reduced working week and working towards implementation of 1 April.

58.3.5 The Deputy Director of People & Culture provided an update on the Band 5/6 rebanding process, confirming that 829 applications have been submitted, with 89% of applicants progressing to Band 6. To date, outcomes have been issued for 362 applications. The volume of applications continues to exceed the number of completed outcomes, and the introduction of an additional panel is being considered to support this work. In addition, batching of applications for ward areas will begin, allowing staff within the same area and role to be considered together. A further update will be provided at the next Committee.

58.3.6 Protected learning time has supported progress in mandatory training compliance. Training has now moved to TURAS Learning, and staff are actively updating their mandatory training requirements.

58.3.7 Committee members approved the reports recommendations.

## 59 ASSURANCE AND SCRUTINY

### 59.1 Corporate Risk Register

#### 59.1.1 Traffic Management

- 59.1.1.1 The Director of Estates and Facilities provided an update, confirming that there were no changes to the risk grading or mitigations during the last period. Work is underway at WGH to implement the one-way system, which is expected to be completed by the end of March to help address the red risk at WGH.
- 59.1.1.2 Two risks were noted at Little France. The Short Life Working Group proposal will be taken forward for costing and will need to progress through the appropriate governance routes. There continue to be challenging costs associated with the zebra crossing at Little France due to the PFI arrangement. The costs remain high and require further due diligence.
- 59.1.1.3 Committee members noted the update.

### 59.2 RIE Fire Safety

- 59.2.1 The Director of Estates and Facilities provided an update, confirming that there were no changes to the risk grading or mitigations during the last period.
- 59.2.2 There have been three formal visits from the Scottish Fire & Rescue Service (SFRS): two relating to the enforcement notice and to review the completion of actions within the agreed timescales, with the SFRS are satisfied with progress. The 30 and 60 day actions are now closed. The next visit is scheduled for the end of April and remains on track, particularly in relation to signage.
- 59.2.3 A further audit of the site has been carried out. Two or three items were identified, and progress is being tracked through the RIE Fire Safety Action Group; these are currently in hand. A meeting was held in January with RIE, Consort, and SFRS to discuss fire safety risk, and the discussion was positive.
- 59.2.4 The fire strategy and Stage 2 work are expected to be completed in the autumn. The team is awaiting the next phase to progress, including gaining access to the single-wall system and determining how any associated risks will be addressed. Funding has been identified for additional staffing in the basement, along with actions in the enforcement notice relating to waste management and the need for a substantive long-term solution.
- 59.2.5 The Director of Estates and Facilities advised that the contractor's fire engineer had identified significant issues in the event of a fire, initially assessing the situation as presenting an extreme level of risk and recommending a number of mitigations. Following a reassessment of the initial audit, the residual risk rating has been reduced to high. The overall risk score remains at 25 and cannot be reviewed further until the fire strategy is completed.

- 59.2.6 A Non-Executive Board Member highlighted the ongoing work and actions being taken to ensure the building is as safe as possible, while noting that it remains non-compliant. The Director of Estates and Facilities outlined the actions within the enforcement notice and the agreed deadlines to move this forward. Work continues with the lifecycle team on ward improvements, including enhanced fire detection and the ongoing programme of fire-door replacement. A significant area of work relates to the fire safety strategy and the cladding on the exterior of the building. This will set out options in the autumn, such as installing fire sprinklers or removing cladding; however, no decisions can be made until the enforcement notice is completed.
- 59.2.7 The Chair advised that further clarity will be provided when the Committee receives the strategy.
- 59.2.8 Committee members approved the report's recommendations.

### 59.3 RWW Corporate Risk

- 59.3.1 The Director of People & Culture highlighted the effective and thorough planning underway to support implementation of the reduced working week, along with arrangements to manage how the risk will present after implementation. The adequacy of controls has improved following approval of backfill funding for 72% of lost capacity, which is positive, though not without financial risk and challenges in securing the required backfill. The position will become clearer as the organisation moves into Q1 2026. Further work is required to manage the remaining gap, with ongoing engagement and monitoring across services.
- 59.3.2 From 1 April, the organisation will begin tracking the impact on service delivery, alongside ongoing management of the risk and decisions on the allocation of the £45m available for all Agenda for Change reforms. Assurance remains limited due to the interplay of these risks.
- 59.3.3 The recommendations within the report were accepted.

### 59.4 Safe Delivery of Maternity Services

- 59.4.1 The Director of Women and Children's Services presented an update on the safe delivery of Maternity Services, outlining the approach being taken to address the risk and the oversight and governance processes in place. An improvement programme has been structured around four overlapping workstreams:
1. Unannounced HIS visit and development of the resulting action plan.
  2. Critical actions and improvement work ahead of the forthcoming HIS inspection, including essential workforce and training activity.
  3. Actions arising from whistleblowing cases.
  4. A programme to reduce avoidable harm.
- 59.4.2 The first three workstreams are overseen through a Maternity Short-Life Working Group. In addition, a monthly group reviews avoidable harm and neonatal services, with key priorities focused on the safety.

- 59.4.3 The risk is being considered through the Healthcare Governance Committee and the Staff Governance Committee, and the Scottish Government has classified it as Stage 3, with ongoing oversight of progress. Escalation and discussion continue with the Medical Director, Nurse Director, PSEG, the Oversight Board and CMT.
- 59.4.4 A scorecard has been developed covering safe staffing, operational delivery, and staff experience, and this is updated regularly to monitor the impact of the improvement work.
- 59.4.5 By the end of March, most actions are expected to be completed and remain on track, with some longer-term actions continuing into later in the year, including lifecycle works at the RIE.
- 59.4.6 The HIS action plan contains fifty five actions, with good progress reported and all actions currently on track. A number of these are due for completion by the end of March. There is a strong focus on cultural improvement, including the development of a culture charter, standards, and behaviours for maternity services, supported by culture ambassadors. Two workshops have taken place, with a further session scheduled.
- 59.4.7 Work is also underway to support physical and behavioural changes that reinforce the expected standards within the service.
- 59.4.8 There is a strong focus on training, including defining mandatory and essential midwifery training and aligning this with corporate requirements. Work is underway to quantify the total training need and to establish a consistent training framework, including protected learning time.
- 59.4.9 Recruitment is progressing to support the required changes, supported by a £1.5m investment to increase establishment across medical and midwifery staffing. Improving staffing levels will require staff to engage with multi-rotational and hybrid working models over the next three years, alongside continued attention to staff wellbeing and both short- and long-term sickness.
- 59.4.10 The level of assurance against the risk remains limited due to the scale and complexity of the work involved.
- 59.4.11 Committee members approved the recommendations and noted a limited level of assurance.

## 60 Health and Safety Assurance Report

- 60.1 The Head of Health & Safety provided an update on the Health and Safety report highlighting three key areas:
- Entonox Gas Exposure, the Capital Steering Group has approved the use of gas-scavenging masks, and actions are progressing in line with the control strategy. The situation at SJH remains unchanged. Environmental modelling has

been carried out, and additional exposure data was required over a one-week period. This data is now with Heriot-Watt University for analysis.

- A further piece of work is required across more than fifty premises to implement a risk-based monitoring schedule for Minimise Entonox Gas Exposure, with monitoring levels determined by the assessed level of exposure risk.
- There has been a brucellar microbiological exposure at RIE resulting in a high infection rate. An Improvement Notice has been served under RIDDOR. Two actions were required: one has been completed and accepted by HSE, and the remaining action is due for completion by 30 April.
- HSE raised an action relating to workplace safety, noting deficiencies in medical practice and water safety. HSE also received an unannounced call regarding a potential legionella outbreak. As part of their follow-up, HSE reviewed Conan Doyle and carried out further inspections at Muirhouse and Wester Hailes, where similar findings were identified. Further discussions took place with HSE to clarify the portfolio of buildings, lease arrangements, and responsibilities for premises management and water safety. HSE had planned to write to the Chief Executive; however, this will now be approached as a partnership matter, given that NHS Lothian only leases the premises.

60.2 Committee Members accepted the recommendations within the report.

## 61 Health and Safety Policy

61.1 The Head of Health & Safety confirmed that the Health and Safety Policy has recently been reviewed through Partnership and the Corporate Team, with a full refresh and rewrite of the policy.

61.2 Members accepted the policy for publication.

## 62 Medical Appraisal and Revalidation Annual Report

62.1 The Executive Medical Director provided an update on the Medical Appraisal and Revalidation Annual Report for 2024/25. She highlighted that Clearer recommendations and a strengthened follow-up process are required where Boards fall outside the defined perimeter, and all revalidations should take place annually. Numbers have been highlighted in both primary and secondary care.

62.2 Members noted that junior doctors and fellows who sit outside the standard processes can sometimes be missed; however, completion rates for fellows remain good. Data submitted from each Board is reviewed by a panel, and there are currently no actions required for NHS Lothian to progress.

62.3 Committee members approved and agreed that there is significant assurance that the system supporting medical appraisal and relicensing (revalidation) in NHS Lothian is working as intended and achieving its purpose. They further agreed that no additional report is required until the MARQA review of the 2025/26 process is published.

63 Employment Tribunal Annual Report

- 63.1 The Deputy Director of People & Culture confirmed that the Remuneration Committee receives an updated position on live employment tribunals across NHS Lothian, providing oversight of cases and associated costs. It was agreed that, for organisational learning, an annual report will be submitted to the Staff Governance Committee.
- 63.2 Committee Members noted the Annual report for awareness.

64 Health and Care Staffing Act – Reporting Plan for 2026-27

- 64.1 The Executive Nursing Director provided an update on the Health and Care Staffing Act, which forms part of the routine reporting to the Committee within the governance programme and wider Health and Care Staffing legislation. Members noted that the report has been considered by the Programme Board, and the current plan does not present any new financial risks.
- 64.2 The Annual Report is required to be submitted to the Scottish Government on 30 April. She highlighted that the reporting schedule for the next Committee meeting falls after this deadline and asked whether an additional meeting would be required or if approval for the report could instead be provided via email.
- 64.3 Committee members agreed that comments would be shared by email and that an additional meeting would not be required.

**AMcD**

- 64.4 Committee members approved the report's recommendations.

65 PVG Retrospective Checks – update

- 65.1 The Deputy Director of People & Culture provided an update on the exercise and checks required for members who need a PVG to undertake their roles. All staff have submitted an application and are now in the system, with 90% of checks completed. The remaining 10% relates to staff currently on maternity leave or long-term sick leave.
- 65.2 A number of staff have completed the process, but Disclosure Scotland requires NHS Lothian registered employer are required to share their certificates for assurance.
- 65.3 Seventy applicants had not provided consent to share their PVG information, and these individuals have now had to reapply as the previous applications had lapsed.
- 65.4 The Deputy Director of People & Culture provided reassurance that all staff have a PVG in place.
- 65.5 The Chair confirmed that this item can be removed from future agendas.

66 Future Format of Staff Governance Committee Meetings

- 66.1 The future format of the Staff Governance Committee was deferred.

## **67 FOR INFORMATION AND NOTING**

67.1 Staff Governance Statement of Assurance Need - The Committee noted the Statement of Assurance Need.

67.2 Staff Governance Work Plan – 2025/26 - The Committee noted the Staff Governance Work Plan for 2025/26.

## **68 Reflections on the Meeting**

68.1 Matters to be highlighted at the next Board meeting – None.

68.2 Matters to be highlighted to another Board Committee – None

## **69 Any Other Competent Business**

69.1 The Deputy Director of People & Culture confirmed that the Staff Governance Staff Survey would be circulated as part of the Staff Governance Annual Report. She asked members to complete the survey to provide feedback on committee effectiveness.

## **70 Date of Next Meeting**

70.1 Wednesday 27 May 2026 at 9.30am – 12.30pm and 1.30pm – 3.30pm, Meeting Room 10, West Port.

## FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 25 March 2026 via Microsoft Teams.

**Present:** Mr R. Roberts, Non-Executive Board Member (Chair); Mr P. Allenby, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member and Cllr S. Akhtar, Non-Executive Board Member

**In attendance:** Prof C. Hiscox, Chief Executive; Mr J. Crombie, Deputy Chief Executive (from 10.00am); Mr B. Barron, Director of Capital Planning; Ms M. Campbell, Director of Estates and Facilities; Ms T. Gillies, Medical Director; Facilities; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr D. Thompson, Board Secretary; Mr. C. Kerr, Programme Director, Capital Planning; Ms J. Long, Director of Innovation and Transformation; Ms I. Tricker, Interim Head of Property and Asset Management; Ms A. MacDonald, SPM Masterplanning Strategic Planning & Modernisation; Mr D. Mill, Head of Sustainability and Energy; and Mr G. Ormerod, Committee Administrator (minutes).

**Apologies:** Mr G. Gordon, Non-Executive Board Member; Mr T. Power (Director of People & Culture); Ms M. Carr (Acute Services Director); Ms A. MacDonald (Executive Director of Nursing)

### Chair's Welcome

*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.*

### 43 Welcome and Introductions

43.1 The Chair welcomed everyone to today's meeting.

### 44 Declaration of Interests

44.1 None

### 45 Committee Business

45.1 Draft minutes of the meeting held on 11 February 2026

45.1.1 The minutes of the meeting held on 11 February were approved as an accurate record.

45.2. Running Action Note

45.2.1 All actions are up to date on the action log.

46 Strategic Transformation update - Strategic Change Group (SCG)

46.1 Ms Long presented an update on the Strategic Transformation update. She explained that the group was established to support LSDF and wider change priorities, with a focus on

prioritising work based on available capacity, recognising that not all initiatives can be progressed simultaneously.

- 46.2 Members noted that the former Finance Change Group has now transitioned into the Strategic Change Group, which will also take on the remit of the Financial Improvement Groups. It was highlighted that there are currently not many projects in the pipeline. The 3% recovery programme will be overseen through the Financial Recovery and Performance Management and Finance Oversight Group, chaired by Mr Marriott.
- 46.3 It was confirmed that Non-Executive Board Members will have visibility of proposals involving service reductions through SPPC, and that any major change would be subject to robust discussion and scrutiny.
- 46.4 Members welcomed the shift from a financially focused group to a broader transformation-focused Strategic Change Group, recognising this as an important step in strengthening the justification and rationale for change activity. They acknowledged the need for appropriate oversight and an outcome-focused approach that ensures Non-Executive Members have sight of proposals at the earliest opportunity through SPPC, with further iterations expected to come to the Finance & Resources Committee.
- 46.5 A Non-Executive Board Member asked how future business cases would be routed, noting that traditional capital cases have historically gone to the Finance & Resources Committee, while more strategic cases may require consideration through SPPC. Prof Hiscox agreed to take this point away for further reflection. She highlighted the need to clearly understand the balance between capital investment and transformation, enabling decisions, and how best to align governance so that both aspects are appropriately considered. **CH/JL**
- 46.6 The Committee approved the recommendations. It was noted that a further update would be provided at a future meeting on an ad hoc basis and through routine financial reporting.

#### 47 Draft Committee Annual Report

- 47.1 A draft copy of the Committee Annual Report has been circulated. Mr Marriott confirmed that this is the first version and represents an important milestone, providing an opportunity to reflect on current practice and effectiveness, and to consider any improvements required to the governance structure for the year ahead.
- 47.2 The Board Secretary confirmed that each of the Board's standard committees produces an annual report, which is then incorporated into the Board's Annual Accounts in June. This first draft follows the established and tested process, aligning the report with the Committee's Terms of Reference and setting out the assurances and decisions made throughout the year based on reports and updates received at each meeting.
- 47.3 The Board Secretary highlighted that a final version of the Committee Annual Report will be presented at the June meeting for formal sign-off. He noted that a further meeting of Board Committee Chairs will take place in April to review and strengthen assurance reporting and to consider any areas of cross over between committees.
- 47.4 A Non-Executive Board Member emphasised the importance of reflecting on performance over the past year. In reviewing Section 2, he highlighted the need to consider areas of control weakness. He noted that LIMS is an example of a large-scale project run centrally, where NHS Lothian does not have full control, and that as the system moves towards more sub-national models, similar arrangements may become more common. He identified this as an example of a control weakness that should be acknowledged.

- 47.5 A Non-Executive Board Member agreed with comments about reliance on external bodies and the need for clearer governance and assurance. He noted the range of business cases considered by the Committee and highlighted the LSDF as a significant area of activity. He suggested being more explicit about how business cases are presented and how SPPC gains assurance from them.
- 47.6 Members discussed that a rating of significant assurance would ordinarily imply that all areas are operating effectively; however, aspects such as capital allocation particularly the Clock Tower project still require further assurance. Members reflected that significant assurance rating reflects the effective management of these issues rather than an ability to remove or transfer the underlying risks.
- 47.7 The Chair noted that the organisation will increasingly be working alongside other bodies, particularly in areas relating to patient safety. He emphasised the need for clarity around collective and mutual assurance arrangements as this joint work develops.
- 47.8 Members noted that Section 2 could be reproduced again for 2025/26, and that several projects are likely to remain on the list. This raised the question of whether this indicates that some issues are not being fully addressed.
48. Board Assurance Framework (BAF)
- 48.1 The Board Secretary provided an update on the development of the Board Assurance Framework (BAF). Work continues to refine the framework, and the current cycle of committee meetings will be used to gather feedback on progress to date, particularly in relation to staff governance, the delivery plan, and associated KPIs.
- 48.2 The objectives of the BAF are to increase confidence in governance and assurance arrangements, improve organisational line of sight, and support implementation of the Blueprint for Good Governance. The BAF will function as a user manual, setting out the Board's governance arrangements and the integrated governance system with two new elements introduced: an Integrated Quality Report and an Assurance Risk Report.
- 48.3 The Board Secretary outlined the five core components of the BAF:
- Performance and Quality Report
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  - Audit Arrangements
  - Board Operating Guidance, including Standing Orders, Committee Terms of Reference, and related protocols.
  - An assessment against the Blueprint for Good Governance was completed in March 2024.
- 48.4 A steering group was subsequently established, supported by a working group that has met regularly since September and weekly since January. Internal Audit has provided advisory support throughout this process.
- 48.5 The updated BAF is expected to be presented to the Board for approval in August. In the interim, engagement with Committees will continue to ensure clarity on how each committee contributes to the Board's assurance system. Committees will provide feedback by the end of the month, with further updates planned for June and July. Work is also underway with analytics colleagues to consolidate reporting.

- 48.6 The working group is progressing practical assurance mapping, reviewing business cycles and committee work plans to identify gaps in assurance. A stakeholder survey has also been completed to gather wider perspectives from those involved in Committee work.
- 48.7 The Board Secretary highlighted areas of the IPQR performance dashboard that would be presented regularly to the committee covering:
- Financial sustainability
  - Efficiency and value for money
  - Capital programme delivery
  - Environmental sustainability
  - Risk and assurance management
- 48.8 Prof Hiscox noted that the joint objectives between the Chief Executive and the Chair will continue to evolve through the annual appraisal process and can be refined as data quality improves to support stronger strategic decisions. Finance is positioned within the LSDF as an enabling parameter. To avoid drifting into operational detail or creating overlap, a further discussion may be required to clarify the balance between strategic oversight and the next level of conversation. **CH/ DT/CM**
- 48.9 The Chair asked members to review the BAF slides and provide any further feedback. **ALL**

## **49 Capital**

### **49.1 Property and Asset Management Improvement Programme (PAMIP)**

- 49.1.1 Mr Kerr provided an update on PAMIP, confirming there has only been one LCIG meeting since the last report. The project tracker for electric vehicle charging points is almost complete, but a dispute remains, which will be taken to the next LCIG meeting.
- 49.1.2 The business community plan update has been submitted to the government, and a response is to follow. There has been further slippage in the capital plan, and work is underway to bring forward some projects from next year into this year, including USP network nodes, HSDU resilience, and additional electric vehicle charging.
- WGH Ward Round RAAC - Work has started, is running to programme, and is being conducted above the ceilings and completed at night.
  - Developer Contributions - A legal agreement has been secured with the City of Edinburgh Council for £2m in health contributions. Work is ongoing to determine whether any retrospective funding can be obtained and to allocate these contributions to future projects. Engagement with other council areas continues. Health contributions will be incorporated into future development plans.
  - Mr Kerr confirmed that the £2m in health contributions applies to the whole of Edinburgh. He noted that the funding is restrictive, as it must be used in the specific area where each contribution was made. The funds can only be applied to current capacity pressures, and a report is required to justify any spending.
  - The financial plan has been updated, with some rephrasing of costs. The £1.5m slippage has been allocated for medical equipment, and the final contingency will be delegated to the Capital Steering Group to allow smaller projects to be brought forward into this year.

49.1.3 A Non-Executive Board Member welcomed the additional funds and slippage. They asked whether there had been any feedback on in-year allocations and how the organisation could be more proactive in securing developer contributions. Ms Tricker responded, confirming that allocations are discussed with the government to push for earlier slippage given the current challenges. She noted that a waiting list of projects and priorities is in place, allowing items to be brought forward quickly when slippage becomes available.

49.1.4 The Chair suggested that a report on RAAC could be shared for information. **MCamp**

49.1.5 Members approved and supported the report's recommendations.

## 50. Annual Post Project Review Summary

50.1 Mr Barron noted that more detailed project documentation is available and can be provided for review as required. He highlighted that good processes are in place, including the new PAEP project. Members discussed the need to tighten oversight of smaller projects, such as those relating to the Sycamore Centre. It was acknowledged that while some elements could have been managed better, particularly given the six-month delay, managing live projects remains challenging.

50.2 Mr Kerr noted that the project team aims to carry out a further review 12–18 months after the initial post-project review. He acknowledged the challenges in completing these reviews, particularly when staff have moved on, but emphasised their importance. Members discussed the current time delay between project completion and reports reaching the Finance & Resources Committee and suggested considering whether reports could be provided when PPRs are first received. It was agreed that options for presenting this information more effectively would be explored. **CK**

50.3 Members highlighted the usefulness of the report and welcomed the evidence that learning is being captured from experience. They noted that it is not necessary for the Committee to review individual PPRs, provided there is clear assurance that reviews are being completed and that common themes and lessons are being identified.

50.4 The Chair emphasised the importance of learning from projects, particularly in relation to recurring themes and the assurance that PPRs are undertaken when appropriate.

50.5 The Committee accepted the recommendations. The Chair requested assurance that Post-Project Reviews are being completed for learning purposes and asked that future reports provide this detail.

## 51. 26/27 Formula Capital Prioritisation - Proposals for Investment

51.1 The paper outlines proposals for allocating the 2026/27 capital formula funding. It builds on previous work to assess Rolling Programme investment requirements as part of the Business Continuity Plan (BCP) submitted to the Scottish Government and presented to the Finance and Resources Committee in January 2026 under BCP governance.

51.2 The paper confirms that the capital allocation relates specifically to formula capital, with no increase to the existing £26 million budget. Additional funding will be generated through book value or future asset disposals — including the Belhaven Hospital site, which has been declared surplus — bringing the total available capital to £27 million. A further £45 million has been assigned to business continuity and essential estate maintenance. This includes

priority works such as the SJH roof, the WGH clock tower, and several other project proposals outlined within the report.

- 51.3. A Non-Executive Board Member highlighted ongoing workforce challenges. Members noted the limited resource and capacity within services to address risk, as well as gaps in the available skill set. Highlighting the importance of skills development and the need to rebalance the workforce for the future.
- 51.4 A Non-Executive Board Member sought assurance regarding the six programme categories, noting that each carries its own set of risks. He asked how the organisation ensures that multiple programmes are not exposed to overlapping risks. He also enquired about the role of the charity and how charitable funding supports this work.
- 51.5 Members acknowledged the challenges arising from the nature and complexity of the projects. It was noted that high and very high risks are funded within each programme, with funding directed at those elements that are deliverable within the year. The role of the charity was highlighted as an important component of the process. Members noted that the Capital Steering Group has recently been established, with charity now fully embedded within this governance structure. Services are encouraged to bring forward projects that may be suitable for charitable funding.
- 51.6 Members discussed the WGH demolition project and agreed that a site visit would be helpful to understand the live work underway. It was suggested that this should be arranged around the next Board meeting, with a proposal that all Non-Executive Members visit the WGH site within the next year. **BB / DT / MCamp**
- 51.7 Members accepted the recommendations set out within the report.

## 52. PAEP Re-provision – Project Bank Account

- 52.1 Members noted the update for information.
- 52.2 A Non-Executive Board Member queried the anticipated costs; these are expected to be minimal, with any expenditure arising only if not all contractors sign up. Early discussions are underway to support rollout through the final business case.
- 52.3 Members noted that the Scottish Government's Construction Policy Note CPN 1/2019 requires health boards to open a Project Bank Account (PBA).

## 53 HSDU Capacity (Risk ID 5388) and National HSDU Resilience Plans

- 53.1 Ms Campbell provided an update and confirmed that there has been no change in grading or adequacy of control. She reported on the ongoing work to replace the steam pipework, which remains on track for completion by the end of April. Additional Scottish Government funding has been secured for grading and air-handling improvements in the clean room, the provision of UPS for the steriliser plant, and work to support future steam-generation replacement. Further funding has also been provided for trolleys and equipment.
- 53.2 Work continues to review asset suitability and risks for decontamination across Scotland. Feasibility assessments for Tayside, Glasgow and Grampian are expected by the end of March to support potential expansion and the development of a national contingency framework aimed at strengthening resilience and downtime planning.

- 53.3 National modelling work is ongoing across the system. A draft report has been completed; however, concerns were raised regarding the methodology and the way data has been collected. Several Boards are required to undertake further analysis.
- 53.4 A Non-Executive Board Member noted that three posts remain vacant. Ms Campbell acknowledged ongoing staffing challenges and highlighted the need to review current adverts to understand why recruitment is proving difficult. She advised that a review of HSDU undertaken two years ago identified the absence of a robust training programme. Since then, a structured training programme has been implemented, with investment in staff development leading to improved culture and strong opportunities for training.
- 53.5 A Non-Executive Board Member sought clarification on how NHS Assure priorities are managed and asked whether the £3m funding for additional capacity related to private steriliser provision. Ms Campbell confirmed that the funding involves a private company operating in Scotland and that the intention is to develop a more structured, coordinated approach rather than each Board progressing solutions independently.
- 53.6 Members highlighted the lack of clarity around the national strategy and the multiple points of failure across Scotland. He noted national recognition of the need to consolidate to a smaller number of units to reduce risk. In the interim, efforts are focused on expanding capability within existing units and investing in infrastructure to minimise failures, given the significant potential impact on patients.
- 53.7 Prof Hiscox noted that the national group has made limited progress in recent years. She advised that national papers outline the costs of new units and the investment required for existing infrastructure. The current proposal focuses on increasing capacity by improving and expanding the existing estate. This will be taken back to Board Chief Executives within the next three months, with a further update to follow.
- 53.8 Members approved the recommendations within the report.
54. Royal Infirmary Fire Safety Risk update
- 54.1 Ms Campbell reported that two of the three items in the Enforcement Notice have been closed and formally confirmed in writing. The next inspection is scheduled for the end of April, and progress remains on track, with work on the fire strategy underway
- 54.2 The Enforcement Notice is due to conclude in May and covers fire signage, the wider fire strategy, and actions required to address external cladding. Mr Barron confirmed that waste management in the basement continues to be monitored, and alternative solutions, including fire suppression sprinklers, are being explored.
- 54.3 Several points were raised at the Fire Safety Group, with a summary to be returned to the RIE Project Board for a decision on the fire strategy and the next steps. Mr Marriott highlighted the importance of this work, noting that the fire strategy will require significant funding, which committee members will need to review and approve to ensure good governance.
- 54.4 The Chair requested that, for the next committee meeting, a clear timeline be provided for when written assurance is expected. **BB**
- 54.5 Members noted the Fire Safety Risk update.

## 55 Royal Infirmary Facilities Risk

- 55.1 Members noted that the Supplementary Agreement is still awaiting sign-off, which is required before funding can be released and projects can progress. Seven of the eight banks have agreed to the terms.
- 55.2 The Chair emphasised that he expects the Supplementary Agreement to be signed off by the next committee meeting.
- 55.3 Members noted the update.

## 56 **Revenue**

### 56.1 Financial Position Year to Date

- 56.1.1 The paper provided an update at Month 11. The in-year position shows a £2m overspend, with ongoing pressures in non-pay. The year-end forecast has improved to a £2.8m overspend, which has reduced from earlier projections.
- 56.1.2 Significant assurance was offered regarding the final year-end position. This represents a major achievement, with the organisation expected to be one of six Boards delivering financial balance.
- 56.1.3 The paper highlighted that efficiency delivery has been a key component of KPIs and the wider efficiency programme, supporting progress towards financial balance and bringing performance close to target for the year.
- 56.1.4 The focus remains on delivering efficiency savings, noting that a substantial proportion continues to be non-recurring.
- 56.1.5 Members acknowledged the significant efforts across the whole system in achieving financial balance. While progress on savings is positive, it was noted that further work is required to meet the 3% target in future years and to ensure sustainable delivery.
- 56.1.6 A Non-Executive Board Member raised concerns regarding additional costs within REAS services, particularly agency and nursing pressures, and asked whether this was destabilising. Mr McCreadie outlined the approach to delivering recurring savings and highlighted areas such as new medicines and supplementary staffing, noting that further detail on classifications could be provided.
- 56.1.7 Mr McCreadie reported substantial growth in agency usage but confirmed that a programme of work is underway to strengthen the mental health workforce. Additional staff have been recruited to reduce reliance on agency, supported through the Strategic Change Group.
- 56.1.8 Members noted the report and the current position.

### 57 2026/27 to 2030/31 Financial Plan Update

- 57.1 Mr McCreadie reported that this is the final update following six months of work on the financial plan. The paper highlights the position for 2026/27, showing an identified balanced outturn for the new financial year and the need to identify schemes across the system

totalling £18m, representing 80% of the full 3% requirement. This mirrors the position for 2025/26.

- 57.2 The baseline position of £88m remains dependent on delivery of the efficiency programme. A financial review has been undertaken across the East Region, identifying a gap of £300m.
- 57.3 The paper outlines areas of expenditure growth and the progress made on the efficiency programme, with further work required. Efforts will continue to be escalated through the Finance Oversight Board to meet the 3% target.
- 57.4 A number of actions and highlights were noted in relation to prescribing growth, as recommended by the Scottish Government. Work undertaken by the Medicines Management Team has contributed £7m to the total, with a further £4m benefit identified.
- 57.5 The overall gap and challenges within the IJB amount to £28m of the total £83m position.
- 57.6 The report also provides narrative on sub-national planning across the East, recognising the need to establish a sub-national group. This work supports the five strategic priorities and enables the sharing of best practice between health boards. It also focuses on strengthening resilience, as some boards remain vulnerable due to ongoing challenges in maintaining services.
- 57.7 Mr McCreadie advised that the Scottish Government is exploring innovative solutions and opportunities to generate benefits through invest-to-save approaches. He highlighted that business systems are a critical area of development, covering four key functions: finance, payroll, HR, and procurement. The current system is outdated, and the business systems programme is now being taken forward as a national initiative. A new system will be implemented, with some non-recurring costs and shared responsibilities across the board.
- 57.8 Members also acknowledged the challenges and the progress made in this work compared with previous iterations.
- 57.9 Committee members noted the report's recommendations.

## 58 Financial Risk

- 58.1 Mr Marriott provided an update on the financial risk, confirming it remains in the very high category. The mitigation plan has been updated to reflect key critical risks, including work to reduce ENRAC from 0.6% to 0.5%, Agenda for Change implications, and the reduced working week.
- 58.2 Members noted the impact of the capital formula, the PFI contract, and the need for the committee to understand and focus on these areas over the coming years. The financial impact of scheduled and unscheduled care was noted, with NHS Lothian funding allocations linked to performance.
- 58.3 A Non-Executive Board Member highlighted that the risk-mitigation plan does not currently include an ADP workplan and highlighted the need for clarity on ownership. Mr Marriott confirmed he will be responsible for this work and its delivery.
- 58.4 Members approved the recommendations within the report.

## **59 Sustainability**

### **59.1 Climate Emergency and Sustainability update**

59.1.1 Mr Crombie noted that this was the first report following recent national-level discussions, providing a balanced review of the issues and areas for further consideration.

59.1.2 Mr Mill presented the climate emergency and sustainability update. He confirmed that £140k has been secured for clinical services work, with continued efforts to secure further funding from the Scottish Government.

59.1.3 He highlighted significant activity across the built environment, carbon emissions, and energy pressures. Fifty projects are currently being delivered through Phase 3 of de-steaming, supported by £7m from the £20m national allocation. This places the organisation in a strong position regarding national funding, investment pipeline, and post-project review.

59.1.4 The report provides further detail, including engagement with eHealth, collaboration with sustainability partners, regional activity, Edinburgh's net-zero leadership, and work on local heat networks.

59.1.5 Updates were provided on sustainable models of care, including short-term progress on sterile water initiatives and ongoing work in green healthcare. Environmental legal updates have now been incorporated into the system to reflect recent regulatory changes.

59.1.6 On the circular economy, a trial of reusable sharps bins is underway, alongside innovation work to move away from disposable systems and the development of a furniture-reuse management system.

59.1.7 Mr Mill also reported benefits from current energy market conditions, with locked-in pricing for next year covering 100% of electricity and 80% of gas, providing strong protection against unit price instability.

59.1.8 The Chair asked that future reports clearly set out the level of assurance being provided and make this explicit when describing progress.

59.1.9 Members noted the update within the report.

## **60. Reflections on the meeting**

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

60.2 Matters to be highlighted to another Board Committees – None

## **61 Date of Next Meeting**

61.1 9.30am on Wednesday 10 June 2026

## **62 Further Meeting Dates**

- 19 August 2026
- 21 October 2026

## HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 17 March 2026 in Meeting Room 10, First Floor, West Port and 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; Ms E. Gordon, Non-Executive Board Member.

**In attendance:** Miss L. Baird, Committee Administrator; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms M. Carr, Chief Officer Acute Services; Ms G. Cowan, Head of Primary Care & Older People's Services, Midlothian HSCP; Dr F. Doubal, Consultant Stroke Care; Ms E. Downie, Interim Information Governance & Security Manager; Mr S. Garden, Director of Pharmacy; Ms R. Gill, Lead Consultant Health Care Public Health; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Guthrie, Associate Director Infection Prevention & Control; Ms L. Hutchison, Equality, Diversity, Inclusion and Human Rights Lead; Ms J. Irwin, Chief Nurse and Head of Quality Health and Social Care; Ms A. MacDonald, Executive Nurse Director; Ms C. Palmer, Nurse Director, Acute Services; Ms T. Stewart, Employee Relations Manager; Mr D. Thompson, Board Secretary; Ms S. Webb, Director of Public Health and Health Policy; Ms A White, Director, West Lothian HSCP.

**Talent Management Attendees:** Ms R. Middlemiss; Ms K. Bethell; Ms L. Bell; Ms K. Moffat; Ms T. Stewart; Ms C. Tudor; Mr E. McGivern, Mr A. MacLeod, Mr L. Stewart.

**Apologies:** Ms J. Morrison, Head of Patient Experience; Ms F. Stratton, Chief Nurse; Ms M. Barrow, Joint Director Midlothian HSCP; Ms L. Rumbles, Partnership Representative.

### 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.*

### 75. Committee Business

75.1 Committee Cumulative Action Note and Minutes from Previous Meeting (27 January 2026)

75.1.1 The minutes of the meeting held on 27<sup>th</sup> January 2026 were approved as a correct record.

75.1.2 Action 1 – the action related mapping assurance tot the Healthcare Governance Committee for some areas of all Health and Social Care Partnerships, including district nursing and hosted services was in progress.

- 75.1.3 Action 3 – Closed.
- 75.1.4 Action 4 – Closed. The Stroke Care Annual Report would be discussed later in the meeting.
- 75.1.5 Action 6 – Closed.
- 75.1.6 All other actions were not yet due.
- 75.1.7 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.
- 75.2 Preparing for the Healthcare Governance Committee (HGC) Annual Report – Ms J. Gillies presented the previously circulated report drawing attention to the key points and data therein.
- 72.2.1 The Committee agreed that the three areas of significant control weakness related to women’s services, Royal Edinburgh and Associated Aervices (REAS) and pressure area care will be highlighted within the HGC Annual Report for the period covering 2025/26.
- 72.2.2 Members agreed that the Chair and Executive Lead would explain that action to move away for limit assurance was in progress and would take some time due to the complexities around women services and highlight areas in escalation where appropriate when the report is presented to the Board in June 2026. **AC/TG**
- 72.2.3 Issues that the Committee were concerned about would be highlighted to the Committee under emerging issues or at the week to week operational discussion between the Chair and the Executive Lead. They would not be included within the detail of the Annual Report on the basis that the processes in place did not recognise ‘areas on the cusp’ as a definition of risk therefore there was no way to evidence it.
- 75.2.4 The Committee accepted the recommendations laid out in the report and anticipated the final report in May 2026 for formal sign off.

**76. Matters Arising**

- 76.1 There were no other matters from the previous minute.

**77. Emerging Issues**

- 77.1 SBAR regarding Neurosurgery – Miss T. Gillies presented the previously circulated SBAR regarding an incident in Neurosurgery where concerns were raised over an individual case to HIS under public interest disclosure processes, drawing attention to the key actions undertaken to date and data laid out therein.
- 77.1.1 The Committee noted that the process and agreed route for providing Healthcare Improvement Scotland (HIS) with the necessary evidence and anticipated that the work described would be reflected in the acute services report in October 2026. Should Neurosurgery fail to resolve the issues with HIS, the matter would be escalated to HGC and further update provided to the Committee.

77.1.1 The Committee accepted the SBAR for information and awaited further updates.

77.2 RHCYP Mold in Wall Covering – Ms Macdonald provided a brief verbal overview of RHCYP SBAR that would be circulated after the meeting, drawing specific attention to the source of the issue, escalation to Scottish Government, the intensive site wide survey and remedial action taken to address the historical issues identified. **AMcd**

77.2.1 The Committee accepted the verbal update for information.

## **78. Patient Story**

78.1 A video was played giving feedback on the volunteering service provided within NHS Lothian.

78.1.1 The Chair welcomed the informative patient story, noting that the Staff Governance Committee may be interested in the detail of the story considering the staffing issues that it raises.

78.1.2 At the morning HGC workshop Members discussed demonstration of patient experience and how this was a weak area for the Committee, in light of this Members may wish to consider the patient experience of the volunteering programme and in future patient stories to ensure that they are receiving the necessary assurances around patient perspective.

## **79. Person Centred Care**

79.1 Equality and Human Rights Annual Report 2025-26 – Ms Webb and Ms Hutchison presented the previously circulated report drawing specific attention to the five year equality strategy, the comprehensive equality and human right education programme and approaches take to develop a human right assessment tool and the supreme court judgement relating to the definition of sex.

79.1.1 Further work was required on priority 3 - meeting the needs of disabled people and priority 5 – supporting patients with mental health conditions around knowing and claiming their human rights and participating in decisions regarding their treatment.

79.1.2 The Equality, Diversity, Inclusion and Human Rights Team had strong links across the organisation including the People and Culture Team to ensure that equality and human rights are embedded across the organisation. The advancing equalities action plan specifically describes the responsibilities of the People and culture team in terms of human rights and supporting disable people into employment. Recent data had noted an increase in the confidence and numbers of individual disclosing their disability when applying for employment in the NHS Lothian.

79.1.3 Further work was required in relation to disabled people using our services, to ensure that there was an understanding around the adjustments required for these individuals. The team anticipated that the development in digital services taking place over the coming year would support continued progress in this area.

- 79.1.4 The Equality and Humans Right team were working closely with the Public Health Intelligence Team (PHIT) on the pros and cons of different sampling methods with the aim to reduce bias within future audits. Next steps would focus on how to approach the annual survey and how the team could benefit from the expertise held within the PHIT in terms of analysing the staff survey results in respect of experience of discrimination and harassment.
- 79.1.5 The audit had identified ways the team could improve and strengthen processes in place, indicating that a policy around the equality and children's rights impact assessment would be helpful to guide staff at all levels in this organisation. Considering this a policy document had been developed and disseminated via the policy online hub. In addition to this there was work planned to review and update meeting paper templates to ensure that members have accurate information to enable them to give due regard to equality and children's rights when it is appropriate to do so.
- 79.1.6 Members welcomed the use of impact assessments and how they have supported the quality of decision making specifically within the Integrated Joint Boards (IJBs) and anticipated how the new policy and meeting templates would support them and their non-executive colleagues in making future decisions.
- 79.1.7 Attention was drawn to the awareness campaign overseen by the NHS Lothian communication teams around anti-racism and non-discrimination work undertaken on NHS Lothian to improve the inclusiveness of the organisation. It was hoped that the campaign advertised via posters and training delivered through lunchtime sessions launched at the end of April/ beginning of May would reach a wider group of staff.
- 79.1.8 The Committee noted the significant challenge in communicating changes within the organisation to staff who do not have access to an NHS Lothian email address and alternative actions required to ensure they are included in all training and awareness developments.
- 79.1.9 The Committee accepted the recommendations laid out and accepted moderate assurance based on the evidence presented.

## **80. Safe Care**

- 80.1 Information Governance Annual Report – Miss T. Gillies and Ms Downie presented the previously circulated reports drawing attention to the key points and data therein.
- 80.1.1 The Committee received assurance that the Executive Cyber Security Exercise had reviewed in detail the plans in place for disaster recovery and business continuity in the event of a cyber security attack on the organisation and Executives would make further development on this.
- 80.1.2 It was noted that in terms of data processing, moving from a paper based system to electronic changed the type of risk that the organisation was exposed to and there would be opportunity to review how information is shared with patient as part of the development of new digital systems, including requests for confirmation of patient

details before personal information is shared via platforms. It was hoped that such measures would further reduce the risk of data breaches.

- 80.1.3 The Committee accepted the recommendation laid out and moderate assurance based on the evidence presented. Members expressed thanks to Ms McKinley, Data Protection Officer and her extensive work over the years and wished her well for her upcoming retirement.
- 80.2 Healthcare Associated Infection Annual Report – Ms Macdonald and Ms Guthrie presented the previously report, drawing specific attention to work undertaken to mitigate the risk associated with workforce, wider infection prevention governance and performance described in the report.
- 80.2.1 Workforce and the challenges NHS Scotland was facing in terms of recruiting and retention of infection prevention control staff were noted, with many organisations struggling to make posts attractive to staff particularly when new builds are involved in the remit of posts. It was hoped that with the inclusion of sub-national planning there would be opportunity to look at workforce, how staff are trained for the build environment and how services are delivered across NHS Scotland.
- 80.2.2 It was noted that the position around the Princess Alexandra Eye Pavillion (PAEP) had been escalated to Scottish Government and assistance requested. Further information on this was awaited.
- 80.2.3 It was noted that the technical skills and knowledge in terms of the build environment are not covered in the standard curriculum, therefore staff need to individually seek significant additional technical knowledge and expertise, without any professional reward associated with it.
- 80.2.4 NHS Scotland were recognised at an international level for being a front runner in respect of infection prevention control, specifically in relation to the build environment. Advertising internationally came within its own set of challenges around candidates understanding of the Scottish context and complexity of the regulations and mandates that the NHS are required to work within. Considering this the organisation would continue to advertise vacancies and take application from all devolved countries in the UK.
- 80.2.5 The Committee accepted the recommendation laid out and accepted moderate assurance based on the evidence presented.
- 80.3 Stroke Care Annual Report – Miss T. Gillies and Dr Doubal, Consultant Stroke Care presented the previously circulated report, drawing specific attention to the key points and data therein.
- 80.3.1 It was noted that the three key areas of concern related to stroke were:
- Mechanical thrombectomy (available in day-time hours only).
  - Staffing levels for rehabilitation.
  - Access to psychological therapies post stroke.

- 80.3.2 In the absence of additional funding from the Scottish Government the service had put in place a pyramid of psychological interventions for stroke patients and staffing levels at the weekends are prioritise based on patient need where appropriate.
- 80.3.3 In Scotland there were three centres that deliver thrombectomy who are limited to five days a week with the exception of the Royal Infirmary of Edinburgh (RIE) that provides the service six days per week. Discussions around thrombectomy had been to a national planning setting to develop a service configuration model that would provide services at a Scotland level that run across the three centres overnight 7 days a week. Precedents for this model of care had been set in other settings in both Lothian and Glasgow.
- 80.3.4 It was agreed that future iterations of the report would include more detail around the gap in resources in terms of acute sector psychological therapies and requirements of stroke patients as they move into the community considering the benefit to patients in terms of length of stay and quality of life. **FD**
- 80.3.5 Dr Doubal explained that the Scottish Stroke Audit has historically focused on outcome measures, with the understanding that good processes would improve outcomes. This year additional information around 90 day mortality had been included and a request made to include 90 day home stay in future audits, providing more insight into patient outcomes.
- 80.3.6 The Committee discussed the practices for stroke patients in different European countries and how they compared to that utilised in NHS Scotland, noting that in NHS Scotland process focuses on initiating treatment without the need for inpatient stay.
- 80.3.7 The Committee accepted the recommendations laid out and accepted moderate assurance based on the evidence provided.
- 80.4 Patient Safety and Quality Annual Report – Miss J. Gillies presented the previously circulated report, drawing attention to the key points and data therein, noting that this was the first time the SIGN guidelines had been incorporated into the report.
- 80.4.1 It was noted that in the new template for the Serious Adverse Events (SAEs) would include two sections broken down into systems solutions within service control and Pan Lothian system solutions. The change to process would allow services to define the SAE appropriately, understand where there are issues and take action to address matters within their control, before moving to a system based view without getting stuck in the process.
- 80.4.2 The Committee noted that the team would continue to monitor compliance as the process moves from a paper based system to digital, ensuring that there is no reduction in compliance as a result of the transition or the subsequent hand off to the Charge Nurses. The team continues to work extensively with staff to ensure that they have the necessary training in place and staff understand the importance of the SAE process in the context of patient safety.
- 80.4.4 Further work was required on the JOIN programme to ensure that processes implemented pre-covid were appropriate and not placing an additional burden on staff

rather than elevating them. Work relating to the Quality Academy had also been paused to allow the team to focus on SAEs, as this was not fully advertised there had been no negative impact on staff.

- 80.4.5 Members noted that the improvement advisor's expertise held within the organisation was limited and as such would focus on matters relating to patient safety and patient experience. They recognised that although staff experience is important there are other mechanisms within the organisation that would address them out with this team.
- 80.4.6 Ms J. Gillies confirmed that staff value the opportunity to speak to non-executive Board members during the walk arounds and have their area visited.
- 80.4.7 The Committee accepted the recommendations laid out and accepted a moderate level of assurance based on the evidence provided.

## **81. Effective Care**

- 81.1 Pharmacy Directors Report – Mr Garden presented the previously circulated report that provided assurances around the Chief Pharmacist Standards drawing attention to the key points and data therein.
  - 81.1.1 Mr Garden took an action to link into Directors of Pharmacy around the format of future iterations of the report to HGC and how they could appropriately provide assurances around pharmacy performance to the Committee going forward. **SG**
  - 81.1.2 Recruitment and retention of staff had been Pharmacy key risk for the past four years, to mitigate this the service had focused on reducing the number of vacancies held from 30% to 2.5%.
  - 81.1.3 The Committee accepted the recommendation laid out and a significant level of assurance based on the evidence provided.

## **82. Exception Reporting Only**

Members noted the following reports for information:

- 82.1 Voluntary Services Annual Report
- 82.2 Clinical Policy and Documentation Annual Report
- 82.3 Diabetes Managed Clinical Network Annual Report
- 82.4 Resilience Annual Report
- 82.5 Breast Cancer Screening Annual Report
- 82.6 Health Protection Annual Report
- 82.7 Area Drugs and Therapeutics Committee Annual Report

## **83. Minutes of Management Meetings and Sub Committees**

Members noted the previously circulated minutes from the following meetings:

- 83.1 Acute Clinical Management Group, 9 December 2025 and 10th February 2026

- 83.2 Area Drug and Therapeutic Committee , 5 December 2025
- 83.3 Organ and Tissue Donation Group, 20 November 2025

#### **84. Corporate Risk Register**

- 84.1 Ms T. Gillies presented the previously circulated paper.
  - 84.1.1 The Committee reviewed the November 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table and noted the overview of changes to the CRR over the past two years.
  - 84.1.2 It was noted that the Board at the February meeting agreed to remove risk 5785 absence of female high secure accommodation in the estates from the CRR.
  - 84.1.3 The Committee accepted the report.

#### **85. Reflections on the meeting**

- 85.1 The Committee welcomed the detailed discussions held and agreed that there were no matters to escalate to the Board.

#### **86. Date of Next Meeting**

- 86.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 19<sup>th</sup> May 2026** via MS Teams.

#### **87. Further Meeting Dates**

- 87.1 Meetings would take place on the following dates:
  - 21 July 2026
  - 22 September 2026
  - 20 October 2026
  - 17 November 2026
  - 26 January 2027
  - 16 March 2027

**AUDIT AND RISK COMMITTEE**

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 13<sup>th</sup> April 2026 via MS Teams.

**Present:** Mr J. Blazeby, Non-Executive Board Member (Chair); Ms P. Cantley, Non-Executive Board Member; Mr P. Knight, Non-Executive Board Member; Ms H. Campbell, Non-Executive Board Member (from item 1 to 4.4 only); Councillor H. Cartmill, Non-Executive Board Member.

**In Attendance:** Ms M. Campbell, Director of Estates and Facilities; Mr S. Garden, Director of Pharmacy; Ms J. Gillies Associate Director for Quality Improvement & Safety; Ms C. Hiscox, Chief Executive; Ms A. Langsley, Associate Director - People and Culture; Ms A. Macdonald, Director of Nursing; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms G. McLeod, BDO; Ms O. Notman, Head of Financial Services; Mr S. Nugent, Audit Scotland; Mr T Power, Director of People and Culture; Ms J. Torrens, Service Director REAS; Mr D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

**Talent Management Programme Attendees:** Mr P. Maguiness; Ms N. Rigglesford; Mr B. Elliott; Mr C. Hewitt; Ms K. Paterson; Mr D. McGee; Mr L. Kirkpatrick and Mr A. Rideout.

**Apologies:** Mr J. Crombie, Deputy Chief Executive; Mr J. Old, Financial Controller; Ms P. Gillen, Audit Scotland.

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

**Welcomes and Introductions**

The Chair welcomed Members to the April meeting of the Audit and Risk Committee. The Chair extended welcomes those attending to present reports and members of the Talent Management

**1. Minutes of the previous meeting held on 16<sup>th</sup> February 2026**

1.1 The minutes of the meeting held on 16<sup>th</sup> February 2026 were accepted as an accurate record.

**2. Running Action Note**

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

2.2 Actions three, five and six – Mr Stibbards had provided an update on these outstanding actions the morning of the meeting. Members noted the progress to date, noting that the action should be closed off in advance of the June meeting.

2.3 Action four – The meeting between Mr Crombie and Mr Knight scheduled for April 2026 was postponed. In advance of the meeting being rescheduled Mr Knight had discussed data definition and clarity of narrative offline to ensure that Board Committee papers offer information to the non-executives in a way that allows them to understand the issues described with Ms Long. Mr Knight would follow up with Ms Long on this matter

out with the meeting, considering this the action would be closed off.

- 2.4 Action 8 – It was confirmed that the Delayed Discharges Audit would be brought forward to May/ June 2026. No further action was required and the action closed.
- 2.5 Action 9 – The Action Plan has been updated to include the most recent version of the risk register. No further action was required and the action closed.
- 2.6 Action 11 – Following some brief discussion it was agreed that the action relating to updating the risk assessment of Lothian's compliance with ECCTA legislation was closed off. An update on its completion would be provided as part of the Counter fraud update later on the agenda.
- 2.7 The Committee accepted the running action note and the updates therein.

### **3. Risk Management**

- 3.1 Risk Management Annual Report – The previously circulated report that outlines the systems in place to manage the risk in accordance with the Risk Management Policy, Serious Adverse Events (SAEs) improvement programme and work undertaken to establish the Board Assurance Framework was received.
  - 3.1.1 The processes described ensure that SAEs are considered timeously to ensure that learning is embedded within the assurance framework and ongoing work and additional resource implemented to address the level one reviews within the organisation was discussed. New processes were expected to go live in September 2026 with the backlog addressed by March 2027.
  - 3.1.3 The Corporate Risk Register (CRR) paper presented to the Board in May 2026 would propose deferring the review of the Risk Management Policy until August 2026 to allow the Board Assurance Framework to be developed and changes to be made to the policy thereafter bringing it in line with current processes for risk management.
  - 3.1.4 The Committee accepted the recommendations laid out and moderate assurance that there are systems in place to manage risk across NHS Lothian in accordance with the Risk Management Policy and Procedure approved in April 2023.
  - 3.1.5 The Committee accepted the report and recommend that the paper be considered at the Board meeting in May 2026.

### **4. Internal Audit**

- 4.1 Internal Audit Progress Report 2025/26 – The previously circulated report was received.
  - 4.1.1 Since the February meeting all of the remaining audit had concluded with the exception of the audit of Integrated Joint Boards reviews with East and West Lothian reports expected in June 2026. Work for the 2026/27 internal audit plan had commenced with scoping meetings in the diary for the majority of the audits.
  - 4.1.2 Requests had been received from management to change to the timing of the medicines management review from Q1 to Q3 and Critical infrastructure focusing on electrics from Q3 to Q4.

- 4.1.3 Field work for the additional audit of the Princess Alexandra Eye Pavillion (PAEP) Capital Reprovisioning project had commenced and internal audit had noted that there were no relevant transaction monitoring review for the period covering 2026/27, considering this the days previously allocated for that review would be reassigned to the PAEP Capital Provisioning Project.
- 4.1.4 It was noted that since the publication of the paper the Internal Audit of Mandatory Training had been finalised and would be discussed later on the agenda.
- 4.1.5 Thanks were expressed to all staff involved in the completion of the 2025/26 plan during the transitional year from Grant Thornton to BDO. Members noted the challenges in terms of timescales within the current year and actions proposed by the Corporate Management Team (CMT) in terms of the governance route to Audit and Risk Committee and training for managers around scoping and responding to audits to ensure that audit to ensure that future reports presented at Audit and Risk give a true reflection of risk held within the organisation.
- 4.1.6 Considering the number of limited reports received throughout the year and the move from a single risk rating to separate rating for the design and effectiveness of controls Mr Marriott would work with Mr Blazeby, Ms McLeod and Ms Notman in respect of the scoring for audits to ensure that processes in place are robust. **JB/ CM/GMcL/ON**
- 4.1.7 The Committee accepted the report.
- 4.2 Internal Audit – Follow-up Q4 report – The previously circulated report was received.
- 4.2.1 It was noted that of the thirty-four actions due, sixteen had been fully implemented, ten were in progress and eight were not yet implemented. Since the production of the report further updates had been received from infection prevention control and waiting times governance ad updates from estates management were awaited.
- 4.2.2 Ms Macdonald explained that actions relating to Infection Prevention Control would be signed off at the Pan Lothian Infection Control Committee in April 2026 and signed off with Internal Audit thereafter.
- 4.2.3 Internal Audit would assess longstanding management actions on an annual basis to determine they remain relevant and where the organisation wishes to accept the risk around not implementing the action or the risk is no longer relevant due to the changes in the environment, internal audit would bring a formal report to Audit and Risk Committee advising why actions are being closed off and removed from the list.
- 4.2.4 The Committee accepted the report noting that there would be an increased focus on completion of management actions at CMT going forward to ensure that the number of actions are red.
- 4.3 Internal Audit Estates and Facilities GP SLA Service Charge (March 2026) – The Internal Audit of Estate and Facilities identified two high, four medium and four low findings with an overall rating of limited assurance for both the design of the controls and the effectiveness of controls. Management had received and accepted the recommendations identified in the audit.

- 4.3.1 Management welcomed the report and noted that there were a number of areas that required actions. Professor Hiscox explained that Estates and Facilities GP SLA Service Charge was a national issue and NHS Lothian was the first Board to move forward in addressing, which brought both advantages and disadvantages. The agreement to pause work was the result of direct conversation with Scottish Government and the Central Legal Office and further legal advice and the GP contract information was awaited.
- 4.3.2 The Committee received assurances that the issues described in the report would not affect direct patient care, noting that work on Estates and Facilities GP SLA Service Charge continues to progress with the support of Scottish Government and GP Subcommittee as the organisation moves forward to a point of agreement.
- 4.3.3 The Committee accepted the report.
- 4.4 Internal Audit of Medicines Management (March 2026) – The internal audit of medicines management identified two high, two medium and four low findings with an overall rating of moderate for the design of controls and limited for the effectiveness of controls.
- 4.4.1 Management welcomed the report and accepted the recommendations described within the report. All actions relating to the 2023/24 internal audit were undertaken and completed. Since the conclusion of the audit management have worked with Nursing and Pharmacy colleagues to consider the infrastructure and carry out an extensive survey of the estate, confirm clear lines of reporting an ownership of actions outlined in the improvement plan, progress made against LACAS and improvements to training and reporting of compliance.
- 4.4.2 The audit described a separate digital platform that would hold the LACAS questions. Management acknowledged this as an end goal noting the limitation of the digital capability around LACAS and interim measure in place via an excel spread sheet.
- 4.4.3 The recommendations described in the audit were significant and could not be added on to an existing role, considering this a Nurse Consultant had been employed to oversee action required within nursing from April 2026 until January 2027.
- 4.4.4 It was noted that from April 2025 to February 2026 recruitment and retention of staff had increased by 65 whole time equivalents and the vacancy rate had reduced in the last three years from 30% to 4.5 to date.
- 4.4.4 The Committee accepted the report.
- 4.5 Internal Audit of Mandatory Training (March 2026) – The internal audit of mandatory training identified one high, four medium and one low finding with an overall rating of limited for the design of control and moderate for the effectiveness of control.
- 4.5.1 Challenges around the timing of the audit in light of the move from LearnPro to Turas and the implementation of the of the once for Scotland mandatory modules and the recent outage TURAS were noted.

- 4.5.2 Management welcomed the report, noting that the rating assigned to the design of the control at the time the audit concluded was reasonable considering the impact of moving to TURAS and the implementation of once for Scotland Mandatory Modules and enhanced TURAS reporting. Specific attention was drawn to the management actions described in the report and how this would move the rating from limited to moderate.
- 4.5.3 Key action to date related to:
- Work with Health Improvement Scotland (HIS) alongside other health Board to support the implementation of the nine once for Scotland mandatory modules by 2 March 2026 and the deadline of September 2026 for all Boards to be complaint against them.
  - Phased Roll out of the Once for Scotland Policies.
  - Live feed from EASE to TURAS ensuring that accurate workforce information is held by NHS Boards.
  - Availability of Line Manager Reporting within TURAS.
- 4.5.4 Mr Power agreed to share the audit of Mandatory Training report with the Chair of the Staff Governance Committee for their information as the Governance Committee with oversight of
- 4.5.5 Attention was drawn to the work with Staff Governance Committee around the people and culture plan and the range of the key performance indicators that support seeking assurance against the staff governance standard and form part of the Board Assurance Framework.
- 4.5.6 The Committee accepted the report.
- 4.6 Internal Audit Prison Healthcare (Pharmacy) (March 2026) – The internal audit of prison healthcare (pharmacy) identified four medium and two low findings with an overall rating of limited for the design of controls and moderate for the effectiveness of controls.
- 4.6.1 The Committee accepted the report.
- 4.7 Internal Audit Information Governance (March 2026) – The internal audit of information governance identified five medium and two low findings with an overall rating of moderate for both design and effectiveness of the controls.
- 4.7.1 The Committee accepted the report.
- 4.8 Internal Audit Corporate Governance (March 2026) – The advisory internal audit of Corporate Governance was received.
- 4.8.1 The Committee accepted the report.
- 4.9 Internal Audit Budgeting (March 2026) – The internal audit of budgeting identified three low findings with an overall rating of substantial for the design and effectiveness of controls.
- 4.9.1 The Committee accepted the report.

4.10 Internal Audit Edinburgh Integrated Joint Board (IJB) Cyber Security (February 2026) – The advisory Edinburgh IJB of Cyber Security was received.

4.10.1 The Committee accepted the report.

## **5. External Audit**

5.1 External Audit Progress Report 2025/2026 – Ms Gillen presented the previously circulated External Audit Plan 2025/2026 drawing attention to the key highlights laid out in the report, specifically the scope of the audit, level of materiality, three key risks of material misstatement, wider scope and best value, timetable, and audit fees.

5.2 The Committee noted that the supplementary agreement is expected to be signed during 2025/26 and an accounting treatment had been reviewed and agreed within Audit Scotland depending on the timing of signing.

5.3 Audit Scotland confirmed that throughout the year they review reports submitted to the Board and Finance and Resources Committee to monitor financial sustainability and attend Board meetings to get a more in depth understanding of financial challenges the Board is facing.

5.4 Members were assured that Audit Scotland and NHS Lothian remained on track to meet the timeframes laid out in the Annual Audit Plan for 2025/26.

5.5 The Committee accepted the report, noting that the content of the report was similar to that of the previous year reflecting the stable environment in terms of financial reporting in Lothian.

## **6. Corporate Governance**

6.1 Accounting Policies – The previously circulated report was received.

6.1.1 The Committee approved the accounting policies and confirmed that there were appropriate for the Board at the present times for the purpose of giving a true and fair view.

## **7. Counter Fraud Activity**

7.1 Counter Fraud Activity– The Committee received a verbal overview of the previously circulated paper.

7.1.1 It was noted that one intelligence alert had been issued by Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.

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

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

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

**8. Any Other Competent Business**

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

**9. Reflections on the meeting**

9.1 The Committee welcomed the detailed discussions held and agreed that the two limited internal audit reports (Medical Device and Backup and JML Review) and the SOD and SFIs would be raised with the Board.

**10. Date of Next Meeting**

10.1 The next meeting of the Audit and Risk Committee will be held on Monday 15<sup>th</sup> June at 9.30 a.m. via Microsoft Teams and Waverly Court.



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 19 February 2026	14:00	Normandy Court/Virtually via Microsoft Teams

### Present (voting members):

Val de Souza (Chair, NHS)	Councillor McManus (Vice Chair) (Virtual)	Councillor Milligan
Councillor Parry	Councillor Winchester	Heather Campbell (NHS Lothian)
George Gordon (NHS Lothian)	Andrew Cogan (NHS Lothian)	

### Present (non-voting members):

Morag Barrow (Chief Officer)	Chris King (Chief Finance Officer)	Nick Clater (Head of Adult Services and Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Claire Ross (Chief Allied Health Professional)	Magda Clark (Third Sector Representative)
Sheree Muir (Lived Experience Representative Member)		

### In attendance:

Gill Main (Integration Manager)	Fiona Kennedy (Interim Head of Service)	Elouise Johnstone (Performance Manager)
Laurie Eyles (NHS Lothian)	Grace Cowan (Head of Primary Care and Older)	Dr Anna Beaglehole (Clinical Director)

## Midlothian Integration Joint Board

	Peoples Services)	
Alan Turpie (Standards Officer)	Louise Middleton (Democratic Services Officer)	Hannah Forbes (Democratic Services Officer)

<b>Apologies:</b>		
Grace Chalmers (Partnership Representative)	Dr Amjad Khan (NHS Lothian)	

### 1. Welcome and Introductions

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

Apologies were received from Grace Chalmers (Partnership Representative) and Dr Amjad Khan (NHS Lothian).

### 2. Order of Business

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

### 3. Declarations of Interest

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There were no declarations of interests noted to the Board.

### 4. Minute of Previous Meetings

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4.1 The Minute of the previous Midlothian IJB Meeting, held on 11<sup>th</sup> December 2025, was approved as an accurate record.

4.2 The Minute of the meeting of the MIJB – Strategic Planning Group, held on 20<sup>th</sup> November 2025, was noted by the Board.

4.3 The Minutes of Audit and Risk Committee: There have been no minutes approved since September 2025 which were presented to December Board.

## Midlothian Integration Joint Board

### 5. Public Reports

Decision

Action  
Owner

Date to be  
Completed  
/Comments

#### 5.1 Chair's Update – Val de Souza, Chair

The Chair provided an update on the legislative change to extend voting right to Lived Experience members of IJBs. A short consultation was undertaken before Christmas, during which a range of views were expressed, though overall support was positive. Scottish Government have now completed this consultation and, following challenges raised during the consultation having since been withdrawn, the legislation has been changed and to be implemented by September 2026. A Short Life Working Group, established by the Scottish Government with broad representation, has been convened to consider and address the issues highlighted through the consultation process.

The Chair noted the attendance of David Gladwin, Chief Financial Officer/ Section 95 Officer for Midlothian Council and further noted the attendance of Dr Grace Vickers, the Chief Executive for Midlothian Council at the last Development Session of Midlothian IJB. Their participation was noted as constructive, enabling discussion on potential approaches to financial flexibility to support the IJB through the current year and into the next. The Chair also highlighted the value of hearing clear and positive messages regarding collaboration between Midlothian Council and NHS Lothian.

The Chair highlighted that the Leader of the Council, Councillor Kelly Parry wrote a comprehensive letter outlining the position of Midlothian Council and the significant pressures on Adult Social Care within Midlothian IJB. A response has been received from the Cabinet Secretary; however no further substantive information was provided at this stage.

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<p>Councillor Kelly Parry noted that a recent meeting with the Scottish Government had been constructive. The Scottish Government have announced an additional £20million for Adult Social Care. Councillor Kelly Parry confirmed that any further developments or communications will be reported back to Midlothian IJB.</p> <p>The Chair notified the Board that Heather Campbell will be taking up the position of Chair of the Strategic Planning Group (SPG) following a review of the group’s activity.</p>			
<p><b>5.2 Chief Officers Report – Morag Barrow, Chief Officer</b></p> <p>The Chief Officer presented the report which sets out the key strategic updates for Midlothian IJB Board meeting February 2026.</p> <p>As a result of this report Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of the report.</li> </ul> <p>The Chair asked for an update on the planned closure of the Midlothian and East Lothian Drug (MELD) service and the arrangements that are being put in place to support vulnerable people who access the service. The Head of Adult Services and Chief Social Work Officer reported that the service is being taken forward towards its planned conclusion on 31 March 2026. Procurement activity for the replacement service is underway, led by colleagues in East Lothian, as part of the joint contractual arrangements between both councils, and the required legal processes are progressing.</p> <p>They noted that MELD currently functions as the primary access point for substance use services. Work is ongoing to assess the service gap during the transition period, which is currently estimated at a minimum</p>			

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<p>of 6–8 weeks. While the situation is challenging, particularly given the vulnerability of the client group, they expressed confidence that the recommissioned service will be better aligned to future needs. The intention is for the new service to be fully operational by early June.</p> <p>The Chair thanked the Head of Adult Services and Chief Social Work Officer for the update, expressing appreciation for the commitment shown by staff who are managing significant pressures during this period of transition.</p>			
<p><b>5.3 Strategic Planning Group Update</b> – Gill Main, Strategic Planning Group Chair</p> <p>The Chair of the Strategic Planning Group (SPG) reported that the most recent meeting focused on progress with the development of Directions, noting that this work remains on track. The Group also scrutinised the annual update of the Joint Strategic Needs Assessment (JSNA), which is now available on the website. This update was highlighted as an important resource for all Board members, officers and services as it provides refreshed data to inform planning and decision-making. SPG had also reviewed an update on the Transformation and Change Programme, with members noting that this programme is driven by the priorities set out in both the Midlothian IJB Strategic Plan, Midlothian IJB Directions, and other board strategies i.e., the Midlothian IJB Unpaid Carer Strategy and the Midlothian IJB Participation and Engagement Statement.</p> <p>The SPG Chair highlighted the main risks are the challenge to progress business as usual alongside the transformation agenda and the financial planning recovery that is currently underway. The key learning identified was that the HSCP Executive Team will continue to oversee this work and raise risks as appropriate.</p>			
<p><b>5.4 Audit and Risk Committee Update</b> – Councillor Connor McManus, Vice Chair</p>			

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
The Chair advised the Board there has not been a meeting and therefore this item will be deferred to the next meeting.			
<p><b>For Decision</b></p> <p><b>5.5 Midlothian IJB Meeting Schedule 2026-2027</b> - Paper presented by Democratic Services Officer</p> <p>Democratic Services presented the report that sets the dates for meetings, development sessions, and Committees of Midlothian Integration Joint Board for 2026/27, as prescribed by the Midlothian Integration Joint Board Standing Orders (5.2).</p> <p>As a result of the report, Members are asked to:</p> <ul style="list-style-type: none"> <li>• Review and note the revised dates for 2026 set out in Appendix 1.</li> <li>• Approve the meeting schedule, development session, and Committee dates for 2027 as set out in Appendix 2.</li> <li>• Note that service visits will be scheduled as required or at the request of Members of the Midlothian Integration Joint Board.</li> </ul> <p>The Chief Officer added that Midlothian IJB Board Special Meeting that will be held on the 26<sup>th</sup> of March 2026 is the budget setting meeting and the 2<sup>nd</sup> of April meeting is scheduled earlier due to the Easter Holidays.</p> <p>The Board noted and approved the recommendations in the report.</p>	<b>Approved</b>	Democratic Services	
<b>5.6 Midlothian IJB Appointments, Nomination &amp; Resignations</b> - Paper presented by Democratic Services Officer	<b>Approved</b>		

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<p>Democratic Services presented that this report is to note and endorse the appointment of George Gordon, Non-Executive Board Member as a voting member of Midlothian Integration Joint Board for a 12-month term (from 1 January 2026 to 31 December 2026) (appendix 1). Note and endorse the appointment of Sheree Muir, Lived Experience Member, as a non-voting member of the Midlothian Integration Board. Note and endorse the appointment of Paul Bailey, Registered Medical Practitioner, as a non-voting member of Midlothian Integration Joint Board with immediate effect (for a 3-year term up to 4<sup>th</sup> February 2029).</p> <p>This report asks Board Members to note the removal of Andrew Fleming, Non-Executive Board Member and Vice-Chair, as a voting member of Midlothian IJB (from 31 December 2025) and the resignation of Dr Rebecca Green and the subsequent requirement to fill the GP non-voting member position on the Midlothian Integration Board.</p> <p>This report asks Board Members to note rescinding of the decision taken on 3<sup>rd</sup> December 2025 to appoint Dr Anna Beaglehole, Registered Medical Practitioner, as a non-voting member of Midlothian Integration Joint Board (appendix 2).</p> <p>As a result of this report, Board Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note and endorse the appointment of George Gordon, Non-Executive Board Member as a voting member of Midlothian Integration Joint Board for a 12-month term (from 1 January 2026 to 31 December 2026).</li> <li>• Note and endorse the appointment Sheree Muir, Lived Experience Member, as a non-voting member of the Midlothian Integration Board from 1st January 2026.</li> </ul>			

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<ul style="list-style-type: none"> <li>• Note the removal of Andrew Fleming, Non-Executive Board Member and Vice-Chair, as a voting member of Midlothian IJB (from 31 December 2025).</li> <li>• Note the resignation of Dr Rebecca Green, Registered Medical Practitioner non-voting member of Midlothian Integration Board.</li> <li>• 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.</li> <li>• 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).</li> </ul> <p>The Board noted and approved the recommendations in the report.</p>			
<p><b>5.7 Midlothian IJB Carers Strategy 2025-2028</b> - Paper presented by Nick Clater, Head of Adult Services and Chief Social Work Officer</p> <p>The Head of Adult Services and Chief Social Work Officer advised that this report sets out the Midlothian IJB Draft Unpaid Carer Strategy 2025-2028. The strategy, accompanying report and ECRIA were discussed at the Midlothian Strategic Planning Group on 29<sup>th</sup> January 2026, and agreement given for recommendation to Midlothian IJB for approval.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note recommendation from Midlothian Strategic Planning Group (29/01/26) for submission of this Midlothian IJB draft Unpaid Carers Strategy 2025-28 to Midlothian IJB for approval.</li> </ul>	<p style="text-align: center;"><b>Approved</b></p> <p>Head of Adult Services and the Chief Social Worker will present the proposal to Children’s Services to seek approval for progressing through the full governance route. Once approval is</p>	<p>Head of Adult Services and Chief Social Worker</p>	<p>June 2026</p>

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<p>• Seek approval for Midlothian IJB draft Unpaid Carers Strategy 2025-2028 to be published on Midlothian HSCP/IJB webpage.</p> <p>The Chair thanked the Head of Adult Services and Chief Social Work Officer for the report, acknowledging the significant work involved in its development. The Board noted that the 5 priorities set out in the report are well considered and commended the substantial effort reflected throughout. Members expressed their appreciation to all Officers and staff for their continued hard work and commitment.</p> <p>The Head of Adult Services and Chief Social Work Officer formally recognised the contribution of Shelagh Swithenbank, Carers Planning Officer, noting the extensive work undertaken over several iterations of the report and thanking colleagues who supported the process. It was highlighted that, as the work also relates to young carers, some aspects of the strategy will require approval through the governance routes of Children’s Services, and are out with the governance of Midlothian IJB. The Head of Adult Service will inform Midlothian IJB when the Strategy has been reviewed by Children’s Services and any changes that impact on the delegated Adult Carers actions will be brought back to the IJB for review. As a result, the Midlothian IJB Unpaid Carer Strategy cannot be published at this time and Midlothian IJB await update from the Head of Adult Services.</p> <p>The Chair formally recorded thanks to Shelagh Swithenbank for this significant and valuable piece of work.</p> <p>The Board noted the recommendations in the report.</p>	<p>confirmed, the Strategic Planning and Performance will be notified so the information can be published on the website.</p> <p>Any changes impacting on adult services to be brought back to Midlothian IJB for discussion and approval</p>		
<p><b>5.8 Midlothian IJB Standing Orders, Scheme of Administration and Scheme of Delegation - Paper</b> presented by Alan Turpie, Standards Officer</p>	<p><b>Approved</b></p>		

**Midlothian Integration Joint Board**

	Decision	Action Owner	Date to be Completed /Comments
<p>The Standards Officer detailed the report sets out outcome of the review exercise of the Board’s Standing Orders carried out by the Standards Officer. The Board is entitled to amend its Standing Orders. This review was considered appropriate to ensure the Standing Orders remained relevant and fit for purpose.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> <li>• note the outcome of the Review of the Standing Orders.</li> </ul> <p>The Standards Officer advised that the Standing Orders would require review in September to reflect the forthcoming legislative changes to extend voting rights to Lived Experience members, which are due to come into force in September 2026.</p> <p>The Chair thanked the Standards Officer for the report, the Board noted the recommendation in the report.</p>			
<p><b>For Discussion</b></p> <p><b>5.9 Midlothian IJB Finance Update</b> - Paper presented by Chris King, Chief Finance Officer</p> <p>The Finance Officer presented the report detailing the purpose of this paper is to update Members on the 2025/26 financial position including both the financial forecast for quarter three and the progress against the agreed financial recovery actions.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note the delivery of financial recovery actions in 2025/26.</li> <li>• Note the quarter three 2025/26 forecast financial position.</li> <li>• Consider the risks laid out in Section 8</li> </ul>	<p><b>Recommendations noted</b></p>		

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<p>The Chair thanked the Chief Finance Officer for the report and invited questions and comments from Board Members.</p> <p>The Board queried the significant shift in the Core Health Services position and asked if there were any specific drivers for this.</p> <p>The Chief Finance Officer reported a significant shift in prescribing costs, highlighting that the main challenge relates to how prescribing data is retrieved, as there is consistently a two-month delay.</p> <p>The Chief Officer assured the Board that they have met with the Chief Executives of both partner organisations and have contacted the Scottish Government to set out Midlothian IJB's financial position and the scale of the challenges for next year. This engagement has been well received, and it was noted that the pressures are not unique to Midlothian but reflect a national issue requiring a national response.</p> <p>Board members welcomed the financial briefing but expressed concern that the implications for services at risk are still not clearly understood. Members asked what representation has been made to local MSPs and whether they are aware of the seriousness of the situation for Health and Social Care in Midlothian.</p> <p>The Chief Finance Officer explained that the finance paper does not outline the impact of operational schemes, as these are currently assessed as low risk. The 2026/27 budget-setting paper will provide clear detail on risks and service impacts. It was confirmed that there has been no direct contact with MSPs to date, but the Chief Finance Officer is willing to discuss this further outside the meeting if it would be helpful.</p> <p>The Board advised that MSPs should be contacted to ensure they are fully aware of Midlothian's position and the severity of the challenges faced.</p>			

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<p>The Chief Officer noted that the Head of Adult Services and Chief Social Work Officer has been gathering case examples that illustrate the real-life impact of the current pressures. These examples will be shared as part of wider communications to Board Members after the meeting today for information. The Chief Officer confirmed they are content to review the letters previously sent to the Scottish Government and consider how these could be used to engage with MSPs.</p> <p>The Chair emphasised the importance of clearly demonstrating the impact of the proposed financial savings. The Chair suggested revisiting the earlier letter sent to Shona Robison MSP and ensuring that any future correspondence sets out the panel’s role, the decision-making process, and the consequences of reduced resources for individuals in the community.</p> <p>Councillor Kelly Parry advised that the Midlothian Council Draft Budget has now been published on the Council’s website. It was noted that this is an Officer draft and will not be formally agreed until the meeting of Midlothian Council on Tuesday 24 February 2026, but it does provide an indication of the current position. Councillor Parry also confirmed that Midlothian Councillors are aware of the implications of the decisions being taken.</p> <p>The Board noted the recommendations set out in the report.</p>	<p>Chief Officer to look at the letters that have been sent to Scottish Government and to link in with MSPs.</p>	<p>Chief Officer</p>	
<p><b>5.10 Midlothian IJB Directions Reporting and Performance Update</b> - Paper presented by Gill Main, Integration Manager.</p> <p>The Integration Manager presented the report that provides an update on the final end of year progress position on Midlothian IJB Directions 2025/26 and the progress against the Midlothian IJB Performance Framework 2025-2028.</p>	<p><b>Recommendations Noted</b></p>		

## Midlothian Integration Joint Board

Decision

Action  
Owner

Date to be  
Completed  
/Comments

As a result of this report, Members are asked to:

- Review the synthesis and insight reports generated in columns 4 and 5 of the Midlothian IJB Strategic Governance Outcomes Map (appendix 1), and
- Note performance against the Midlothian IJB performance Framework 2025-2028 (appendix 2).

The Board highlighted the number of Directions being carried forward and sought clarity on the level of risk involved, as well as where resource constraints have limited progress. Members also questioned whether the current projections are realistic, noting the risk of over-promising and under-delivering.

The Integration Manager noted that this report was a retrospective review of performance relating to Directions set in March 2025. As such, significant learning has been taken and resulted in the current draft of Directions reflecting the challenges anticipated across 2026/2-28. The Integration Manager outlined the development process to date, noting that the Directions have been presented to the Board in January 2026 with a number of drafts were informed by ongoing discussion at Executive Leadership Team, considered twice by the SPG, and then brought to the January 2026 development session. Over this period, several Directions have been amended, with some combined and others removed. The Board's earlier feedback in January 2026 had been to shorten timescales rather than extend them.

The Chief Officer acknowledged the significant work undertaken to review and balance the timelines. They noted that some of the timescales for 2025-26 were ambitious and noted the dynamic position of health and social care which could mean further recommendations on revised timelines may be required.

The Board noted the recommendations in the report.

**Midlothian Integration Joint Board**

**Decision**

**Action  
Owner**

**Date to be  
Completed  
/Comments**

**5.11 GLP-1 Medication Update** - Paper presented by Chris King, Chief Finance Officer

The Chief Finance Officer presented the report endorsed by the Strategic Planning Group and seeking to provide an update to the Integrated Joint Board on the development of a Specialist Initiation Pathway for obesity medicines (GLP-1/GIP RA) as instructed by NHS Lothian Corporate Management Team. Governance has been via monthly Chief Officer and Chief Finance Officer Business Meeting. This paper forms part of the system wide engagement on this work.

As a result of this report, Members are asked to:

- Consider the Specialist Initiation Pathway for obesity medicines within the Dietetic led weight management service in collaboration with independent prescribers and medical oversight to support the initial cohorts of patients.
- Consider the resource implications.
- Support the proposal to return with the evaluation findings from this work in nine to twelve months.

The Board welcomed the report and expressed strong support for it, noting its significance and the positive, life-changing impact it will have for people.

The Chief Officer thanked the Chief Finance Officer, the Chief Allied Health Professional, and Laurie Eyles, Dietetic Service Lead, for the significant time, effort, and work invested in developing the report. It was noted that the report will be presented to all four Integration Joint Boards.

The Board noted that this development represents the beginning of a cost pressure for the health system and asked what arrangements are in place to track the costs being incurred.

**Recommendations  
Noted**

## Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed /Comments
<p>The Chief Finance Officer advised that discussions have taken place within NHS Lothian, and the intention is to establish a baseline spend for 2025/26 on the relevant medications. This will allow comparison against what should be expected. Although prescribing data is subject to a two-month delay, close monitoring of the figures will provide opportunities to identify trends early and take mitigating action where possible.</p> <p>The Board asked whether there would be opportunities for shared learning between the obesity pathway and the Ovation programme, and whether insights could also be drawn from the extensive private prescribing taking place.</p> <p>The Chief Officer confirmed that there are opportunities across several aspects of obesity work that will support the development of local pathways, and that learning from these areas will continue to inform future improvement.</p> <p>The Board were happy and noted the recommendations in the report.</p>			
<p><b>5.12 Audit Scotland Publications January 2026</b> - Report presented by Gill Main, Integration Manager</p> <p>The Integration Manger presented the report which highlights the two key Audit Scotland documents published in January 2026.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note the Audit Scotland reports in appendices 1 and 3.</li> <li>• Note the Midlothian response to the performance audit on 'Delayed discharges: A symptom of the challenges facing health and social care' in appendix 4.</li> </ul>	<b>Noted</b>		

**Midlothian Integration Joint Board**

	Decision	Action Owner	Date to be Completed /Comments
<p>• Note a Midlothian response to the briefing paper ‘Community health and social care: Performance 2025’ will be presented to members on 2nd April 2026.</p> <p>The Chief Officer explained that the purpose of the report was to benchmark Midlothian’s performance and highlighted that the learning shows the issues are system-wide, influenced by factors such as culture, behaviour, deprivation, social care capacity, and admission practices. Work undertaken across NHS Lothian has demonstrated that some of the assumptions previously used are not the most useful measures to drive improvement. Midlothian is performing well in reducing length of stay and in lowering delayed discharge numbers, and there has been significant improvement in unscheduled care, with further work underway to build on this progress.</p> <p>The Board commended the report and acknowledged the substantial improvements achieved across several areas.</p> <p>The Chief Finance Officer noted that achieving further financial improvement would require direct action in relation to bed capacity.</p> <p>The Chair recommended that a further discussion on the balance of care should take place outside the meeting.</p>	<p>Further discussion on balance of care to take place outside of Midlothian IJB meeting</p>		
<p><b>For Noting</b></p> <p><b>5.13 Justice Annual Report</b> - Paper provided by Fiona Kennedy, Interim Head of Service</p> <p>The Interim Head of Service advised the paper sets out the main findings of the Audit Scotland performance audit ‘Delayed discharges: A symptom of the challenges facing health and social care.’ This</p>			

## Midlothian Integration Joint Board

Decision

Action  
Owner

Date to be  
Completed  
/Comments

also includes the Midlothian Health and Social Care Partnership most recent available local data to provide Midlothian IJB members with an update on local performance, ongoing improvement activity, and opportunities for improvement.

As a result of this report, Members are asked to:

- Note the key findings and recommendations of the Audit Scotland report ‘Delayed discharges: A symptom of the challenges facing health and social care.’
- Note the progress made within Midlothian and the areas of ongoing focus.

The Chair sought clarification on staffing consistency and asked whether Section 27 funding would be ring-fenced going forward. The Interim Head of Service explained that Section 27 funding is not linked to ring-fencing but to the formula used to determine allocations for each Local Authority, and there is currently uncertainty around how that formula is being applied.

The Chief Officer acknowledged the report, noting the strong performance set out throughout, and congratulated the Interim Head of Service and the wider team for their work.

### 5 Private Reports

No items for discussion.

### 6 Any Other Business

No items for discussion.

## Midlothian Integration Joint Board

### 7 Date of Next Meeting

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The next meeting of Midlothian Integration Joint Board will be a Special Board Meeting held on Thursday 26<sup>th</sup> March 2026, from 15:00-16:00. This meeting will be held at Normandy Court/Hybrid.

Please note that this meeting will immediately follow an IJB Special Development Session from 14:00-15:00. This meeting will be held at Normandy Court/Hybrid, this is for Board Members only.

Meeting concluded at 15:52pm.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 24 MARCH 2026.

### Present

Voting Members – John Innes (Chair), Tony Boyle, Tom Conn, Mary Dickson, George Gordon, Amjad Khan and Peter Knight

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

Apologies – Damian Doran-Timson and Ann Pike

Absent – Donald Noble

In attendance – Robin Allen (Senior Manager Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Hannah Grey (Project Officer), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Bhav Joshi (General Manager – Mental Health and Addictions), Yvonne Lawton (Head of Health), Karen Love (Senior Manager, Adult Services) and Lesley Montague (Standards Officer)

### 1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

### 2 MINUTES

The IJB approved the minutes of its meeting held on Wednesday 4 February 2026.

### 3 MINUTES FOR NOTING

- a The IJB noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on Thursday 18 December 2025.
- b The IJB noted the minutes of the Integration Joint Board Health and Care Governance Group held on 19 February 2026.
- c The IJB noted the minutes of the West Lothian Integration Joint Board ADP Executive held on 26 November 2025.

#### 4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that there were no changes to membership.

The Chief Officer advised that an additional meeting was being proposed for 14 May 2026 due to the volume of business expected at the June meeting.

##### Decision

To agree that an additional meeting of the IJB be held on 14 May 2026.

#### 5 CHIEF OFFICER'S REPORT

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

#### 6 2026/27 BUDGET PLAN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer presenting the 2026/27 budget for approval. It also sought approval for the savings measures identified covering the period 2026/27–2027/28 and sought agreement for the issue of Directions to partners for delivery of delegated services in 2026/27 and to implement 2026/27–2027/28 savings measures.

It was recommended that the IJB:

1. Note the financial assurance undertaken on West Lothian Council and NHS Lothian budget contributions for 2026/27;
2. Agree that West Lothian Council and NHS Lothian budget contributions for 2026/27 be used to allocate funding to Partners to operationally deliver and financially manage IJB delegated services from 1 April 2026 (Appendix 1 and 2 of the report);
3. Agree that the 2026/27 Budget Directions be issued to West Lothian Council and NHS Lothian (Appendix 3 of the report).
4. Agree the 2026/27–2027/28 budget plan and updated savings programme (Appendix 4 of the report) for 2026/27–2027/28;

5. Agree that officers continue to consider options, including the ideas and suggestions from the 2025 consultation, to ensure the IJB's ongoing financial sustainability;
6. Note the risks to deliverability of saving measures (Appendix 5 of the report);
7. Agree that Savings Directions be issued to West Lothian Council and NHS Lothian in respect of delivery of savings (Appendix 6 of the report);
8. Agree that officers commence a review of the implications of demographic change across all health and social care services as part of the IJB's longer term budget strategy;
9. Note the result of the integrated impact and consumer duty assessments of the proposed savings measures (Appendix 7 of the report);
10. Note the position regarding IJB reserves and the material reduction in the Board's financial resilience; and
11. Agree the updated IJB Annual Financial Statement (Appendix 8 of the report).

#### Decision

To approve the terms of the report.

### 7 TIMETABLES OF MEETINGS

A proposed timetable of meetings for IJB and a proposed timetable of meetings for the Strategic Planning Group 2026/27 session had been circulated for approval.

#### Decision

1. To approve the IJB timetable of meetings for 2026/27.
2. To approve the Strategic Planning Group timetable of meetings for 2026/27.

### 8 WORKPLAN

A workplan had been circulated for information.

#### Decision

To note the workplan.



# Minute

## Edinburgh Integration Joint Board

**10.00am, Tuesday 24 March 2026**

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

### Present

#### Board Members

Councillor Connor Savage (Chair), Ralph Roberts (Vice-Chair), Robin Balfour (items 1-5 and items 8-12), Councillor Alan Beal, Heather Campbell, Hannah Cairns, Bruce Crawford, Andrew Fleming, Heather Gilfillan, Jill Irwin, Dr Amjad Khan (Substituting Dr Patricia Cantley items 1-8), Matt Kennedy, Christine Laverty, David Manson, Allister McKillop, Councillor Max Mitchell, Eugene Mullan, Councillor Alys Mumford, Councillor Vicky Nicolson, Moira Pringle and Gary Staerck.

### Officers

Danielle Archibald	Principal Social Work Officer, EHSCP
Jessica Brown (items 6-12)	Innovation and Sustainability Senior Manager, EHSCP
Anna Duff (items 5-12)	Senior Communications Officer, CEC
Andy Hall	Service Director Strategic Planning, EHSCP
Andrew Henderson (Clerk)	Committee Officer, CEC
Ashley Lawson	Assistant Committee Officer, CEC
Mike Massaro Mallinson	Director of Service, Operations, EHSCP
Derek McEwan	Interim Head of Service for Community Hospitals, Care Homes and Technology
Rhiannon Virgo	Programme Manager - Innovation & Sustainability

### Apologies

Philip Allenby

## 1. Minutes

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### Decision

To approve the minute of the Edinburgh Integration Joint Board of Tuesday 10 February 2026 as a correct record.

(Reference – minute of the Edinburgh Integration Joint Board of Tuesday 10 February 2026, submitted)

## 2. Rolling Actions Log

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The Rolling Actions Log updated to March 2026 was presented.

### Decision

To note the remaining outstanding actions.

(Reference – Rolling Actions Log – March 2026, submitted.)

## 3. Annual Cycle of Business

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The Annual Cycle of Business updated to March 2026 was presented.

### Decision

To approve the Annual Cycle of Business.

(Reference – Annual Cycle of Business – March 2026, submitted.)

## 4. Medium Term Financial Strategy: 2026/27 to 2028/29

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The medium-term financial strategy for 2026/27 to 2028/29, which incorporated the latest available information, including delegated budgets from IJB partners and a comparison of projected costs based on the current forecast outturn, anticipated growth and assumptions around additional resources, was presented for approval.

### Proposal 1

- 1) To note the 2026/27 budget offers from the City of Edinburgh Council and NHS Lothian;
  - 2) To agree to issue a direction to the City of Edinburgh Council for the uplifting of contracts from 1st April 2026 in line with a minimum hourly rate of £13.45 for front line social care staff using the methodology agreed nationally;
  - 3) To recognise the scale of the financial gap over the 3-year period 2026/27 to 2028/29;
  - 4) To support the ongoing development of the medium-term financial strategy, improving alignment with the strategic plan; and
  - 5) To agree to receive an update on progress on a regular and appropriate basis throughout the year.
- moved by Councillor Savage, seconded by Ralph Roberts

### Proposal 2

Edinburgh Integration Joint Board – 24 March 2026

- 1) To note the 2026/27 budget offers from the City of Edinburgh Council and NHS Lothian;
  - 2) To agree to issue a direction to the City of Edinburgh Council for the uplifting of contracts from 1st May 2026 in line with a minimum hourly rate of £13.45 for front line social care staff using the methodology agreed nationally;
  - 3) To recognise the scale of the financial gap over the 3-year period 2026/27 to 2028/29;
  - 4) To support the ongoing development of the medium-term financial strategy, improving alignment with the strategic plan;
  - 5) To agree to receive an update on progress on a regular and appropriate basis throughout the year;
  - 6) To express concern that:
    - i) COSLA has rebuffed concerns raised in relation to the Settlement and Distribution Group and the decision to maintain the GAE funding delivery model, and
    - ii) The Scottish Government has declined to intervene;
  - 7) To agree that the Chair and Vice Chair shall write to COSLA, the Leader of the City of Edinburgh Council, and The Scottish Government to reiterate Edinburgh's increasing demographic pressures, the disproportionately negative impact the GAE funding model has on Edinburgh, and the need for it is adjusted to better reflect local pressure and need within Edinburgh.
- moved by Councillor Mitchell, seconded by Councillor Nicolson

### **Voting**

The voting was as follows:

For Proposal 1	-	7 votes
For Proposal 2	-	1 votes
Abstentions	-	1

(For Proposal 1: Councillor Beal, Heather Campbell, Andrew Fleming, Councillors Mumford and Nicolson, Ralph Roberts and Councillor Savage)

For Proposal 2: Councillor Mitchell

Abstentions: Dr Amjad Khan)

### **Decision**

- 1) To note the 2026/27 budget offers from the City of Edinburgh Council and NHS Lothian;
- 2) To agree to issue a direction to the City of Edinburgh Council for the uplifting of contracts from 1st April 2026 in line with a minimum hourly rate of £13.45 for front line social care staff using the methodology agreed nationally;

- 3) To recognise the scale of the financial gap over the 3-year period 2026/27 to 2028/29;
- 4) To support the ongoing development of the medium-term financial strategy, improving alignment with the strategic plan; and
- 5) To agree to receive an update on progress on a regular and appropriate basis throughout the year.

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

## **5. Savings Programme 2026/27**

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The Board were presented with the Savings Programme 2026/27, which formed part of the overarching Medium-Term Financial Strategy and included detail of 17 savings proposals which sought to deliver £18.4 million in 2026/27 along with an outline of the anticipated impact the Savings Programme will have on people, services, staff and the wider community.

### **Decision**

- 1) To note savings proposals 1 – 12 which were presented for information;
- 2) To agree to approve savings proposals 13 - 17, as set out in the report by the Chief Officer of the Edinburgh Integration Joint Board, and in the associated appendices; and
- 3) To agree the proposed plan to review integrated impact assessments (IIAs) as set out in appendix 3.

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

## **6. Safer Drug Consumption Facility Public Consultation**

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Final details of the planned public consultation on the potential establishment of a Safer Drug Consumption Facility were presented to Board Members for approval to commence consultation.

### **Decision**

To agree to commence a public consultation exercise, as outlined in this report, which will run for 13 weeks, from 1 April 2026 to 1 July 2026.

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

## **8. Obesity Medicines Specialist Initiation Pathway**

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The Board were presented with details of the implications of the development of the obesity medicines specialist initiation pathway, following recent technological advances which had resulted in new medications which support weight loss for people with obesity and the approval of their use by the Scottish Medicines Consortium.

### **Decision**

Edinburgh Integration Joint Board – 24 March 2026

- 1) To note the scoping work completed by MHSCP on how a specialist pathway for anti-obesity medications (GLP-1/GIP RA) could be implemented as an adjunct to the existing pan-Lothian dietetic-led weight management service provided by MHSCP and that further scoping work is required to inform any future commissioning plans from each of the Lothian IJBs;
- 2) To note the emerging evidence base regarding the efficacy of weight loss medication as part of a specialist multidisciplinary pathway;
- 3) To note that implementation of this pathway is likely to help control growth in costs associated with obesity over the longer term but the timescale for any potential return on investment is not clear;
- 4) To note that any reduction in future expenditure associated with the implementation of this pathway may never fully offset the costs of the pathway;
- 5) To note that the costs of implementing this pathway have been built into the financial planning assumptions and are part of the projected budget gap; and
- 6) To note that a grant application to the Obesity Pathway Innovation Programme (OPIP) has been submitted, which if successful, would involve an acceleration of the implementation plan thereby increasing the financial costs to EIJB in the near term.

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

## **9. 26/27 Investment Recommendations**

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Board members were presented with a report detailing several sources of funding that had become available, along with areas highlighted where actions were required to reallocate resources and included recommendations for the commissioning of services to improve outcomes, increase financial efficiency whilst also shifting the balance of care from hospitals to the community in line with the ambitions of the EIJB Strategic Plan.

### **Decision**

- 1) To agree to direct NHS Lothian and the City of Edinburgh Council to recruit the staff required to enable EHSCP establish a single point of access as per the model defined by EHSCP;
- 2) To agree to direct NHS Lothian to recruit the additional staff to expand EHSCP's Hospital at Home Service as per the model defined by EHSCP;
- 3) To agree to direct NHS Lothian to recruit the additional staff to enable EHSCP to establish a community neurological rehabilitation service as per the model defined by EHSCP;
- 4) To agree to direct NHS Lothian to recruit the additional staff to enable EHSCP to expand community rehabilitation capacity as per the model defined by EHSCP;
- 5) To agree to direct NHS Lothian and the City of Edinburgh Council to recruit the additional staff to enable EHSCP to incorporate therapists into the reablement service as per the model defined by EHSCP;
- 6) To agree to direct NHS Lothian to recruit the additional staff required to expand specialist palliative care capacity as per the model defined by EHSCP; and

- 7) To agree to direct the City of Edinburgh Council to procure falls prevention classes as per the model defined by EHSCP.

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

## **10. Chief Social Work Officer Report**

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The Chief Social Work Officer's Annual Report for the year 2024/25 was presented with the purpose of informing Board Members of the role and responsibilities of the Chief Social Work Officer, to provide information on the delivery of statutory social work services and decision making along with a progress report on key areas of social work provision.

### **Decision**

To note the Chief Social Work Officer's (CSWO) Annual Report for 2024/25 attached at Appendix 1.

(Reference – Chief Social Work Officer and Service Director Performance, Quality and Improvement, submitted.)

## **11. Edinburgh Integration Joint Board Risk Register – referral from the Audit and Assurance Committee**

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On 03 March 2026, the EIJB Audit and Assurance Committee had referred a report entitled Edinburgh Integration Joint Board Risk Register to the Edinburgh Integration Joint Board for scrutiny.

### **Decision**

To note the report.

(References – EIJB Audit and Assurance Committee, 03 March 2026 (item 6); referral from the EIJB Audit and Assurance Committee, submitted.)

## **12. Date of next meeting**

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To note Tuesday 19<sup>th</sup> May 2026 at 10am as the date of the next EIJB meeting.



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

**THURSDAY 26 MARCH 2026  
VIA DIGITAL MEETINGS SYSTEM**

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**Voting Members Present:**

Mr A Cogan (Chair)  
Mr J Blazeby  
Ms E Gordon  
Councillor S Akhtar  
Councillor L Allan  
Councillor C McFarlane  
Councillor G McGuire (sub. Councillor J Findlay)

**Non-voting Members Present:**

Mr D Binnie	Ms L Byrne
Ms S Gossner	Dr K Kasengele
Mr M Porteous	Ms F Wilson
Ms M Allan	Mr L Kerr
Mr D Hood	

**Officers Present from NHS Lothian/East Lothian Council:**

Ms L Kerr  
Ms K Thornback  
Ms J Jarvis  
Ms A Stuart  
Mr G Whitehead  
Ms I Nisbet  
Ms C Goodwin  
Ms G Neil

**Observers Present:**

Ms L Blackshaw  
Mr L Doult  
Mr R Middlemiss

**Clerk:**

Ms B Crichton

**Apologies:**

Councillor J Findlay (sub. Councillor G McGuire)  
Dr P Cantley  
Dr C McIntosh

**Declarations of Interest:**

None

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

The clerk confirmed the attendance of Committee members by roll call.

The Chair formally welcomed observers from the NHS' Talent Management Programme joining the meeting.

## **1. MINUTES FOR APPROVAL: EAST LOTHIAN IJB ON 26 FEBRUARY 2026**

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

## **2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 FEBRUARY AND ROLLING ACTIONS LOG**

The following matters were discussed from the previous minutes:

**IJB Service User Representative:** Fiona Wilson advised that there had been two expressions of interest in the Service User Representative vacancy, one of whom appeared to wish to pursue the post.

**Entitlement to breaks for carers:** The Health and Social Care Partnership's (HSCP's) response to the Scottish Government consultation on the right to breaks for unpaid carers would be made through the Carers' Programme Board, and officers would also facilitate collation of responses from Integration Joint Board (IJB) members.

**Weight management medicines – response to Scottish Government:** Later in the meeting, Ms Wilson shared that Laurie Eyles had raised some of the discussions under the weight management medicines item from the February IJB meeting with the Scottish Government, and said that Ms Eyles was pleased that the IJB remained enthusiastic about making a response.

### **Action Log**

**01/26:** The Chair noted that all actions were due to be picked up through the Annual Delivery Plan and performance reporting, which would be presented to the May meeting of the IJB.

Maureen Allan asked about incorporating the contribution from sector partners and community activity within the new Performance Framework. Claire Goodwin, Assistant Strategic Programme Manager, advised that she was in the process of mapping key performance indicators against strategic delivery priorities, and would pick up with Ms Allan on the matter of recognising and reflecting the third sector.

Responding to further questions from Jonathan Blazeby, Ms Goodwin advised that presentation of a draft of the Annual Delivery Plan was scheduled for the May Strategic Performance Group (SPG) meeting; this would subsequently be brought to the May or June meeting of the IJB, depending on whether the draft was in an advanced state. Mr

Blazeby asked further questions about how this tied in with finance, and the Chair suggested that Ms Goodwin contact Mr Blazeby with further input.

**02/26:** The Chair noted that the engagement packs had been recently sent to IJB members.

**03/26:** The Chair noted that consideration of further positive recognition for partnership and collaborative work with communities was in progress.

#### **4. CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2024-25**

A report was submitted by the Chief Social Work Officer to present the Chief Social Work Officer's Annual Report for 2024-25.

Lindsey Byrne, Chief Social Work Officer and Head of Children's Services, spoke to the report. She set out the statutory requirement to produce the report and its content and breadth. She discussed her responsibility for governance of the Social Work profession in East Lothian, and work with Service Leaders to be able to offer assurance to the IJB, Councillors, and Chief Executive. She said the report was an opportunity to highlight efforts of Social Work and Social Care workforces. She explained that it was her job to assure members about Social Work practice, but to be open about the significant challenges faced as a result of growth, demand, and ever-expanding national policy expectations. She praised and conveyed gratitude to dedicated staff, who regularly went above and beyond to meet the needs of the people they served.

Ms Allan raised points about increased demands on services when resources were shrinking, and asked whether there had been any assessment of the community's capacity to pick up that demand. Isobel Nisbet, General Manager – Adult Social Work, recognised that work to strengthen collaboration with the third sector was needed to enable greater access to support, and said this work had already begun. Ms Allan thought that greater consideration was needed for those who had to pick up the additional demand to reduce demand on statutory services, such as families, organisations, and day centres. Laura Kerr, General Manager – Planning and Performance, agreed that third sector intervention in Social Work related to care at the prevention stage to take pressure off statutory services, and noted Ms Allan's points about financial ability to support the third sector in this work. She agreed that this could always be done better, and said the Health and Social Care Partnership (HSCP) would always look to continually improve in this area.

Responding to a question from Elizabeth Gordon on workforce planning, Ms Byrne was confident that East Lothian did not suffer a unique issue in terms of staff retention; she noted that East Lothian had seen a number of staff leave their posts to begin promoted posts within East Lothian. She advised that a new Workforce Planning Group for both Adult Social Work and Children's Social Work was focused on staff wellbeing; this included a new supervision policy to help staff focus on work/life balance, as well as development and training opportunities. Ms Wilson added that consideration was being given to creative models of recruitment to attract graduates, and to emulate models undertaken by NHS Lothian in Nursing recruitment.

Councillor McFarlane asked about the potential effect on hospital discharge if developers could be persuaded to build more homes that could be easily adapted to people's needs. Ms Wilson reported that Housing colleagues worked well with the HSCP, but that greater flexibility around housing would be welcomed. She noted that Leuchie House had also

provided support to discharge patients, and also acknowledged the importance of patient choice.

Mr Blazeby asked a number of questions on the timing of the report, reporting of data, and demands on staff. Ms Byrne explained that the Scottish Government dictated what should be in the report, and thought the format would change with the introduction of the National Social Work Agency. She explained that referrals figures and demand into services fluctuated, but reported that she was continuously told by frontline workers that the level of complexity coming into Social Work Services was completely different to where it was pre-pandemic. She discussed how the increase in the cost of living showed in people's presentation to Social Work. She discussed how the complexity of some cases meant that data did not show the full picture; she based her assessments on how staff felt, and made safe and manageable caseloads a priority. Ms Nisbet reiterated that the complexity of cases was increasing, and referenced a greater number of cases requiring input from managers. She highlighted the work of Workforce Groups in recruitment and retention, caseloads, mental health and wellbeing, and setting targets against the Performance Framework.

The Chair commented that, as financial challenges became greater and the IJB had to use data to guide its strategic choices, it was incumbent upon officers to ensure that data in reports was as robust as possible, and that the data reflected the realities of the decisions the IJB would have to make.

Mr Blazeby raised points about the timely issuing of reports, and having influence to make reports more relevant to the IJB to support decision making. He also noted concern that some was still not available to the CWSO a full 12 months after the end of the reporting period.

Ms Nisbet discussed services' preventative work. She also highlighted the duty system, which measured well across the country, to make sure service users had a first point of contact. Ms Wilson also added that the multidisciplinary team approach and preventative work was contributing to the data, and the importance of balancing this with the crisis work undertaken by Social Workers.

Responding to questions from Councillor Akhtar, Ms Byrne discussed the significant impact that would be experienced if Social Work failed to perform well in certain areas. She discussed performance as being about having a sufficient and well-trained workforce, and said services could not be delivered safely if there was a lack of well-trained staff. She considered the work of the Health Resource Group Partnership around workforce planning and the Performance Framework as being pivotal to be in a position to inform the IJB of the impact of caseloads versus staff level. She felt that decisions must be made around the impact that would be experienced should certain areas lack sufficient funding; it was important to avoid diminishing the workforce's ability to deliver good outcomes.

Councillor Allan asked about stabilising the workforce, and use of agency staff. Ms Byrne highlighted the culture of promoting flexible working, having a family-first approach, the supportive environment for staff, and training opportunities offered; she noted that exit interviews had not flagged issues that could be acted upon. Ms Nisbet discussed the process for the use of agency staff, and the limited circumstances in which the workforce would be supported with agency staff; agency staff were only ever used for 12 weeks at a time.

Councillor Akhtar thanked Ms Byrne and Ms Nisbet for the professional assurance offered to the IJB through their reports and contributions to development sessions. She asked that the IJB take every opportunity to raise awareness of the value of Social Work and Social Care in different fora.

Ms Byrne asked IJB members not to wait for the CSWO report if they required further information to aid decision making, and reports could be prepared for the IJB to provide more granular detail outwith the usual reporting cycle.

## **Decision**

The IJB noted the content of the 2024-25 Annual Report of the Chief Social Work Officer, and the assurance about the provision of Social Work services in East Lothian. The IJB also noted the collective commitment to the protection and care of vulnerable children and adults across the county.

## **5. UPDATED LOTHIAN PSYCHIATRIC EMERGENCY PLAN**

A report was submitted by the Chief Officer to present provide the IJB with the revised and updated multiagency Psychiatric Emergency Plan (PEP) for Lothian.

Karen Ozden, Nurse Director for Mental Health and Intellectual Disability in NHS Lothian, presented the report. She explained that this version of the PEP replaced the previous PEP developed in 2013. The PEP provided principles, guidance, and advice to all relevant partners about the legal detention of patients in accordance with mental health legislation. The updated PEP set out best practice to be followed in the event of someone requiring detention in hospital; it did not attempt to provide solutions to issues of resourcing within existing services that impacted on the operational delivery of the PEP, however, it highlighted the issue of transporting of patients to hospital as an area requiring further consideration by management teams. She advised that the PEP had already been approved by the Lothian Mental Health Programme Board, and the IJB was asked to endorse that approval for implementation in East Lothian. It was also recommended that HSCP management teams undertook a review of their performance against the PEP and take action against any existing gaps in resourcing that would potentially impact the safe, effective, and efficient management of psychiatric emergencies.

Ms Ozden provided background information on PEPs, which were locally-agreed arrangements outlining the roles and responsibilities of partners involved in responding to and managing any psychiatric emergency in the community. The agreed procedures were designed to minimise distress, trauma, harm, disturbance, and risk. She explained the requirement for the PEP in legislation, the various Acts considered within it, and discussed engagement involved in revising the PEP. She explained the updated PEP's relevance to IJB Directions and Strategic Objectives. She referenced lengthy discussions held about resourcing, and reiterated that the PEP had no financial or personnel implications, but only set out what happened in practice. She highlighted certain areas flagged in the review, such as the significant resource issues for the Scottish Ambulance Service. The Scottish Ambulance Service were currently responsible for transporting patients to hospital, causing significant delays to the availability to ambulances and personnel; this could have a domino effect on clinicians, particularly when there was a significant delay before a patient could be transferred to hospital. She noted the significant cost implications of the disruption of planned duties of clinical personnel.

Ms Ozden reported that Police Scotland had reaffirmed their position on their involvement in mental health events; their position was that they should only have involvement where a crime was being committed, or there was suspicion that a crime as to be committed, such as violence or disturbance; this would have a knock-on effect on the availability of staff to escort patients to hospital, which needed proper resourcing.

She reported that advice was also being sought by NHS Lothian on the interpretation of the law in relation to Police Scotland's power to enter private premises and remove people for the purposes of detention; she flagged that this would have an impact on clinical staff in terms of the safe escorting of patients to hospital, and possible additional delays, with police having to access warrants before they could take action. Ms Ozden also advised that a private ambulance service could be commissioned to transport patients to hospital, although she noted that this was outwith the scope of the PEP review process.

Responding to questions from the Convener, Guy Whitehead, General Manager – Mental Health, explained that staffing patient escorts was more manageable within normal working hours, and discussed shift patterns within the Intensive Home Treatment Team (IHTT) which caused difficulty should a member of staff be called away in the evening; finding mitigations around this was critical, and he referenced cover arrangements with Midlothian's IHTT.

Responding to a point made by Ms Nisbet, Ms Ozden further discussed interpretation of the legislation by clinical staff, which they considered meant that Police Scotland *should* be involved when patients were detained under legislation; Ms Nisbet noted a reluctance from Police Scotland to be involved in removing a patient.

Responding to questions from Councillor Akhtar, Ms Ozden gave reassurance about the governance around the revised PEP, which had included representations from the four HSCPs and from various professions. It had also been taken through the governance routes of the various organisations involved. IJBs were now being asked to endorse NHS Lothian's approval, and local HSCPs would then implement the revised PEP.

Responding to points made by Councillor Akhtar and the Chair, David Hood, Head of Operations, discussed that a number of executive groups and fora were tackling the pressures existing in the overall system approach to mental health. He explained that the assessment undertaken by Ms Ozden was helpful because it raised questions from an operational perspective in terms of resourcing and strategic direction; he described the revised PEP as being part of a wider conversation to provide a system of high quality, safe, and effective mental health services across Lothian. He confirmed that he was supportive of the report's recommendations, and gave reassurance that the questions posed would be taken forward through the HSCP.

Responding to points raised by Mr Blazeby about the timing of the review, Ms Ozden highlighted changes around HSCPs when the review had originally been due. She also explained that many of the organisations had been going through their own changes, that the pandemic had caused delay, and that further delay had been by disagreement around processes. He proposed that a wider conversation around mental health and the strategic work ongoing through NHS Lothian happen within the next three months, and that this could be added to a development session to look at the strategic commissioning perspective. The Chair welcomed this conversation being added to a development session.

The Chair asked the IJB to approve the report's recommendations, and this was agreed.

## **Decision**

The updated Lothian Psychiatric Emergency Plan had already been approved by the Lothian Mental Health Programme Board. The IJB therefore endorsed the approval to progress implementation in East Lothian.

The IJB also agreed that Health & Social Care Partnership (HSCP) Management Teams would undertake a review of their performance against the PEP and take actions to

address any existing gaps in resourcing that would potentially impact the safe, effective, and efficient management of psychiatric emergencies.

## **6. UPDATE ON UNSCHEDULED CARE MONIES**

A report was submitted by the Chief Officer to update the IJB on the investment by Scottish Government into NHS Lothian to improve unscheduled care (USC) performance in partnership with Lothian IJBs.

Ms Wilson presented the report, and provided background to the paper. She discussed the £2.6m spend, focused on Care at Home, Therapy, and Social Work. She explained that this had not been used to fund hospital beds, but rather pushed out to transformational change around community-focused models for discharge without delay. A single point of access (SPOA) was also established to allow timely access to multidisciplinary input from both a discharge and community perspective. There was also an aim to create more therapy at home and to increase Adult Social Work input. Care at Home capacity was also fundamental to reduce waiting to support people at home.

Continuing, Ms Wilson provided a detailed activity update, and reported that the SPOA became live in spring 2025, and a community-facing SPOA became live in December. She advised that Discharge to Assess had been very successful, and had needed greater resource. There had also been additional recruitment to Social Work posts and internal Care at Home posts. She reported that East Lothian had shown steady improvement across performance indicators, with bed occupancy in Acute Care averaging between 79-82%, with the Scottish Government target being 85%. She also reported that delayed discharge was also measuring well. She reported that Guardianships and care home placements presented challenge, but still measured well, and a shift had been seen. There had been an improvement in length of stay across acute wards, and longer waits had reduced significantly since this funding. Community beds had also reduced, and complexity and acuity had changed. She advised that more people were being taken directly home and supported through pathways, and there had been an increase in Care at Home hours. There had also been an increase in the number of unscheduled care patients receiving the Rehabilitation Service, and fewer delays for Care at Home.

Ms Wilson also discussed the Lothian-wide challenge of the four-hour performance target, which, although there had been an improvement from January to July 2025, had then seen a deterioration from August to December, with particular challenges around Edinburgh and Midlothian getting to the target. She noted a number of improved metrics in length of stay, non-delayed patients, new delays added per day, and occupied bed days. She noted an 8% increase in attendances, so although metrics were improving, it was not resulting in the kind of improvement sought in the four-hour performance target. She highlighted some specific workforce shortages, and sudden losses of care home beds in Edinburgh. She advised that an IA would be planned for the SPOA, as this represented a significant change to service delivery.

Responding to questions from the Chair and Councillor Akhtar, Ms Wilson discussed the risks if the Scottish Government stopped providing this funding, and said that any money available was being sought. She advised that NHS Lothian had indicated that it would mitigate against the risk of the funding not recurring, due to the concern from the IJB. She advised that the majority of funding was spent on Care at Home, followed by Therapy, followed by Social Work. She discussed the confidence in East Lothian's good record and credibility from Acute Teams, giving greater confidence that the best direction of travel would be to enhance these pathways; the data now supported this. Ms Wilson

said it was not known why A&E attendances were increasing, but pointed to a change in culture where the public was not willing to wait; the topic was being explored further.

Ms Gordon asked about the 8% increase in new inpatients, and Ms Wilson explained that those who had already been in the queue, but had not been able to get into hospital beds previously, could now get into beds; she explained that these individuals would be admitted for a relatively short period. She noted that pathways were not available in all areas yet, and sometimes it was quicker and more thorough to deliver the care when the patient was in a bed. Following audits around admissions, Ms Wilson said that she was confident that patients were being admitted for the right reasons.

## **Decision**

The IJB agreed to:

- i. Note the NHS Lothian performance as a result of the Scottish Government Investment, particularly in the Royal Infirmary of Edinburgh (RIE);
- ii. Note East Lothian's contribution to improved unscheduled care performance through the delivery of a 'Home First' approach and the associated activities described in the report; and
- iii. Note the additional non-recurring and recurring investment to support sustained improvement in unscheduled care performance.

## **7. 2026/27 FUNDING OFFERS TO EAST LoTHIAN IJB**

A report was submitted by the Chief Finance Officer, setting out the funding offers from East Lothian Council and NHS Lothian to East Lothian IJB for 2026/27.

Mike Porteous, Chief Finance Officer, presented the report. He advised that East Lothian Council, having approved its budget in February, had provided the IJB with a final written funding offer, and NHS Lothian would provide its final written funding offer after taking its updated financial plan to the Board in April; it had provided an indicative funding offer in the meantime. On the East Lothian Council offer, he noted that the figure of £81.53m did not include £1.494m released to other delegated budgets; this had been returned to the Council and was no longer a delegated service. He assessed the Council's offer as fair and as meeting all Scottish Government guidelines in passing through funding received. He provided commentary on NHS Lothian's indicative funding offer, noting that the offer did not include the 2% uplifts announced in the Scottish Government budget for health boards, but indicated within the body of the letter that this would be passed to the IJB. Mr Porteous would bring back the final funding offer from NHS Lothian when it had been received.

The Chair acknowledged that both partners had provided offers which reflected Scottish Government guidance.

Responding to Councillor Akhtar's question about the share of additional funding for Social Care, Mr Porteous confirmed that we did not yet have this information, but he would make the IJB aware when he became aware of East Lothian's share. Councillor Akhtar also asked that information be provided on the resource allocated for the change from analogue to digital in core and cluster housing, and Mr Porteous agreed that this could be referenced in future budget papers.

Following a question from Ms Allan about funding for sustainability of the third sector and community support, it was established that there was no separate allocation within the funding offer letters, and that further discussion could be taken under the Budget Setting Report.

IJB members formally agreed the report's recommendations.

### **Decision**

The IJB agreed to:

- i. Accept the East Lothian Council funding offer for 2026/27; and
- ii. Note the indicative funding offer from NHS Lothian and its principles, and that a final offer would follow in due course.

## **8. 2026/27 BUDGET SETTING**

A report was submitted by the Chief Finance Officer to present the budget setting process and the proposal to set a balanced budget for 2026/27.

Mr Porteous presented the report. He highlighted the current challenges brought to light in the IJB's management of its financial position and dealing with the demand and growth pressures on its services; he referenced the overspend of £1.9m in financial year 2025/26, with NHS Lothian supporting the IJB to a break-even position. He pointed out that the challenges became greater looking ahead. He noted that development sessions had focused on identifying the financial gap for 2026/27 and a broad range of grip and control and invest-to-save efficiency schemes. He highlighted additional costs around pay awards, pay increases, growth, prescribing, the real living wage, free nursing and personal care, and other pressures, with both bodies passing on additional funding to address pressures and growth. He highlighted the gap of £3.743m, and the range of efficiencies in core, hosted, and set-aside services, which fully funded the gap and enabled the presentation of a balanced budget position for Council-delegated services. He advised that a gap remained in health-delegated services, sitting entirely within set-aside services. He highlighted the approach to dealing with this remaining gap, and proposed that the combination of efficiencies and the shared ambition and collaborative working would enable the IJB to set a balanced budget for 2026/27.

Continuing, Mr Porteous noted that NHS Lothian's financial planning indicated that it anticipated that if the 3% savings target was delivered in full, it would break even, and would support the IJB to break even. Mr Porteous also drew attention to: efficiency schemes; financial risk around the agenda for change reform in the areas of the reduced working week, the Band 5 to Band 6 regrading, and protected learning time; the pressures of prescribing; demographic growth; the ongoing reviews in community services and Care at Home delivery model, and the prevention and early intervention pilots; and strategic risks and collaborative working. In terms of the IJB's medium-term financial planning, he advised that the cumulative projected position of £22m did not reflect efficiencies or scenario plans. He noted that projections highlighted significant gaps year-on-year, so there was a need to begin planning to deliver transformational change where possible.

The Chair sought assurance that efficiency schemes would not impact upon the quality or volume of services, and Mr Porteous advised that this was the case. Mr Porteous reported that some efficiency schemes were going through impact assessments, but it was considered that the quality and volume of services would not be impacted. The IJB's approval of the budget would mean those efficiency schemes could go ahead.

Mr Blazeby made points relating to the lack of information about workforce assumptions, and how the budget setting was linked in with the Strategic Plan. He also asked whether the timing meant that service design and delivery had to proceed with business as usual this year. Mr Porteous noted that approval had been received at the last development day to work up some of the bigger transformational schemes, and it was hoped that these would begin to make an impact; the IJB would be updated on progress. He noted that detail of the workforce was an operational matter, but efficiencies in terms of workforce would not impact on services. He noted that a part of this was looking to decrease the use of bank and agency staff, either through recruitment or having a more stable workforce.

In response, Mr Blazeby felt that the IJB lacked information about even high-level workforce assumptions, and considered that the IJB should understand where overall workforce numbers would be. The Chair agreed that this was a reasonable request as the IJB had to make more strategic choices, but noted that it did not prevent members agreeing the budget. Ms Wilson discussed some of the history of difficult decisions made by the IJB, and referenced a number of schemes being brought forward. She suggested that Michelle Carr and Nick Bradley could deliver a session around financial process, such as grip and control, since this huge pressure did not sit with the IJB to directly manage.

Councillor Akhtar expressed that she would welcome this session. She asked about how assumptions and estimates figures were arrived at, and Mr Porteous confirmed that both organisations worked with a one-year budget, and that assumptions and estimates reflected Scottish Government guidance. The Chair asked that this be included in development sessions.

Ms Allan asked that a mechanism be put in place to ensure that decisions being made were reflected in the Strategic Plan, especially in the commitment to prevention. She felt that there remained too heavy a reliance on being reactive and crisis-led, and that there was a lack of investment in community and third sector services. Ms Wilson agreed that this was a fair challenge, and that the majority of funding went into statutory services, but noted that efficiency schemes sought to move into the prevention space. She suggested that the tracker around unscheduled care work could be extended. Ms Allan said she wanted to understand how inroads were being made in this area, and welcomed a tracker.

The Chair asked IJB members to formally approve the balanced budget, and this was agreed.

### **Decision**

The IJB:

- i. Agreed a balanced budget on the basis of the approach laid out at 3.12 of the report;
- ii. Approved the efficiency schemes set out in Table 2 and detailed in Appendix 1 of the report; and
- iii. Noted the updated Medium Term Financial Projections and the scale of the financial challenge they presented for the IJB over the coming years.

### 3. CHAIR'S REPORT

The Chair had attended an IJB Chair and Vice Chair's Network meeting; this had included helpful information on Primary Care and overall IJB finances, and presentations would be shared. He reported that many IJBs would not set a balanced budget next year, and he was keen for colleagues to understand where the East Lothian IJB sat within the overall scheme of IJBs, and how well it was performing on financial indicators. He would have the presentation on Primary Care circulated, as well as a letter from the National Care Service on standards.

Responding to a question from Mr Binnie, the Chair explained that he had heard no indication that bailouts would be forthcoming for IJBs that did not manage to set a balanced budget; he expected that these IJBs would have significant financial challenges on the back of challenging decisions around the configuration of their services.

Signed .....

Andrew Cogan  
Chair of the East Lothian Integration Joint Board

**Meeting:** NHS Lothian Board

**Meeting date:** 24 June 2026

**Title:** Q4 and Annual Whistleblowing Performance Report 2025/26

**Responsible Executive:** Tom Power, Director of People & Culture

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

## 1 Purpose

### This report is presented for:

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

### This report relates to:

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

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

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

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

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

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

## 2 Report summary

### 2.1 Situation

This report provides the members of the NHS Lothian Board with a copy of the Annual Whistleblowing Report (which includes the Q4 data) for 2025/26, and an overview of current whistleblowing cases with INWO involvement.

### 2.2 Background

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

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

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

### 2.3 Assessment

#### **Annual Whistleblowing Report – 2025/26**

NHS Boards are required to report on their performance in handling whistleblowing concerns, against the key performance indicators as set out in the Standards. The Annual Whistleblowing Report (which includes the Q4 data) for 2025/26 is included at Appendix 1.

During 2025/26, 5 Whistleblowing cases were raised all at Stage 2. This is down from 2024/25, when 7 whistleblowing cases were received. However, timescales for undertaking an investigation continue to be challenging, and at on average 242 working days for the 4 cases closed in 2025/26 are higher than last year (on average 182 working days).

The issue of increasing investigation timescales and the impact that we are aware this can have on Whistleblowers has led to analysis of case data from the past three years to try and identify where levers for improvement exist. As discussed with the Staff Governance Committee as this analysis has progressed, our data shows that this is due to

- (i) the complexity of cases received, with a number requiring investigator to have specialist knowledge of the service area concerned,
- (ii) a limited and recently reducing number of experienced investigators able to support investigations given other work priorities
- (iii) for some cases, the number of witnesses the investigators need to meet, and the impact that periods of planned or unplanned absence can have on this.

We have also established that in a small number of cases, prolonged absence of the Whistleblower has impacted on timescales. The Annual Report provides details on the average number of working days each year to investigate a concern but also shows where there has been significant absence by the Whistleblower, that if this time was excluded from the calculation of average working days, the average working days to conclude the investigations completed in 2025/26 drops to 203 days, although clearly this is still higher than the corresponding figure for previous years, which we would wish to see reduce rather than increase. Nonetheless, as we have a small overall number of cases, factors such as prolonged absence can noticeably influence the average.

### **Improving Investigator Capacity**

As previously advised to the Board one of the key limiting factors in the timescales for the completion of whistleblowing investigations is the availability of investigators. Many of our investigators are middle to senior managers who also have an operational role in the organisation and are therefore trying to balance the investigation with their operational role. Inevitably, this can lead to the timescales for investigations being protracted. In response, we are setting up a pool of Investigators on the Staff Bank, to work initially alongside existing investigators to spread capacity, who can then focus solely on an investigation rather than juggling this with their operational role.

### **Pause and Reflect Workshop**

It is also planned to have a session in August with Commissioners, Investigators, Speak Up Service, Non-Executive Whistleblowing Champion and representatives from the People & Culture Directorate to take some time to reflect on how well things are working at present, what the common challenges are, and establish how we can do things differently moving forward to address these. This will make use of data that has been gathered from Whistleblowers about their experience of the process, both via the standard questionnaire issued once an investigation has been concluded and via other routes, such as the Speak Up service. Given that the Standards have been in place now for 5 years, this is an important opportunity to consider what we can draw from the learning on how Whistleblowing has been handled to date under the Standards in order to inform how concerns are progressed moving forward.

### **INWO Cases – Update**

There are currently four whistleblowing cases with the Independent National Whistleblowing Officer (INWO). In three of the cases, INWO investigations have been ongoing, and we are now awaiting their report advising of the outcome. For one of these, we have recently received a draft decision notice which is under review, for the other two we await details of the INWO's findings. In the 4<sup>th</sup> case, the INWO are arranging to meet with the Commissioner to discuss the case further before delivering their outcome. There are no further cases currently with INWO involvement.

#### **2.3.1 Quality/ Patient Care**

Accessing and using the Whistleblowing Standards does not in itself address patient care and quality issues. However, the actions agreed arising from upheld concerns are intended to help address issues that have been confirmed during the investigation process, where it is reasonable and practical to do so. Further, it is recognised that poor staff experience has a direct impact on patient care/experience, and therefore effective application of the Standards is important in this context.

### **2.3.2 Workforce**

The aim of the Standards is to offer support and protection to all who raise a concern or who are directly involved in a concern at all stages of the process. However, these are intended to be a measure of last resort rather than a routine means by which concerns should be raised. This necessitates the development and maintenance of a culture where people feel psychologically safe to raise concerns through established channels.

NHS Lothian invested in a Speak Up service, ensuring that individuals who are unsure of, or lack confidence in, the established routes for raising concerns receive the support they need. Regular data on the work of Speak Up Ambassadors and Advocates is included in the workforce information pack provided to the Committee. Speaking Up is also expected to be a core focus within the framework for the forthcoming NHS Lothian People & Culture Strategy.

### **2.3.3 Financial**

There is no specific financial resource associated with this report.

### **2.3.4 Risk Assessment/Management**

In respect of the implementation of the Standards, there is a risk that if the standards are not promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, there is an annual communication and training plan which is implemented over the course of the year.

There is also a risk that the competing demands on investigators and the level of concern or worry that a whistleblower feels when raising a concern may impact on the timescales for completion of investigations. This may have knock on impacts in respect of confidence in our application of the Standards. The Non-Executive Whistleblowing Champion is looking to engage more routinely, and at an earlier stage with those raising concerns, which may help to mitigate this risk.

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impacts**

Not applicable.

### **2.3.7 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.8 Route to the Meeting**

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

## 2.4 Recommendation

- **Awareness** – The Board is asked to note the content of the attached Annual Whistleblowing Performance Report 2025/26 which is in line with the requirements of the Standards and will be available on the NHS Lothian Staff pages of the Internet.
- **Assurance** – The Board is asked to agree and accept **moderate** assurance based on the evidence presented that systems and processes are *in place* to help create a culture in NHS Lothian which ensure staff have confidence in the fairness and objectivity of the procedure through which their concerns are raised and acted upon.
- **Assurance** – The Board is asked to accept **limited** assurance in our *capacity to implement* the Standards particularly in relation to investigations and provide outcomes in a timeous manner, primarily due to our current limitations around the availability of investigators.

## 3 List of appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Report



# Whistleblowing Performance Report 2025/26

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(Includes Q4 performance data)

Kerran Reeder  
Whistleblowing Programme and Liaison Manager

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## Whistleblowing Concerns – 2025/2026

### Context

This is the 5th annual report, produced in line with the National Whistleblowing Standards (the Standards). The Standards set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

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

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

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

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

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

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

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

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

### **Areas covered by the report.**

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

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

### **Implementation and Raising Awareness**

During 2025/26 we have

- Continued to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- Established an investigators network, which not only includes those who undertake whistleblowing investigation but anyone who could undertake an investigation.
- Worked with our Speak Up Service, Partnership/Trades Union colleagues and services to run a successful Speak Up Week in October 2025.
- Continued to review and improve our processes based on learning and experience.
- Continued to work with our Speak Up Ambassadors to support improvement, learning and to take any appropriate actions in response to concerns raised.
- Continued to provide performance updates and reports to PSEAG, Staff Governance Committee and the Board.
- Developed and introduced additional feedback mechanisms for whistleblowers and other involved in the whistleblowing process.

Our plans for 2026/27

- Continue to promote the Standards and how to raise concerns safely.
- Continue to work with our Speak Up Ambassadors understand the barriers to raising concerns and what actions can be put in place to mitigate.

- Continue with our annual communications plan, raising awareness of TURAS training modules, lunch and learn sessions and general awareness of how to raise concerns.
- Continue with the work undertaken by the investigators network, to train and share best practice with investigators.
- Participate in any review of the National Whistleblowing Standards.

## Performance Information April 2025 – March 2026

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

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

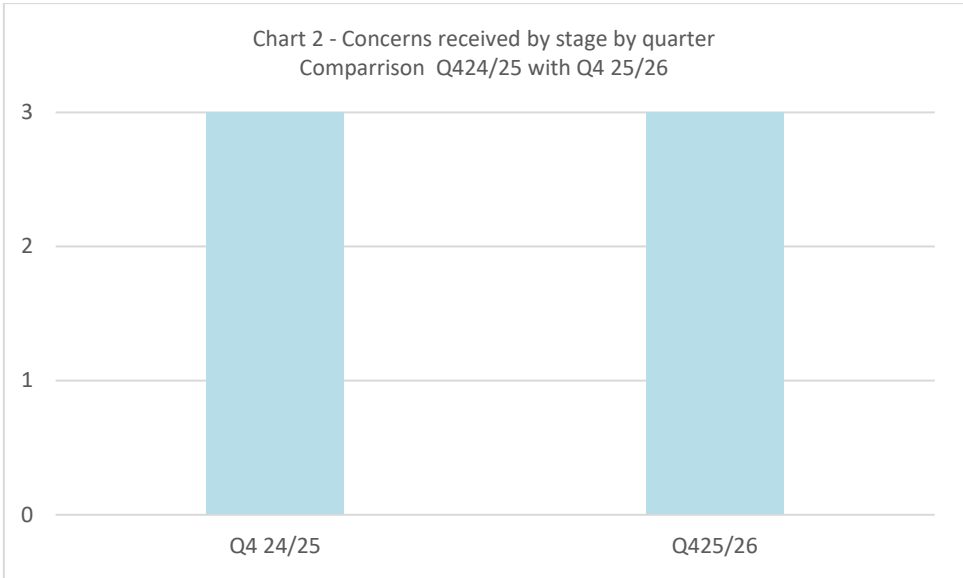
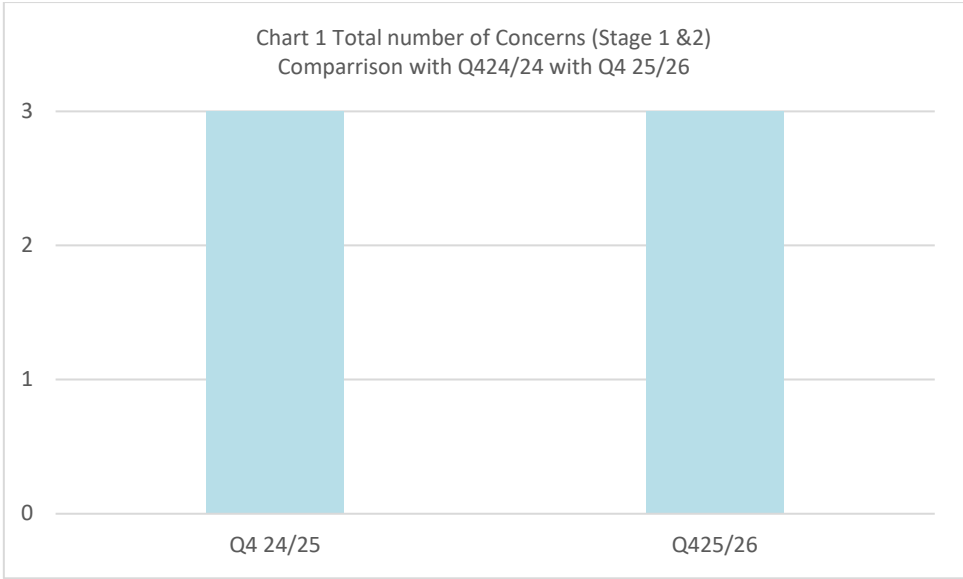
Our Annual Report also covers information specifically relating, where applicable to Quarter 4 - 2025/26. Comparisons are also provided on performance against the previous reporting year.

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

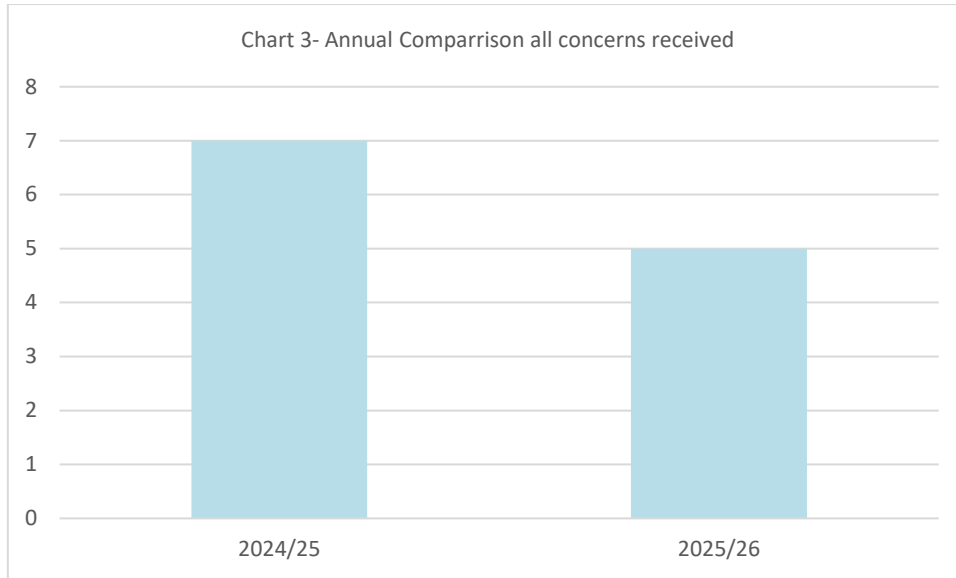
During Q4 2025/26, three new stage 2 whistleblowing concerns were received. During the same Quarter in 2024/25, three stage 2 concerns were received.

Chart 1 shows the total number of concerns received in Q4 2025/26 compared with Q4 2024/25. Chart 2 provides a break down of the number of concerns received at each stage of the whistleblowing process over the same period.

No stage 1 concerns were received in either year during Q4. Chart 3 provides year on year comparisons.

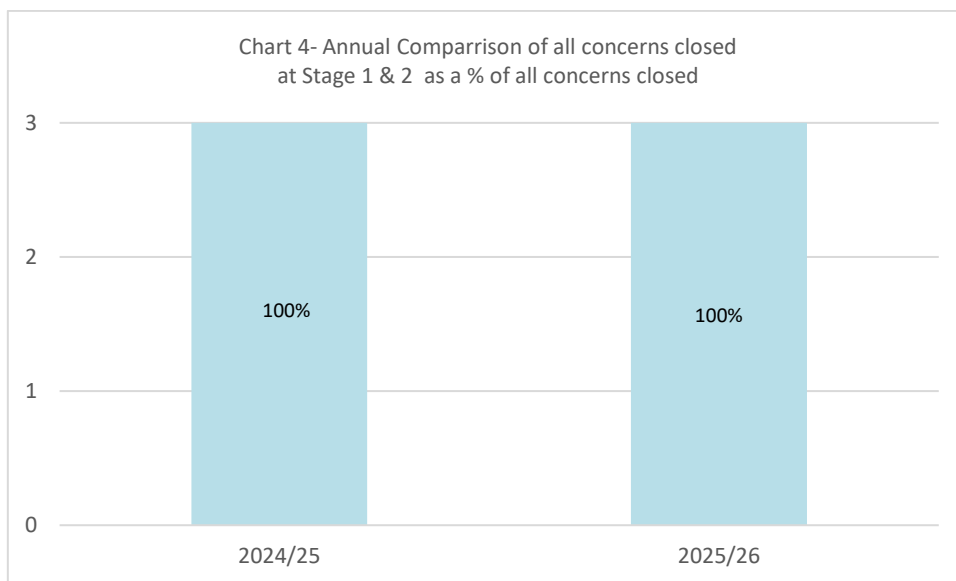


No stage 1 concerns were received during Q4 in either year.



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

During Q4, 3 concerns were closed. In comparison 3 were closed during the same period of the previous reporting year. Chart 4 provides year on year comparison for this indicator.



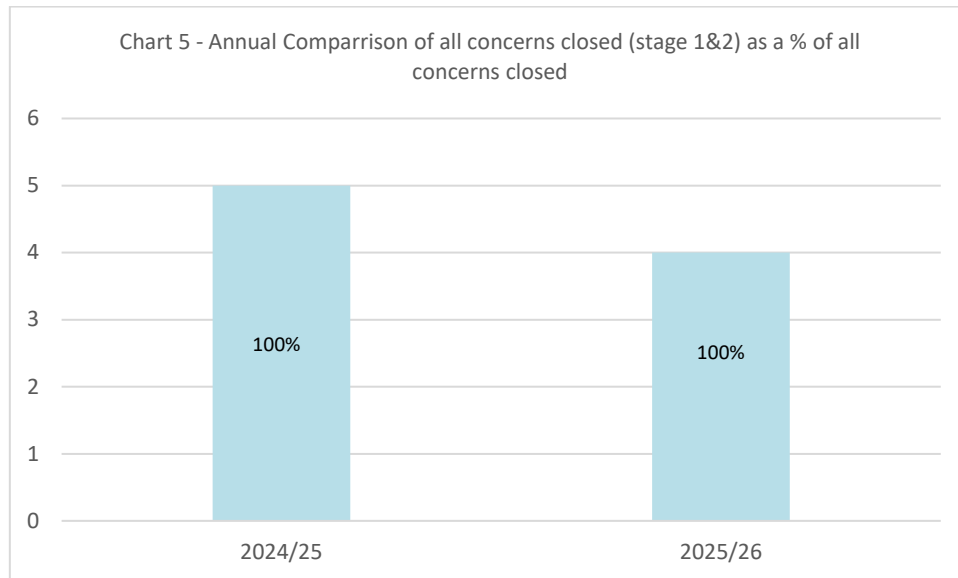
**Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.**

**The definition of a stage 1 concern** - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days. No stage 1 concerns were received in Q4 either this or last year.

During the current reporting year, no stage 1 concerns were received.

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

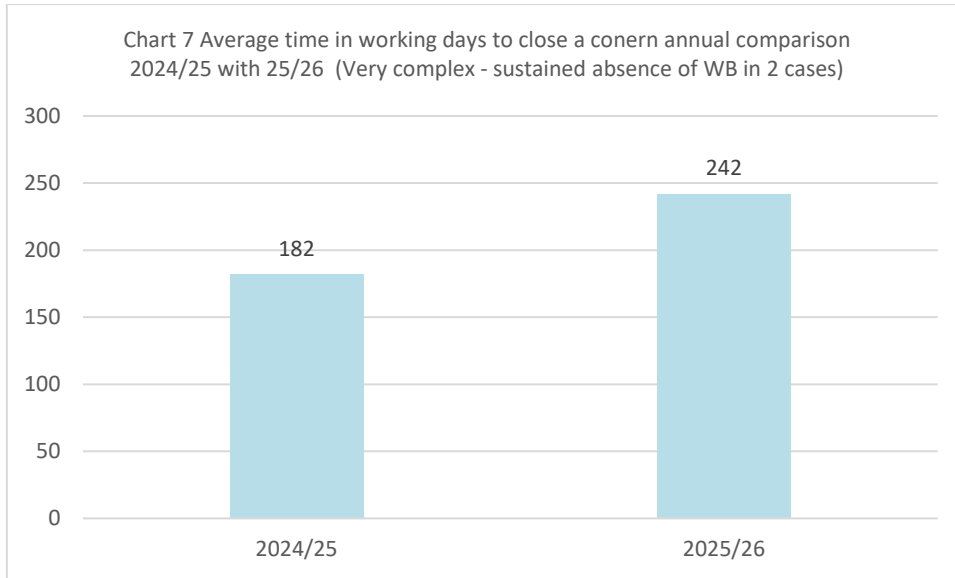
Chart 5 below provides a comparison of concerns closed at stage 1 and stage 2 as a percentage of all concerns closed over this and the last reporting year.



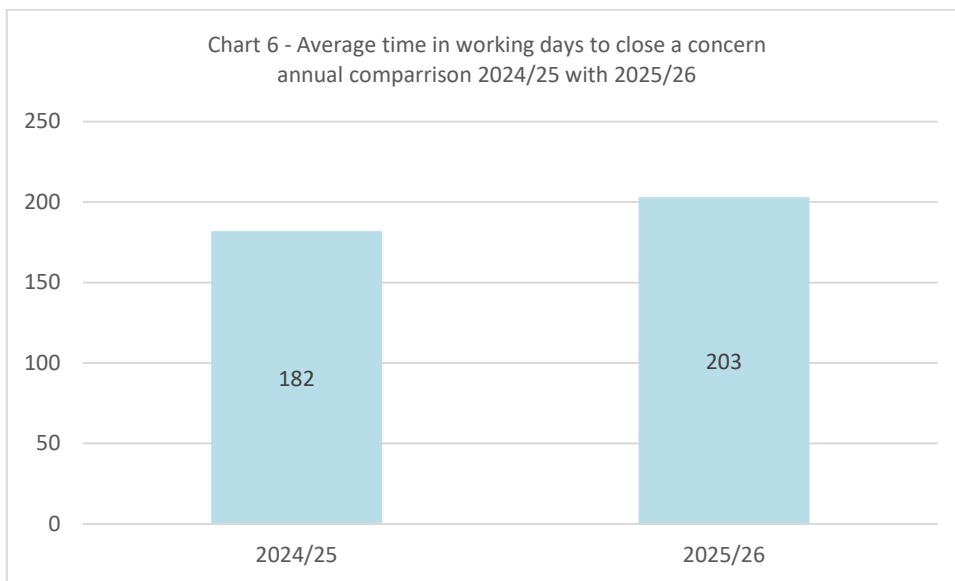
\*\*\*\*

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

Chart 6 below details the average number of working days across both reporting years for a case to close. As can be seen from the Chart 6, the average number of days to close concerns continues to rise. This can be attributed to the complexity of the cases received, the limited number of trained investigators (which is currently being addressed following a fall from 12 to 7 in 2025/26). and the availability of those with whom the investigators wish to meet (which can add significantly to timeframes when annual and other unplanned leave is factored in). It should also be recognised that the current pool of whistleblowing investigators take on this additional work, alongside their substantive roles, though an alternative to this is being progressed as part of work to address the reduction in the investigator pool.



The table below illustrates the average number of working days when not impacted by sustained absence of the Whistleblower, resulting in delays to the progression of the investigation.



Other factors, such as sustained absence of the WB, not only extend the duration of whistleblowing investigations in isolation, but also intensify the impact of routine operational delays, such as annual leave. In very complex cases, the presence of multiple witnesses, extensive documentation, and multifaceted concerns means that any unforeseen disruption —such as investigator absence or scheduling conflicts—has a disproportionately greater effect. These cases require increased coordination, a higher volume of meetings, and extended periods for analysis and report writing, making them particularly susceptible to delays linked to staff availability.

Furthermore, where there are changes in personnel—for example, the allocation of a new investigator—the time required to onboard and re-establish investigative momentum adds to the timescale. In one instance, the phase required for report production coincided with the Christmas holiday period, significantly delaying progress. This illustrates how multiple factors can combine to extend timelines, making routine factors such as annual leave more prevalent, thereby compounding delays and prolonging overall investigation timelines.

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

No concerns were closed in this quarter or across the reporting year within the set timescales of 5 or 20 working days. This has been attributed to the complexity of the cases being raised under the whistleblowing policy and which are currently being investigated. Other factors out with the control of the investigators, for example periods of annual leave or more people coming forward and wishing to speak to them during their investigation, are also seen as contributing to the time taken to complete investigations.

### Concerns where an extension was authorised.

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

### Primary Care Contractors

Primary care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards. In total 153 returns were received for quarter 4, details are outlined below, this compares to a total of 143 returns over the same quarter last year.

	Quarter 4 2024/25					Quarter 2025/26			
	No	%*	Stage 1	Stage 2	Outcome	No	%	Stage 1	Stage 2
<b>GP Practices</b>	84	72	0	0		79	69	0	0
<b>Dental Practices</b>	36	21	0	0		49	27	0	0
<b>Optometry Practices</b>	20	19	0	0		21	20	0	0
<b>Community Pharmacies</b>	3	2	0	0		4	2	0	0

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

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

As at the end of Q4 there were 22 locally contracted suppliers who are not contracted through National Procurement. The number of local suppliers varies throughout the year, as contracts end, and new contracts commence. Where relevant the tender document for new contracts includes information on locally contracted suppliers' responsibilities in relation to whistleblowing and the process for raising concerns. No concerns have been recorded for Q4.

### Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable.

NHS Lothian has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information'.

Two anonymous concerns were received in Q4, and three during the reporting year 2025/26.

### Learning, changes or improvements to services or procedures

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers. However, as a Board we have identified four key areas of process and procedure learning, **Confidentiality, Communications, Clarity and Capacity**.

- The **confidentiality** of a whistleblower or witnesses involved in an investigation are paramount. The identity of those raising a concern is not important, the important thing is that concerns are investigated and where necessary, actions are put in place to address them.
- **Regular communications** are key. By sharing investigation findings, while retaining the integrity and confidentiality of individuals involved in the process, we can learn from concerns raised.

- It is important to have **clarity on** what the strands to the concern are and what resolution the whistleblower is looking for. Guidance on Stage 2 investigations and an FAQ has been published.
- **Building investigator capacity** and experience is essential. We have established an investigators network to share knowledge and experience and currently working on expanding the investigator pool and capacity through the staff bank.

For each complaint that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the Standards, this is principally the Executive Medical or Nurse Directors.

Action plans continue to be monitored by the Executive Director, whilst actions transition from the whistleblowing process to business-as-usual action/improvement plans.

In relation to local and system-wide learning, processes are now in place to capture and through the Executive Director commissioning the investigation, will be shared at the appropriate forums.

### **Level of staff perception, awareness and training**

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required.

Communications continue to promote raising concerns in NHS Lothian and how this can be done. We recognise the impact that lengthy timescales can have on the confidence of those raising concerns, and are committed to improving our performance in this respect through the above noted actions as a means of strengthening staff perception.

### **Whistleblowing and Speak Up**

The stage 2 concerns received this quarter and year were raised through the Speak Up Service, the Board's identified confidential contacts.

Work will continue during 2026/27 with the Speak Up Ambassadors to more fully understand the barriers which staff perceive to raising concerns through the line management structure.

### **Whistleblowing Themes, Trends and Patterns**

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

Theme*	Q4 24/25	Q4 25/26	Year 24/25	Year 25/26
Patient Care / Safety	5	2	12	9
Poor Practice	0	2	4	5
Unsafe Working Conditions	1	2	2	3
Breaking Legal Obligations	0	0	1	1
Abusing Authority	1	1	2	2

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

### Concerns raised by Division

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

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

**Meeting:** NHS Lothian Board  
**Meeting date:** 24 June 2026  
**Title:** Area Clinical Forum Report  
**Responsible Executive:** Eddie Balfour, Chair of Area Clinical Forum  
**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	<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

The Lothian Area Clinical Forum (ACF) Report is a standing item on the Board's agenda. Its purpose is to provide the NHS Lothian Board with a summary of the key matters considered and discussed at recent meetings of the ACF, in line with the ACF's approved Terms of Reference.

### 2.2 Background

The ACF is a formal statutory advisory committee of NHS Lothian. It exists to ensure that the collective professional voice of healthcare staff informs Board-level decision-making, and governance. The Report provides specific assurance that:

- Multidisciplinary clinical and professional perspectives are being heard;
- Emerging risks, pressures, or system wide concerns are being discussed in an appropriate clinical forum; and
- Professional Advisory Committees (PACs) are functioning effectively and raising relevant issues.

This supports the Board in meeting its duties around quality governance, workforce governance, and clinical assurance.

### 2.3 Assessment

The ACF Report is primarily intended for awareness and to offer assurance to the Board that the ACF is fulfilling its advisory function. Therefore, the ACF Report will generally feature within the Board's Consent Agenda, for noting.

### 2.4 Recommendation

- **Awareness** – The Board is asked to note the Report.
- **Assurance** – The Board is asked to accept assurance that the ACF is fulfilling its roles as an Advisory Committee to the Board.

## 3 List of appendices

The following appendices are included with this report:

- **Appendix 1, Area Clinical Forum Report – 21 April 2026**

This Report provides a brief summary of key matters discussed at the most recent meeting of the Lothian Area Clinical Forum on 21 April 2026.

## **1. Governance and Business**

- The ACF approved the minutes of its previous meeting (3 February 2026)
- The ACF noted that its revised Terms of Reference had been approved by the Board. Each of the Professional Advisory Committees (PACs) were aware of the need to review their own Terms of Reference, aiming to improve consistency.

## **2. Sub-National Planning and Strategic Challenges**

- The Director of Strategic Planning provided a comprehensive update on sub-national planning, including its key strategic aims, challenges, financial constraints, governance complexities, and the importance of engagement with staff and the public.
- It was noted that the sub-national approach was focused on prevention, access, sustainability, and service transformation. The key priorities included shared systems, MyCare.Scot, emergency care, and financial sustainability.
- Major challenges included pre-existing workforce pressures, service variation, and achieving 3% recurrent efficiency savings. It was noted that NHS boards retained their existing levels of statutory accountability and responsibility.
- While ACF members noted the tension between delivering efficiency savings and expanding prevention work, they were keen to know how the ACF could help in supporting the sub-national planning objectives.

## **3. Professional Advisory Committee (PAC) issues**

- The ACF received and noted the meeting minutes from several PACs which highlighted key issues emerging across professional groups, including:
  - Workforce in dentistry continued to demonstrate a reliance on overseas graduates.
  - Nursing and Midwifery reported some positive workforce and recruitment developments but remained cautious about the ability to meet projected future demands for trainee nurses.
  - Digital innovation and transformation had been discussed within various PACs.
  - Developments in community-based services continued, including optical and pharmacy initiatives.
  - Continued challenges relating to the physical working environment in Psychological Services, with potential service impacts.
- The ACF Chair undertook to escalate relevant matters to Executive colleagues as appropriate.

## **4. Emerging Strategic Issues**

- The Director of Finance will attend the next ACF meeting on 23 June to brief members about the key financial objectives and challenges for NHS Lothian during 2026/27.
- It was noted that the NHS Lothian Quality Strategy would be reviewed and a discussion with the Associate Director of Quality would be sought, in order to provide professional input.

**Meeting:** NHS Lothian Board  
**Meeting date:** 24 June 2026  
**Title:** Board Appointments – June 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 membership of the City of Edinburgh and West Lothian Integration Joint Boards.

#### **City of Edinburgh Integration Joint Board**

In Line with [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) the following nomination to Integration Joint Board membership is being presented for the Board's approval:

#### **Voting Members**

- **Ms Heather Campbell**, Non-Executive Director, was an interim Voting Member appointment to the City of Edinburgh IJB from 4<sup>th</sup> February 2026 for 6 months. This appointment will now be extended, from 4<sup>th</sup> August 2026 to 4<sup>th</sup> February 2029 to allow completion of the three-year term.

#### **West Lothian Integration Joint Board**

In Line with [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) the following nomination to Integration Joint Board membership is being presented for the Board's approval:

#### **Non-Voting Member**

- Re-appointment of **Dr Douglas McGown**, as a non-voting member of the West Lothian Integration Joint Board and specifically as the "registered medical practitioner whose name is on the list of primary medical services performers" with effect from 20<sup>th</sup> June 2026 (for a further three-year term).

### 2.2 Background

[The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) determines the membership of integration joint boards. In addition to the appointing a number of Voting Members, the NHS Board is required to appoint a person to each of the following non-voting positions on an IJB, under Regulation 3(1):

- *"(f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;*
- *(g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and*
- *(h) a registered medical practitioner employed by the Health Board and not providing primary medical services."*

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 refers to actual or anticipated gaps in the membership of City of Edinburgh and West Lothian Integration Joint Boards. It is not considered that there needs to be an entry on a risk register.

#### Key Risks

- An IJB is unable to meet and transact key business due to not achieving quorum, leading to a disruption and delay in the conduct of governance activities.
- An IJB 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

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

- The appointment of **Ms Heather Campbell**, Non-Executive Director, as a Voting Member of City of Edinburgh IJB from 4<sup>th</sup> August 2026 to 4<sup>th</sup> February 2029, to allow completion of the three-year term, following the initial 6 months interim appointment.
- The re-appointment of **Dr Douglas McGown**, as a non-voting member of the West Lothian Integration Joint Board and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers” with effect from 20 June 2026 (for a further three-year term).

## 3 List of appendices

- None.

**Meeting:** NHS Lothian Board  
**Meeting date:** 24 June 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 – June 2026**

## 1. NHS Scotland Board Chief Executives / Executive Group Update

I continue to engage closely with the Board Chief Executives, supporting a strengthened focus on collective leadership, delivery oversight and cross-system collaboration in response to national challenges.

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

- Ongoing management of planned care waiting times and wider system flow pressures. Detailed analysis of the longest waits has been reviewed and refined with Board Chief Executives, with a shared view emerging that improvement will require targeted action in specific specialties and boards.
- Engagement with national partners to support delivery and system working, including a joint session with Police Scotland to explore how to support people in distress consistently and effectively together. This led to agreement to develop a formal commission, with Board Chief Executives setting a clear expectation for pace and collective ownership of the next phase of work.
- The June Board Chief Executives post-election engagement with the Chief Operating Officer on health and social care transformation as a part of the wider public services reform agenda. This also featured important business such as progressing MyCare.scot and PACS programmes.
- Continued progress of the Board Chief Executives' leadership agenda, including structured development time focused on collective leadership, reflection on progress since March, and use of action learning approaches to support peer-led improvement.
- Wider system engagement, including work to input to public service transformation discussions ahead of the Programme for Government, and consideration of how NHS leadership aligns with emerging cross-sector arrangements.

## 2. Subnational Work

Board members have been kept apprised, through SPPC and informal briefings, of the continuing work being undertaken in the subnational planning and delivery space. Members will recall that the ask outlined in DL (2025) 25 was met with the submission of a combined national plan on 31<sup>st</sup> March, and that this was during the pre-election period. New Cabinet Secretaries and Ministers were appointed during late May and have been digesting the work as part of their induction briefings.

We expect formal feedback from the Scottish Government shortly, but the positioning of the new government seems aligned and coherent with the approach that the DL laid out.

The lead Chief Executives for SPDCs East and West have been written to recently regarding the process for elective access funding and asked to take the lead role in bringing together a national position, and it is expected that there will be some oversight delegated to the SPDCs to take this forward. We understand that this will be an increasingly common ask of the service going forward.

Members will note that subnational working is the subject of one of the organisation's Corporate Objectives for the 2026/27 year.

### **3. Mental Welfare Commission**

The Mental Welfare Commission (MWC) has continued their programme of inspection visits across mental health and learning disability services throughout 2025/26. In May 2025, Healthcare Improvement Scotland and the Mental Welfare Commission carried out an unannounced inspection to review the safe delivery of care within the Melville Unit at the Royal Hospital for Children and Young People.

Healthcare Improvement Scotland and the Mental Welfare Commission highlighted both areas of good practice and requirements/recommendations as noted in the report published 23 November 2025.

Positive findings included observing passionate staff, support for newly qualified nurses, quality improvement initiatives within the unit to reduce restraint when administering nutrition by artificial means and clear, structured rundowns and huddles that were well attended by MDT.

The inspection identified a total of 14 requirements and 2 recommendations for improvement, focusing on:

- Restrictive Practices including NG feeding under restraint
- Legal compliance & MHA authority to treat
- Workforce, team dynamics and capability
- Meaningful activity & therapeutic environment
- Engagement with families & young people
- Quality standards and record keeping

On 23 March 2026, MWC carried out an announced follow up visit in relation to the May 2025 joint visit. Their report was published on 17 June 2026 - [Local Visit Report](#)

NHS Lothian has three months from publication to provide an action plan. The report describes demonstrable improvement since the 2025 visit and makes five recommendations regarding:

- Communication with parents and carers
- Safeguarding processes
- Care planning

- Culture of staff psychological safety
- Recording restraint

All of these recommendations have current actions against them in the existing action plan and significant progress has already been made against the actions. There will be further updates in due course.

#### **4. Waverley Court Update**

On 22 June, we began the transition of our Corporate Headquarters colleagues from Westport to Waverley Court. This will take approximately three weeks and also provides an opportunity to relocate some colleagues in those services based elsewhere, which supports our broader estate management. The move transpired shortly after joining NHS Education for Scotland at Westport in autumn 2024, when Scottish Government advised that lease renewal of a commercial property could not be supported as originally expected. This was in line with updated ministerial direction about the use of public sector estate.

The option of moving to Waverley Court, owned by City of Edinburgh Council, had been considered in the process which identified Westport in 2024. This meant that it was possible to determine it as the best value approach from the available options, enabling us to co-locate with other public sector tenants in a city centre location in a cost-effective way, minimising disruption for staff. Whilst a positive move that offers exciting opportunities to strengthen our relationships and collaborative working with the Council, for staff in corporate headquarters this has been a second move in relatively quick succession. Thanks go to them for their forbearance, and the project team for skillfully navigating another complex move.

#### **5. Celebrating Our Staff**

I am delighted to report that the finalists for the NHS Lothian Celebrating Success Awards 2026 have been announced: <https://news.nhslothian.scot/celebrating-success-finalists/>. I know the Board will warmly congratulate all the finalists on their achievement and we are all very much looking forward to this year's ceremony on Friday, 2 October.

**Meeting:** NHS Lothian Board  
**Meeting date:** 24 June 2026  
**Title:** Performance Report  
**Responsible Executive:** Jenny Long, Director of Innovation and Transformation  
**Report Author(s):** 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 provides an overview of current operational performance across NHS Lothian, highlighting areas of progress and areas of highest delivery risk based on the latest available data.

The accompanying performance pack presents a focused set of indicators aligned to national standards and trajectories. Members should note that this report represents the final iteration of the current performance pack, with a transition underway to the Integrated Performance and Quality Report (IPQR) from August 2026.

### 2.2 Background

The national NHS Board Delivery Framework<sup>1</sup> 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 Lothian's performance on a quarterly basis.

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<sup>2</sup> 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.

Two NHS Lothian services are currently on escalation:

- CAMHS – escalated to Stage 3 in December 2024
  - Initial Waiting List and RTT trajectories were agreed by Scottish Government in October 2025.
  - Revised trajectories were agreed following the award of national funding to reduce patients waiting longer than 52 weeks by end June 2026.
  - De-escalation criteria from Stage 3 were confirmed in January 2026.
  - NHS Lothian achieved zero patients waiting over 52 weeks ahead of trajectory in April 2026.
  - Scottish Government have acknowledged the progress made to date and are moving towards requesting de-escalation later in 2026.

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<sup>1</sup> [Item-6-Appendix-2-25-26-NHS-Board-Delivery-Plan-Guidance.pdf](#)

<sup>2</sup> <https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/>

- Maternity Services – escalated to Stage 3 in October 2025
  - Improvement plan agreed with HIS and implementation ongoing.
  - Regular engagement with Scottish Government on progress and to determine the de-escalation criteria.

## 2.3 Assessment

Overall, performance remains mixed:

- There is sustained progress in reducing the longest waits, particularly within planned care and CAMHS.
- Activity levels in a number of services are meeting or exceeding plan.
- However, performance across a number of key access standards remains below national expectations, reflecting ongoing system pressures and capacity constraints.

### Areas of improvement

There has been continued progress in a number of areas:

- **Reduction in longest waits (planned care):**  
Outpatient waits over 52 weeks (4,518) are outperforming trajectory, and inpatient waits (1,952) continue to reduce, albeit slightly behind plan
- **CAMHS long waits eliminated:**  
No patients were waiting over 52 weeks as at April 2026, ahead of planned trajectory
- **Diagnostics backlog reducing:**  
Long waits for both endoscopy and radiology are decreasing, supported by targeted additional activity
- **Delayed discharges improved:**  
Performance has recovered following winter pressures, supporting improved system flow
- **Women and Children’s services performing strongly:**  
IVF performance (100%) and antenatal access (>80%) remain consistently above national standards

These improvements indicate that targeted actions to increase capacity and address long waits are having a positive impact.

### Areas of highest delivery risk

The most significant risks relate to sustained underperformance against national access standards:

- **Unscheduled care flow:**  
A&E 4-hour performance remains significantly below the 95% standard (65%), reflecting continued pressure on hospital flow and bed capacity
- **Cancer performance (62-day pathway):**  
Performance remains well below the 95% standard and below local trajectory

(64.9%), reflecting system constraints across diagnostics, outpatient and surgical capacity

- **Diagnostics capacity constraints:**

Despite improvements, performance remains below standard, particularly in endoscopy (41.8% within 6 weeks)

- **Mental health access:**

Performance for psychological therapies (76.2%) and CAMHS (63.1%) remains below the 90% standard, reflecting capacity and demand pressures

While performance in these areas is generally stable, sustained improvement is constrained by underlying capacity and system flow challenges.

## **System context**

Across services, the current position reflects a consistent pattern:

- **Demand remains high but broadly stable**, including across urgent care and primary care activity
- **Flow remains the primary constraint**, with bed occupancy and downstream capacity limiting performance improvements
- **Delivery is increasingly dependent on targeted additional capacity**, including insourcing, High Impact Lists and national funding

This reinforces the need for continued focus on whole-system flow, productivity and pathway redesign alongside recovery of backlogs.

### **2.3.1 Quality/ Patient Care**

Healthcare Governance Committee (HCG) receive ongoing updates regarding quality, safety and patient / service-user experience.

### **2.3.2 Workforce**

The most recent workforce report was considered by the Staff Governance Committee in March 2026.

### **2.3.3 Financial**

Trajectories are updated based on Scottish Government funding allocation decisions and submitted to Scottish Government for sign off. Trajectories can change in year dependent on allocation of any additional funding.

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.

## **2.4 Recommendation**

- **Discussion** – Members are asked to examine and consider the implications of the performance position described in this paper.
- **Awareness** – Members are asked to note the current performance position and the transition to the Integrated Performance and Quality Report from August 2026.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, NHS Lothian Board Performance Summary June 2026



NHS Lothian Board  
Performance Summary

June 2026

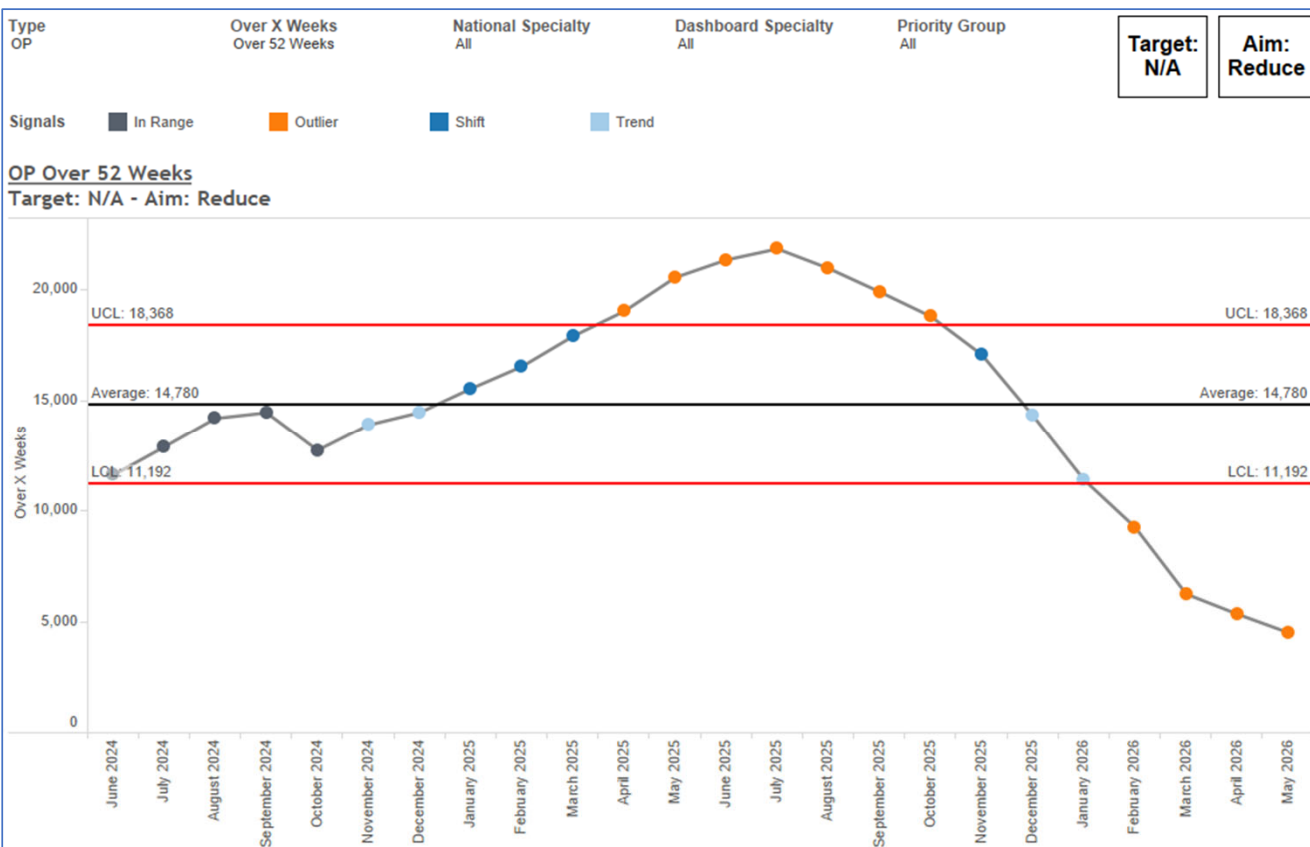
# Overview of NHS Lothian Board Indicators

Domain	Key measures	Latest data	Interpretation
Planned Care	Percentage of patients waiting no longer than 12 weeks from referral to a consultant-led new outpatient appointment	63%	Below the national standard of 95%, and below the Scottish average of 65.5%
	New outpatient waits >52 Weeks	4,518	Surpassing the planned trajectory
	Percentage of patients waiting no longer than 12 weeks following the decision to treat as an inpatient or daycase (Treatment Time Guarantee (TTG))	57%	Below the national standard of 100%, and in line with the Scottish average of 57%
	Inpatient and day case waits >52 Weeks	1,952	Slightly behind the planned trajectory of 1,922
	Diagnostic Tests – Endoscopy Percentage of waits currently within 6 weeks	41.8%	Below the national standard of 100%, and below the Scottish average of 52%
	Diagnostic Tests – Radiology Percentage of waits currently within 6 weeks	78.3%	Below the national standard of 100%, and in line with the Scottish average of 78%
Urgent and Unscheduled Care	Percentage of patients waiting no longer than four hours from arrival to admission, discharge or transfer for A&E treatment	65%	Below the national standard of 95%, and slightly below the Scottish average of 68%
	Number of all delayed discharges at monthly census point	199	Below the Scottish average, representing 10% of all NHS Scotland delays
Cancer Care	Percentage of patients diagnosed with cancer to begin treatment within 31 days of decision to treat	94.4%	Slightly below the national standard of 95%, and in line with the Scottish average of 94.7%
	Percentage of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	64.9%	Below the national standard of 95%, and below the Scottish average of 71.4%
Mental Health	Percentage of patients to commence Psychological Therapy based treatment within 18 weeks of referral	76.2%	Below the national standard of 90%, and below the Scottish average of 81.1%
	Percentage of young people to commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	63.1%	Below the national standard of 90%, and below the Scottish average of 92%
Primary Care	General Practice activity as a proxy for access	100,244 in-hours consultations per week	Within normal variation; demand high but stable.
Women and Children's Health	Percentage of eligible patients commencing IVF treatment within 12 months of referral	100%	Above the national standard of 90% and in line with the Scottish average
	Percentage of pregnant women with booked antenatal care by the 12 <sup>th</sup> week of gestation	87.7%	Above the national standard of 80%
Population Health	To sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas	166 quits	Below the quarterly trajectory forecast of 296 quits

# Planned Care – New Outpatients

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

## Outpatient Waiting List Size >52 Weeks



KPI	Latest Performance (May 2026)	Notes
<b>Total List Size</b>	81,034	NHS Lothian total new outpatient waitlist represents 17.0% of the NHS Scotland total new outpatient waitlist as per Public Health Scotland published data for April 2026
<b>Waits &gt; 12 weeks</b>	38,807	
<b>Waits &gt; 52 weeks</b>	4,518	Performance is surpassing the planned trajectory for May of 5,341
<b>Waits &gt; 78 weeks</b>	845	
<b>Waits &gt; 104 weeks</b>	151	
<p><b>Performance against the national standard: 95% of patients to wait no longer than 12 weeks from referral to a consultant-led new outpatient appointment: 63% for April 2026, compared with 65.5% Scotland average; 59.7% for March 2026, compared with 59.2% Scotland average. (Latest published Public Health Scotland Data)</b></p>		

# Planned Care – New Outpatients

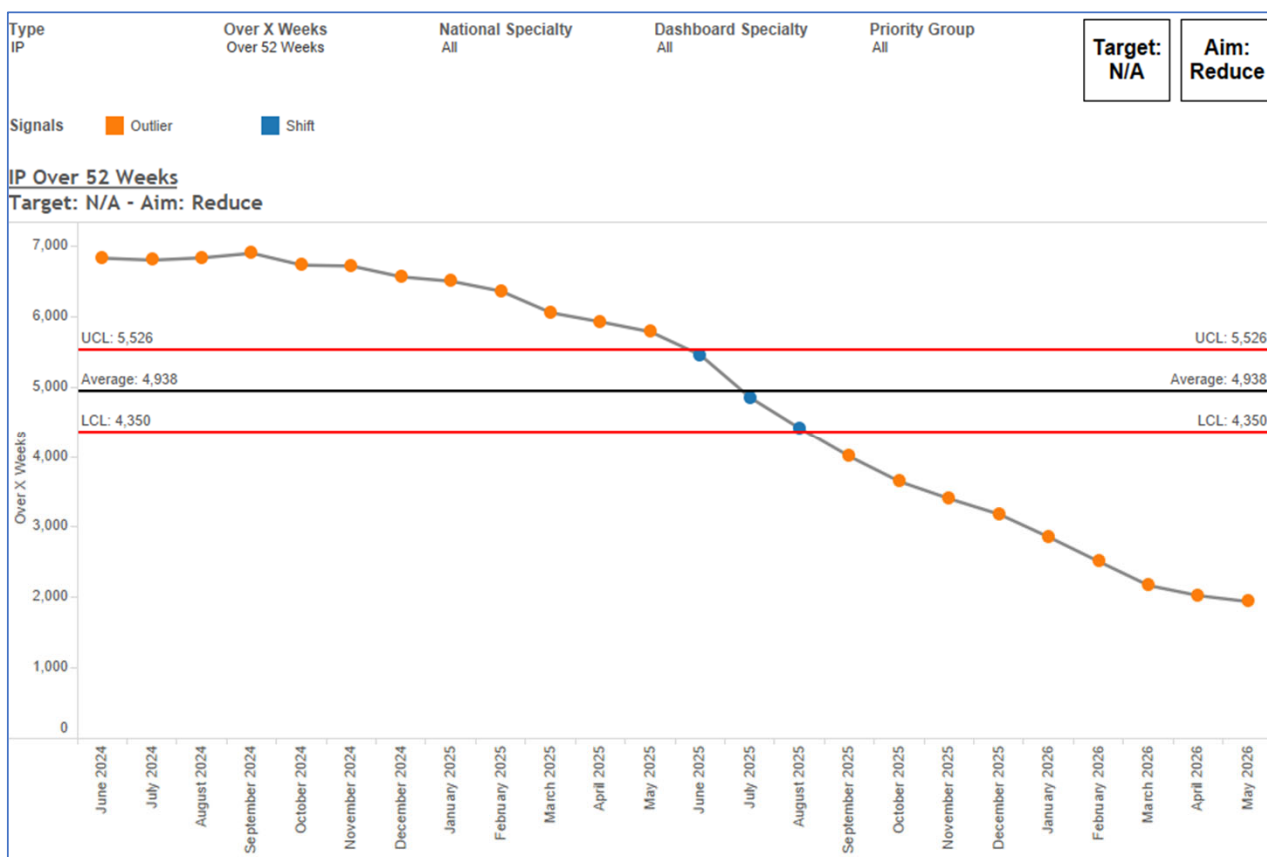
<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

Summary	Actions	Assurance
<p>At the end of May 2026, performance for Outpatients waiting over 52 weeks was better than trajectory by more than 800 patients.</p> <p>Although additions to the waiting list were 5% above plan in May (4.2% above plan year-to-date), activity levels for the month were 5.3% better than planned, with year-to-date activity also above plan at 7.7%.</p> <p>The trajectory agreed with Scottish Government for Outpatients waiting over 52 weeks by the end of June 2026 is 4,791 patients.</p>	<p><b>Access and Activity Management</b> 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><b>Additional Capacity and Funding</b> A request has been submitted to the Sub-National team to access additional funding being made available by the Scottish Government. This will support ongoing High Impact Lists, insource and external provision in the longest waiting areas, especially Gynaecology.</p> <p><b>Workforce Recruitment</b> There were some posts funded through the additional allocation received for 2025/26 that were not filled due to lack of suitable candidates, for example in both Dermatology &amp; General Surgery. Recruitment is however continuing to progress for these and any other remaining posts.</p> <p><b>High Impact Lists</b> High Impact Lists (HILs) continue to deliver additional capacity for long-waiting patients in key specialties. These have been agreed to continue to the end of Q2 with 2,284 patients seen to date since 1 April 2026.</p> <p><b>Performance Management</b> Key Performance Indicators (KPIs) are in place for the Outpatient Delivery Group, including stretch targets for reducing Did Not Attend (DNA) rates.</p> <p><b>Waiting List Validation</b> This is now embedded, with all patients contacted at 26 weeks to confirm ongoing need and every 6 months thereafter until they are seen.</p>	Moderate

# Planned Care – Inpatient and daycase (TTG)

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

## Inpatient and day case Waiting List Size >52 Weeks



KPI	Latest Performance (May 2026)	Notes
<b>Total List Size</b>	22,934	NHS Lothian total inpatient and daycase waitlist represents 13.8% of the NHS Scotland total inpatient and daycase waitlist as per Public Health Scotland published data for April 2026
<b>Waits &gt; 12 weeks</b>	13,718	
<b>Waits &gt; 52 weeks</b>	1,952	Performance is slightly behind the planned trajectory for May of 1,922
<b>Waits &gt; 78 weeks</b>	332	
<b>Waits &gt; 104 weeks</b>	44	

**Performance against the national standard: 100% of patients to wait no longer than 12 weeks following the decision to treat as an inpatient or daycase (Treatment Time Guarantee (TTG)):** 56.9% for April 2026, compared with 57% Scotland average; 54.5% for March 2026, compared with 53.9% Scotland average. (Latest published Public Health Scotland Data)

# Planned Care – Inpatient and daycase (TTG)

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

Summary	Actions	Assurance
<p>At the end of May 2026, performance for Inpatients waiting over 52 weeks was slightly worse than trajectory by around 30 patients.</p> <p>Activity levels for the month were 9.7% better than planned, with year-to-date activity also above plan at 8.9%. Additions to the waiting list were less than plan by -13.8% and -3.0% below plan for the year-to-date.</p> <p>The trajectory agreed with Scottish Government for Inpatients waiting over 52 weeks by the end of June 2026 is 1,692 patients.</p>	<p><b>Governance and Oversight</b> 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><b>Additional Capacity and Funding</b> A request has been submitted to the Sub-National team to access additional funding being made available by the Scottish Government. This will support ongoing High Impact Lists and also some external provision in the longest waiting areas.</p> <p><b>National Treatment Centre Capacity</b> 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><b>High Impact Lists</b> Additional capacity is being delivered through High Impact Lists (HILs), specifically targeting long-waiting patients in key specialties. These have been agreed to continue to the end of Q2 with 200 patients seen to date.</p> <p><b>Workforce Recruitment</b> There were some posts funded through the additional allocation received for 2025/26 that were unable to be filled due to lack of suitable candidates or change in subspecialty need for example in General Surgery &amp; Orthopaedics. Recruitment is however continuing to progress for these and any other remaining posts.</p> <p><b>Embedding Waiting List Validation</b> This is a key action for 2026/27 to ensure that all long waiting patients on TTG waiting lists have been both clinically and administratively validated.</p>	Moderate

# Planned Care – Diagnostics (Endoscopy)

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

KPI	Latest Performance (May 2026)	Notes
<b>Total List Size</b>	4,410	NHS Lothian total radiology waitlist represents 15.5% of the NHS Scotland total endoscopy waitlist as per Public Health Scotland published data at 31 March 2026.
<b>Waits &gt; 6 weeks</b>	2,565	
<b>Percentage of waits currently within 6 weeks</b>	41.8%	Latest Public Health Scotland published data shows at 31 March 2026, 52% of all ongoing NHS Scotland radiology waits had not yet exceeded the six-week standard.
<b>The national standard is that patients should wait no longer than six weeks (42 days) for these diagnostic tests.</b>		

Summary	Actions	Assurance
<p>The overall waiting list size for the four endoscopy tests (upper endoscopy, lower endoscopy, colonoscopy and cystoscopy) has continued to reduce month-on-month with 4,410 patients waiting at the end of May 2026, reducing by 2,543 since the end of April 2025.</p> <p>The number of patients waiting over 6 weeks, has reduced to 2,565 at end of May 2026.</p> <p>75% of patients on the waiting list are prioritised as Urgent or USoC (Urgent Suspicion of Cancer), which remains a key driver of the over 6-week position.</p> <p>Access to Endoscopy within 14 days for USoC patients is challenging with 43.5% currently seen in 14 days, 53.3% in 21 days and 90.5% in 39 days. Diverting more capacity to this however would impact routine and surveillance capacity further.</p> <p>The long wait position is pressured for both new and surveillance patients. As of 31 May 2026, there is a surveillance backlog of 2,950 patients, of which 731 patients are deemed high risk. This is an improvement from previous figures when in March 2026 a surveillance backlog of 3,321 patients, of which 808 patients were deemed high risk, was reported.</p>	<p><b>Insource Provision</b> 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><b>High Impact Lists</b> Additional High Impact Lists are being delivered for USoC and Bowel Screening. By 31 May 2026, 146 endoscopies and 677 flexible cystoscopies have been completed in 2026/27.</p> <p><b>Activity Expansion</b> 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.</p> <p><b>Pre-Assessment and Clinical Revalidation</b> 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><b>Capacity Loss</b> From January 2026, the service has lost nine sessions per week due to the closure of rooms at Leith Community Treatment Centre (LCTC). Where possible, these lists have been re-provided at other Lothian Endoscopy sites, however there is a loss each month until LCTC re-opens in late June 2026.</p>	Limited

# Planned Care – Diagnostics (Radiology)

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

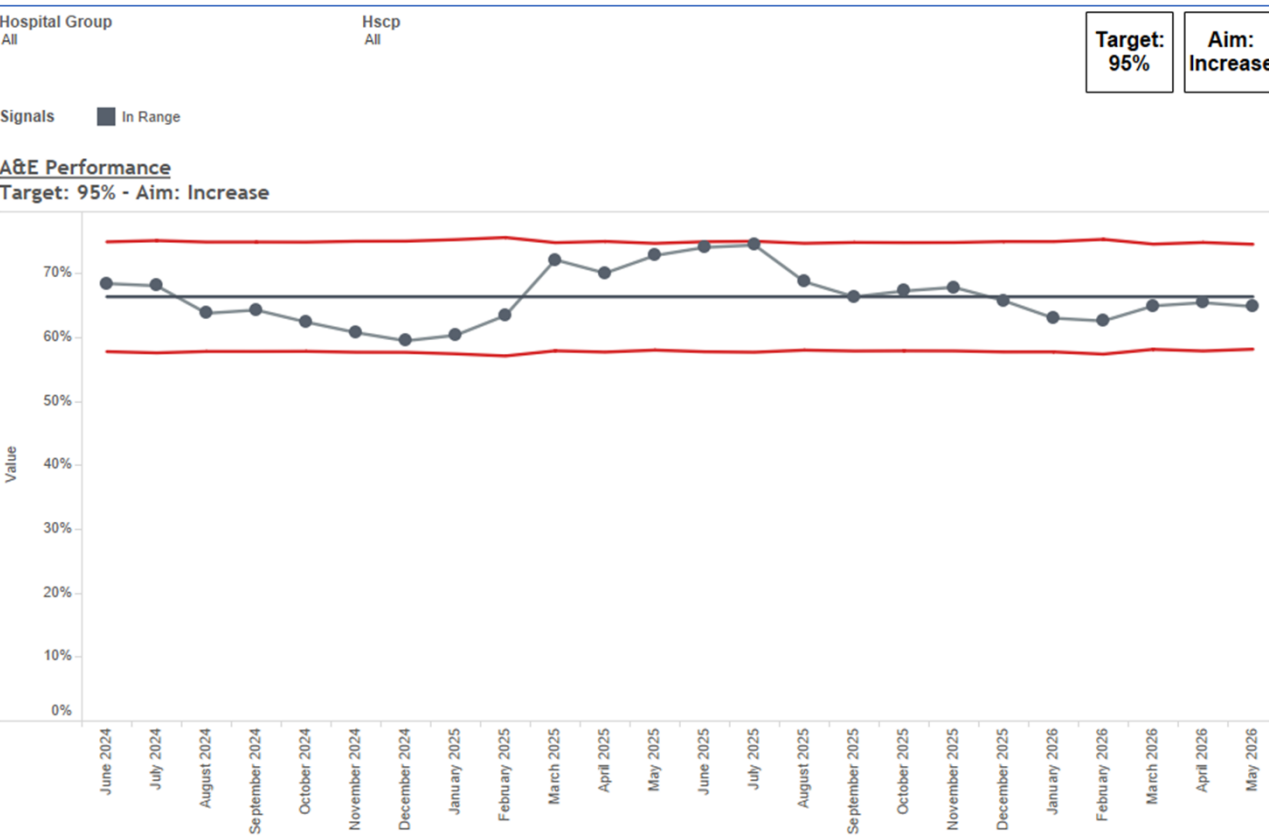
KPI	Latest Performance (May 2026)	Notes
<b>Total List Size</b>	10,532	NHS Lothian total radiology waitlist represents 14.3% of the NHS Scotland total radiology waitlist as per Public Health Scotland published data at 31 March 2026.
<b>Waits &gt; 6 weeks</b>	2,282	
<b>Percentage of waits currently within 6 weeks</b>	78.3%	Latest Public Health Scotland published data shows at 31 March 2026, 78% of all ongoing NHS Scotland radiology waits had not yet exceeded the six-week standard.
<p><b>The national standard is that patients should wait no longer than six weeks (42 days) for these diagnostic tests.</b></p>		

Summary	Actions	Assurance
<p>At the end of May 2026, the total waiting list closing position for the four radiology tests (CT scan, MRI scan, barium studies and non-obstetric ultrasound) was 10,532 patients.</p> <p>The number of patients waiting over 6 weeks was 2,282. The trajectory methodology is currently being reviewed, and position will be updated as soon as confirmed.</p> <p>Overall, the number of patients waiting over 6 weeks has reduced since the end of March 2026 by 738, with the overall waiting list reducing by 1,862 in the same period.</p> <p>The over 6-week position by modality is as follows:</p> <ul style="list-style-type: none"> <li>CT: 528 patients.</li> <li>MRI: 1,323 patients.</li> <li>Ultrasound: 423 patients.</li> </ul> <p>These figures include patients with an appointment and those scanned and awaiting a report.</p>	<p><b>Clinical Prioritisation</b> Patients continue to be scheduled in line with clinical priority, including USoC, Urgent, Inpatient, and Emergency Department cases.</p> <p><b>Mobile MRI Capacity</b> Additional mobile MR vans are on site at RIE (x1), WGH (x1) and Midlothian Community Hospital (MCH) (x1) which is continuing into Q2 2026/27. A phased removal of commercial MR vans will commence once backlogs are fully cleared. These will continue to ensure stability while internal resource is developed.</p> <p><b>Staffing and Rota Expansion</b> RIE and SJH still require staffing and roster changes with recruitment ongoing.</p> <p><b>Ultrasound Insourcing</b> The insourcing company is now in place across WGH and SJH providing 297 scans per month in May/June.</p> <p><b>Additional Reporting Processes</b> The internal reporting process (LORRIS) is operational and delivers an average of 697 reports per month. Performance statistics indicate LORRIS is now providing ~8% of all cross-sectional Outpatient reports. The NHS Scotland additional reporting process (SNRRS) remains in place, primarily for Neuro reporting with additional ad hoc.</p> <p><b>External Reporting Services</b> External commercial reporting services delivered 3000 MR cross-sectional exams plus additional Cardiac CT scans up to end March 2026. The process for sending imaging is in process of being updated to allow continued use of this service.</p>	Limited

# Urgent & Unscheduled Care – Accident and Emergency Waiting Times

<b>Responsible Director(s):</b>	Chief of Acute Services Unscheduled Care Programme Director	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Performance against the 4-hour Emergency Access Standard (4h EAS); 95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment



KPI	Latest Performance (May 2026)
All sites 4h EAS	65%, compared with 68% Scotland average (Latest published Public Health Scotland Data)
RHCYP 4h EAS	89%
RIE 4h EAS	53%
SJH 4h EAS	68%
WGH 4 hr EAS	67%

# Urgent & Unscheduled Care – Accident and Emergency Waiting Times

<b>Responsible Director(s):</b>	Chief of Acute Services Unscheduled Care Programme Director	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

**Summary**

Comparisons are drawn between 2026/27 year-to-date (April–May 2026), the 2025/26 average, and the 2024/25 baseline.

NHS Lothian continues to operate under sustained unscheduled care pressure, with attendances and admissions remaining above both 2025/26 and 2024/25 levels. Despite this continued demand, improvements delivered through the Unscheduled Care Whole System Improvement Programme have largely been maintained, particularly in relation to admitted patient performance, long waits and delayed discharge levels.

**NHS Lothian Key Measures compared to 2025/26 and 2024/25**

- 4-hour EAS has been maintained around 65%.
- Admitted patient performance continues to improve.
- Non-admitted performance remains broadly stable.
- Time to triage has improved substantially.
- Time to first assessment has remained broadly stable.
- Attendances and admissions continue to reflect demand pressures above historic levels but within expected normal variation.
- Long waits continue to improve.
- Occupied beds due to delayed discharges continues to be at a historic low level.

Measures - NHS Lothian	May-26	Apr-26	FY2025/26	FY2024/25
4hr EAS %	↑ 66%	↑ 65%	64%	64%
4hr EAS % for Admitted Patients	↑ 39%	↑ 34%	30%	29%
4hr EAS % for Non-Admitted Patients	↓ 72%	↑ 75%	74%	74%
Average Time to Triage (minutes)	↓ 21	↓ 26	28	34
Average Time to 1st assess	↓ 94	↑ 104	100	84
Attendances	↑ 881	↑ 849	848	808
Admissions from ED	↑ 192	↑ 197	191	173
8hr Breaches	↓ 98	↓ 79	103	111
12hr Breaches	↓ 50	↓ 34	56	61

**By Site**

- RIE remains under highest pressure. However, 4-hour EAS has improved to 59% (53% in 2025/26), with admitted performance rising to 35%.
- WGH continues to demonstrate strong non-admitted performance and lower long waits.
- SJH is broadly stable, with admitted performance improvements partially offset by increased demand and assessment delays.
- RHCYP maintains the strongest overall site EAS performance at 89% with minimal long waits.

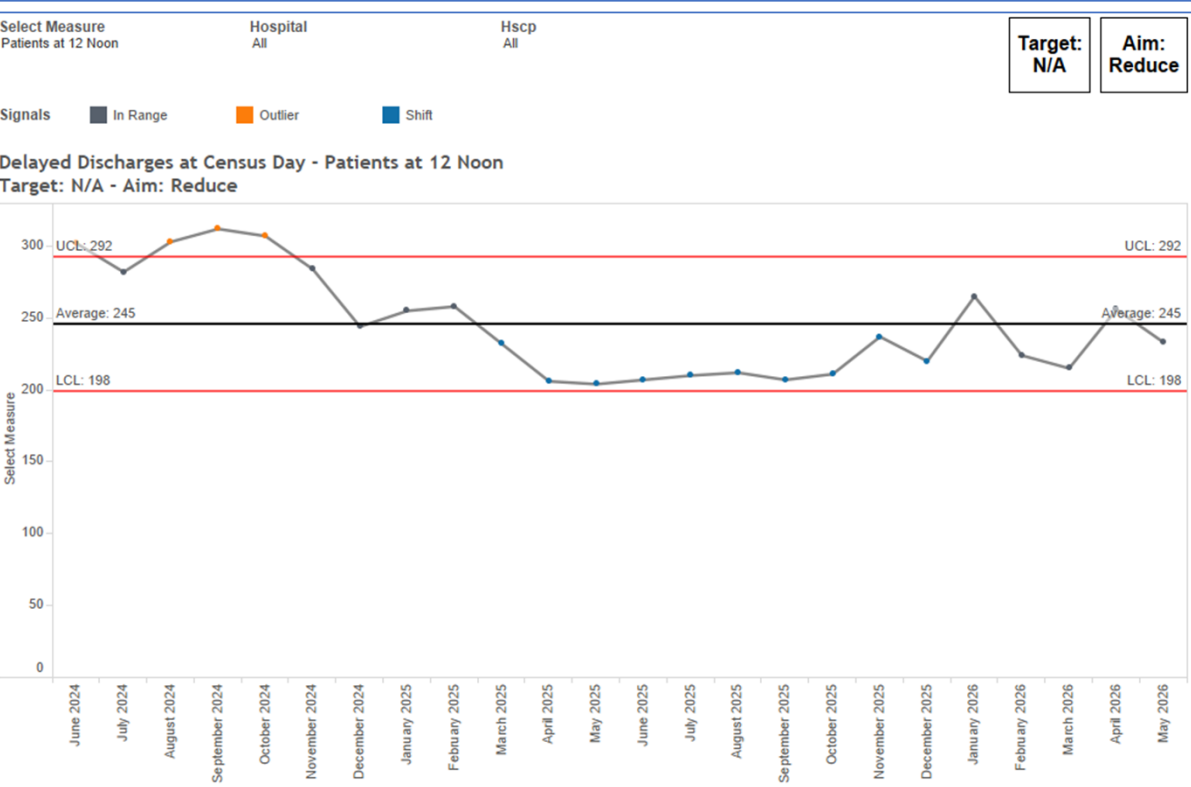
Overall, performance continues to be constrained by downstream bed availability and sustained demand. However, improvements in admitted performance, long waits, delayed discharges, and triage times indicate that the benefits of the Unscheduled Care Whole System Improvement Programme are being sustained into 2026/27.

<b>Actions</b>	<b>Assurance</b>
<p><b>What Has Driven Improvement?</b></p> <ul style="list-style-type: none"> <li>Continued delivery of the Unscheduled Care Whole System Improvement Programme.</li> <li>Flow Navigation Centre redirecting ~20–25% of urgent referrals to alternative pathways, supported by a consultant-led navigation model.</li> <li>Expansion of Hospital at Home and frailty pathways.</li> <li>Reduced delayed discharges and improved discharge coordination.</li> <li>Site-level flow improvement and operational oversight via the Command Centre approach.</li> </ul> <p><b>Ongoing Actions</b></p> <ul style="list-style-type: none"> <li>Continue delivery of the Unscheduled Care Whole System Improvement Programme.</li> <li>Further develop the NHS Lothian Command Centre, enhancing real-time oversight, escalation management, predictive analytics and proactive flow interventions.</li> <li>Maintain focus on admitted patient flow, reducing inpatient delays and improving discharge performance.</li> <li>Strengthen alternatives to attendance and admission through Hospital at Home, frailty pathways and community services.</li> <li>Monitor demand, occupancy and escalation through programme governance and operational oversight structures.</li> </ul>	Limited
	10

# Urgent & Unscheduled Care – Delayed Discharges

<b>Responsible Director(s):</b>	Chief of Acute Services Unscheduled Care Programme Director	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

**Average number of people delayed in their discharge from hospital (all delays)**



KPI	Latest Performance (May 2026)	Notes
Average daily number of people experiencing a delay in their discharge (total Lothian)	232	
<b>Delays at monthly census point (April 2026, latest published Public Health Scotland data)</b>		
<b>NHS Lothian</b>	199	NHS Lothian delays represent 10.2% of all NHS Scotland delays
<b>East Lothian HSCP</b>	37	Rate: 40 per 100,000 population
<b>Edinburgh HSCP</b>	118	Rate: 27 per 100,000 population
<b>Midlothian HSCP</b>	49	Rate: 62 per 100,000 population
<b>West Lothian HSCP</b>	38	Rate: 27 per 100,000 population

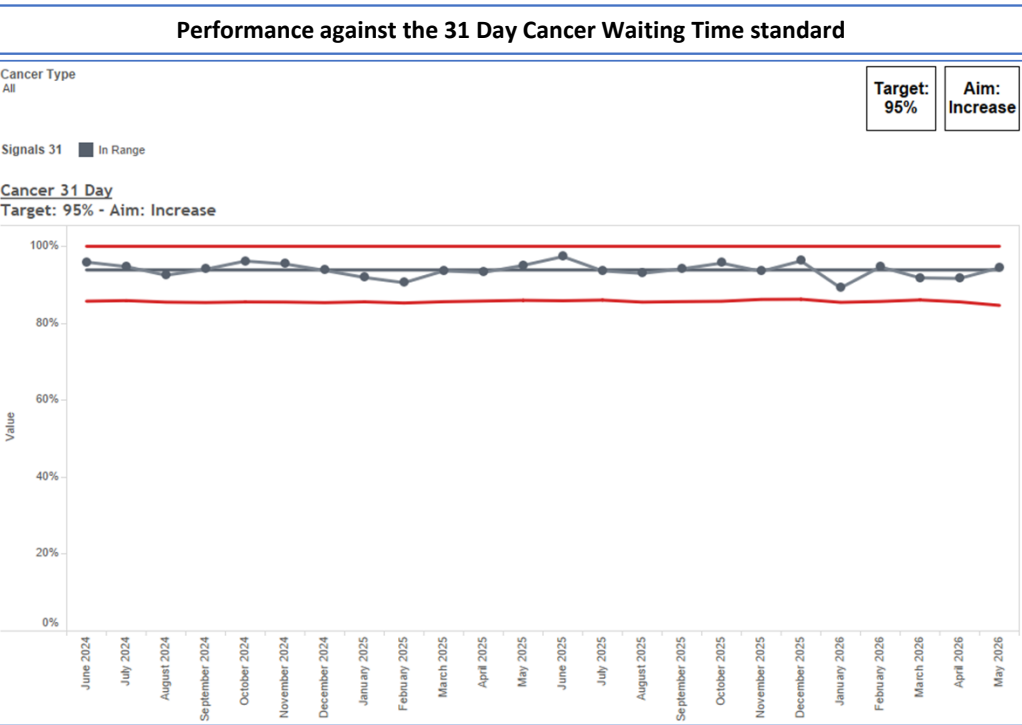
# Urgent & Unscheduled Care – Delayed Discharges

<b>Responsible Director(s):</b>	Chief of Acute Services Unscheduled Care Programme Director	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	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>Delayed discharge performance continues to demonstrate sustained improvement compared with both the 2024/25 baseline and the 2025/26 average, with fewer occupied beds attributable to delayed discharge across NHS Lothian.</p> <p>The reduction in bed days associated with delayed discharges continues to support downstream flow and hospital capacity. However, adult acute bed occupancy remains above optimal levels across all sites and sustained demand continues to place pressure on system resilience.</p> <p><b>By Site</b></p> <ul style="list-style-type: none"> <li>RIE continues to experience the highest volume of delays, broadly consistent with 2025/26 levels and reflecting ongoing pressure from demand and bed occupancy.</li> <li>WGH delays remain lower than 2025/26 levels and continue to support system balancing across the acute sector.</li> <li>SJH delays remain below 2025/26 levels, although performance continues to be sensitive to variation in community capacity and discharge demand.</li> </ul> <p>Overall, delayed discharge performance remains significantly improved compared with 2024/25 and has been sustained into 2026/27.</p> <p>Continued focus on discharge coordination, community capacity and length of stay reduction will be required to maintain progress.</p>	<p><b>What has Driven Improvement?</b></p> <ul style="list-style-type: none"> <li>Expansion of Hospital at Home and Care at Home capacity.</li> <li>Continued development of frailty-led discharge pathways.</li> <li>Improved discharge coordination across Acute and HSCP services.</li> <li>Strengthened partnership working with HSCPs and community providers.</li> <li>Increased operational oversight through the NHS Lothian Command Centre and whole-system escalation processes.</li> </ul> <p><b>Ongoing Actions:</b></p> <ul style="list-style-type: none"> <li>Continued focus on reducing delayed discharge and inpatient length of stay.</li> <li>Ongoing development of discharge planning and anticipated discharge date processes.</li> <li>Further expansion and standardisation of Hospital at Home pathways.</li> <li>Continued monitoring of delayed occupied beds through Command Centre and operational governance arrangements.</li> <li>Continued collaboration with HSCP partners to sustain community capacity and patient flow.</li> </ul>	Limited

# Cancer Care – 31 Day Cancer Waiting Times

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	PHS and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High



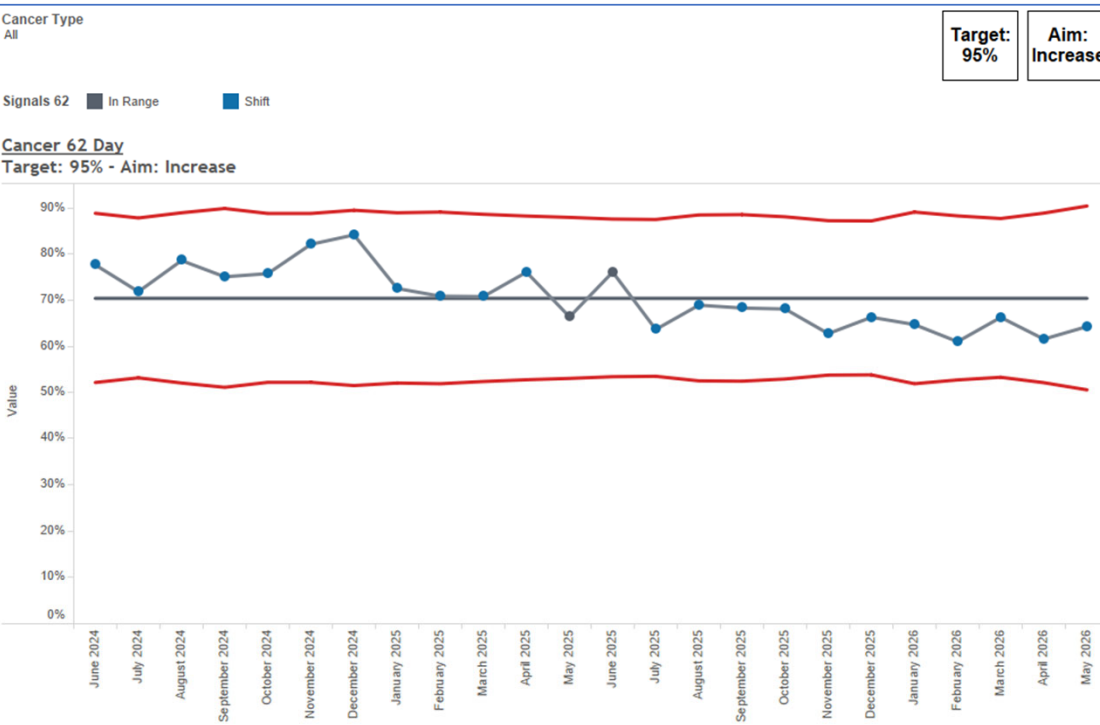
KPI	Latest Performance (May 2026 unless stated)	Notes
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	94.4%	The latest published Public Health Scotland data is for Q3 25/26 when the Scottish average was 94.7%
Median 31-Day Wait	6 days (Dec 2025)	Scottish average for Q3 25/26 was 2 days
95 <sup>th</sup> Percentile 31-Day Wait	32 days (Dec 2025)	Scottish average for Q3 25/26 was 31 days

Summary	Actions	Assurance
<p>NHS Lothian's performance against the 31-day target was 94.4% in May 2026, and 92.2% in April 2026. This is above the NHS Lothian trajectory of 86.8% but below the 95% standard. This was also below the Scotland average of 94.7%.</p> <p>In April, 66% of 31-day breaches were attributed to Urology, 10% of 31-day breaches were attributed to Breast, and 13% to Upper GI. The main elements impacting performance are:</p> <ul style="list-style-type: none"> <li>Breast Surgical capacity</li> <li>Urology surgical treatments for Prostate, Renal, and Bladder</li> <li>Waits for Radiofrequency Ablation in Upper GI HPB</li> </ul>	<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>Value Stream Mapping work is underway for Prostate and Colorectal.</p> <p>Breast Surgeon posts recruited (1 WTE in July 2026 and 1 WTE in August 2026) with the return of 1 WTE Consultant Surgeon following period of absence.</p> <p>Mitigating actions are in place to address loss of colorectal surgical capacity due to absence including locum appointments and acting up.</p>	Limited

# Cancer Care – 62 Day Cancer Waiting Times

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

## Performance against the 62 Day Cancer Waiting Time standard



KPI	Latest Performance (May 2026)	Notes
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	64.9%	The latest published Public Health Scotland data is for Q3 25/26 when the Scottish average was 71.4%
Median 62-Day Wait	51 days (Dec 2025)	Scottish average for Q3 25/26 was 50 days
95 <sup>th</sup> Percentile 62-Day Wait	193 days (Dec 2025)	Scottish average for Q3 25/26 was 147 days

# Cancer Care – 62 Day Cancer Waiting Times

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	ID 5185 - Access to Treatment - Very High

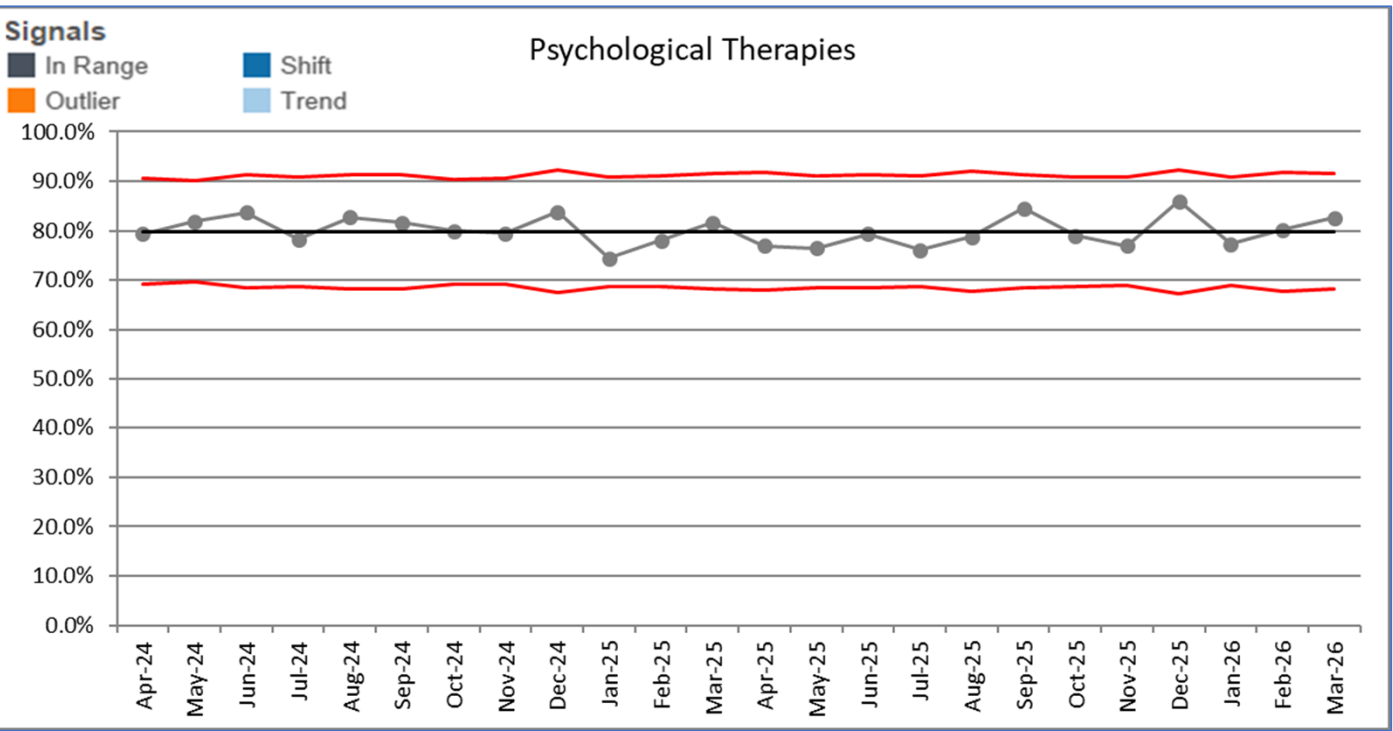
## 62 Day Cancer Waiting Times – LDP Standard

Summary	Actions	Assurance
<p>NHS Lothian's performance against the 62-day standard in May 2026 was 64.9%, and in April 2026 was 60.8%. This was below the NHS Lothian trajectory of 67.3% and was below the 95% standard.</p> <p>Performance against the 62-day target has been challenging with the trajectory not being met over the last 12 months. 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.</p> <p>There are some longer waits for surgery and capacity constraints for diagnostics and outpatient clinics across multiple pathways.</p> <ul style="list-style-type: none"> <li>72% of 62-day breaches in April are attributed to Urology. Delays in the Urology Prostate diagnostic pathway, which has limited capacity in multiple pathway stages, are a key factor in this performance.</li> <li>Ongoing capacity issues in Endoscopy and Outpatients are the primary cause of Colorectal 62-day breaches.</li> <li>Breast Radiology capacity constraints are the main causes of 62-day Breast breaches.</li> </ul> <p>Numbers of patients treated continues to be high. In Jan –Apr 2026 there were 243 Prostate patients treated on 62- day pathways, compared to 192 in the same period in 2025 (equating to a 26% increase).</p>	<p><b>DCAQ</b> A detailed DCAQ and trajectory model has been built for Urology Prostate and can be replicated for other tumour groups. This gives specific figures of expected demand for each pathway stage, impacts on additional activity on backlog, and projects 62-day performance based on planned and actual activity and demand. The newest version also models backlog clearance times and scales required additionality for any timescale.</p> <p><b>Monitoring</b> 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 engagement with Scottish Government, monthly CWT Trajectory meeting, and weekly and monthly performance reports.</p> <p><b>High Impact Lists</b> High Impact Lists are continuing underway for GU Oncology (~50 patients across January – April 2026) to help clear the Prostate Uro-Oncology backlog. High Impact Lists are also continuing April – June 2026 for Flexible Cystoscopy (Bladder) with a focus on USoC along with long waits, providing ~150 additional appointments per month. Weekend lists are in place for Breast One Stop clinics.</p> <p><b>Breast Service Workforce</b> Radiologist Mutual Aid from Forth Valley has been agreed and is due to commence support of New Patient Clinic at SJH from July 2026.</p> <p><b>Value Stream Mapping</b> Workstream commenced in April 2026 to map individual cancer pathways end-to-end with the aim of identifying pathway constraints/bottlenecks and implementing solutions to streamline pathways. Prostate workshop have been completed and Colorectal scoping is underway. Breast, Bladder and Renal to follow.</p>	Limited

# Mental Health – Psychological Therapies

<b>Responsible Director(s):</b>	REAS Services Director	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	N/A

Psychological Therapies Waiting Times – LDP Standard



KPI	Latest Performance (April 2026)	Trajectory (March 2026)	National Benchmarking (March 2026)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	76.2%	77.7%	81.1% (Scotland Average)
Total Waiting List	4294	4133	17.6% of Scotland Waiting List <span style="float: right;">16</span>
Waits > 52 weeks	140	149	6.9% of Scotland Waits >52 Weeks

# Mental Health – Psychological Therapies

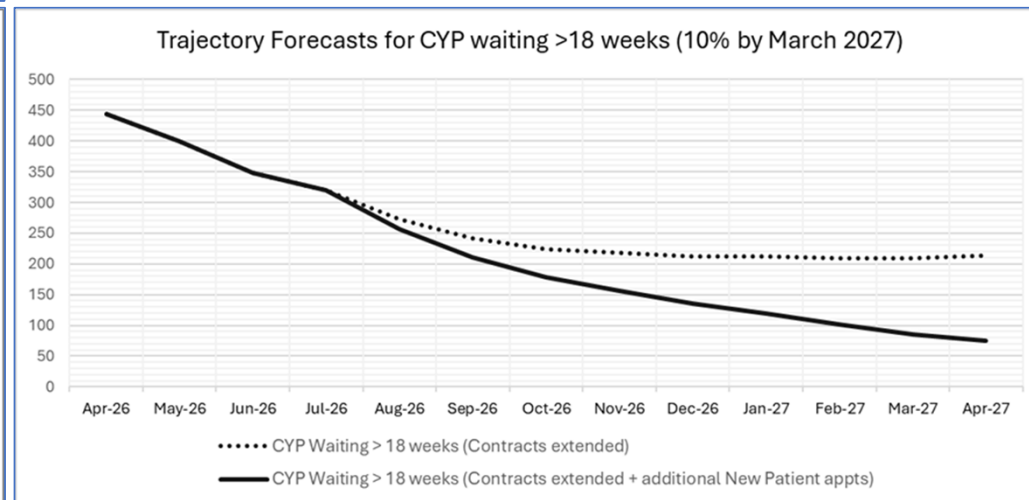
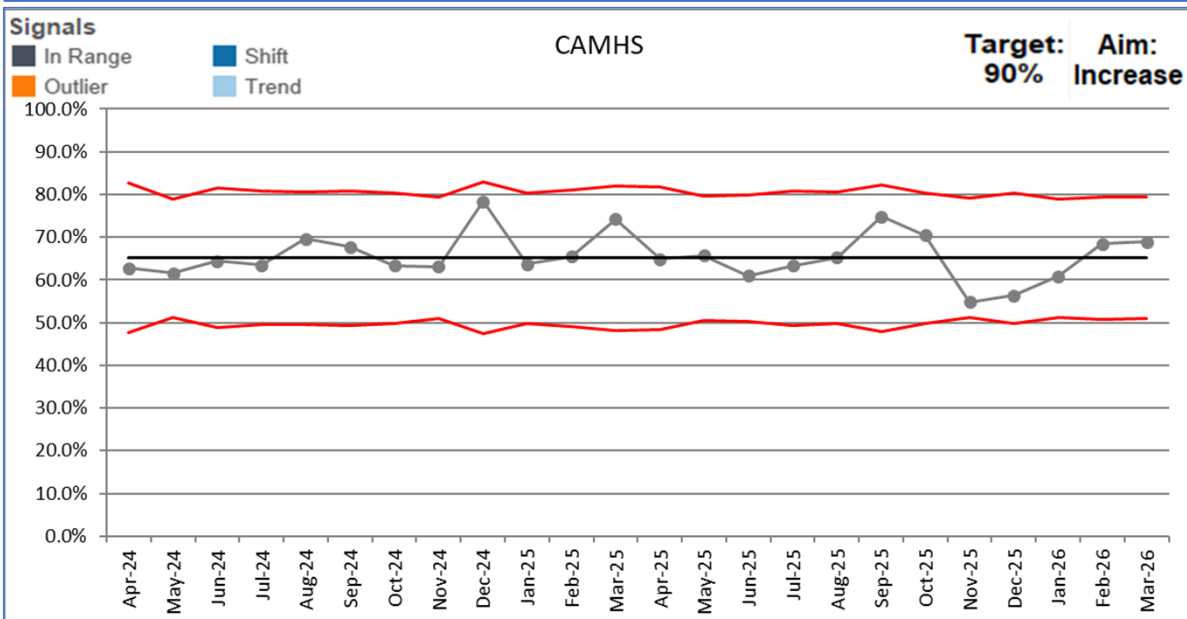
<b>Responsible Director(s):</b>	REAS Services Director	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	N/A

Summary	Actions	Assurance
<p>The treatment waiting list is currently 4294. Analysis indicates that while the number of waits under 18 weeks has reduced over the past year from 2,977 in March 2025 to 2,668 in April 2026, there has been an increase in waits of 19–52 weeks (from 1,228 to 1,466) and over 52 weeks (from 82 to 140) 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. Although several individual AMH Psychology services met the 18-week target prior to the MHOF reduction, 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. This has been further exacerbated in recent months by the unexpected closure of two staff bases, thus leading to reduced space for clinical appointments.</p> <p>The financial plan agreed as a result of the reduction in MHOF funding is ongoing. Most redeployment is complete and recruitment has progressed against the vacancies that had been held. This has supported improved performance in some teams i.e. CMHT.</p>	<p><b>Funding and Service Review</b>            Agreement has been reached across the four HSCPs on funding reductions to achieve financial balance. With this agreement now in place, recruitment has progressed for key vacancies (e.g. CMHT) to help reduce the &gt;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. A new Director of Psychology has been appointed and will start on the 8<sup>th</sup> of June which will bring greater stability to management arrangements within the Psychology Service.</p> <p><b>Acute Ward Provision</b>            As part of additional funding provided to REAS, monies are available for fixed term psychology recruitment to support the Braids ward. This post has now been recruited to.</p> <p><b>Neuropsychology Funding</b>            A paper has been presented to the Programme Board outlining the reduction in Neuropsychology funding and its impact on waiting lists within the service. Neuropsychology is also one of the services additionally impacted by the closure of its staff base.</p> <p><b>Veterans Mental Health Services</b>            The Veterans service redesign is underway with engagement across a number of local and national stakeholders. Direct clinical provision for Veterans continues to be offered through AMH services with the new specialist resource now picking up cases from February 2026.</p> <p><b>Performance and Risk Management</b>            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 which continue to affect accurate activity recording.</p>	<p>Limited.</p>

# Mental Health – CAMHS

<b>Responsible Director(s):</b>	REAS Services Director	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	N/A

**CAMHS Waiting Times – LDP Standard**



KPI	Latest Performance (April 2026)	Trajectory (April 2026)	National Benchmarking (March 2026)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	63.1%	69%	92% (Scotland Average)
Total Waits	1406	1453	31.6% of Scotland Waiting List
Waits > 52 weeks	0	0	

# Mental Health – CAMHS

<b>Responsible Director(s):</b>	REAS Services Director	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	N/A

Summary	Actions	Assurance
<p>At the end of April 2026, there were 1,406 young people waiting for CAMHS mental health services, of these 439 patients were waiting between 19 and 52 weeks. There has been a specific focus on long waits and therefore there were 0 patients waiting more than 52 weeks at the end of April 2026.</p> <p>Overall performance against the LDP standard was 63.1% in April 2026, compared to 56.3% at the end of December 2025. This reduction in performance is in line with the clinical prioritisation approach.</p> <p>CAMHS Lothian has eliminated all waits over 52 weeks. The service has engaged with PHS and refined the clock-stop methodology to align with recommended guidance. Current local assurance arrangements include fortnightly executive oversight meetings, monthly PSOB meetings and presentations to SPPC.</p> <p>A draft revised trajectory for reducing waits over 18 weeks has been submitted to the Scottish Government, with the final revised trajectory due by end June 2026. A sustainable plan is in place to maintain the &gt;52-week position and to deliver a sustainable CAMHS service model operating within the 18-week RTT standard.</p>	<p><b>Performance Monitoring</b> An implementation plan has been developed outlining the objectives, required resources, key activities, and expected outcomes to deliver a sustainable CAMHS service model operating within the 18-week RTT standard. Trajectory modelling to March 2027 sets out the clinical capacity required to reduce waits over 18 weeks to below 10%, with a paper presented to SPPC on 13<sup>th</sup> of May 2026.</p> <p><b>External Provider Procurement</b> An external provider was commissioned and began delivering 50 CBT cases at the beginning of 2026. A review of the effectiveness of these external provider interventions is scheduled for July 2026.</p> <p><b>Process Review</b> Planning discussions are underway regarding future Choice workshops to support staff, with ongoing monitoring and review of the implementation plan and targeted support for clinicians where challenges arise. Guidance is currently being developed for non-Eating Disorder “see soon” appointments.</p> <p><b>Capacity Expansion</b> Significant investment in additional staffing has increased service capacity, and there remains a strong focus on recruitment within teams experiencing the longest waits.</p> <p><b>Targeted Validation</b> Validation cycles are currently paused until the requirements of the new Waiting Times Guidance are agreed. Discussions with the Waiting Times Governance team are ongoing.</p> <p><b>Treatment Coordination and Data Accuracy</b> Implementation of coordinated treatment plans and improvements in data accuracy continue to support progress against the LDP standard. A CAMHS Core Data Group has been established to identify the data requirements needed to underpin a sustainable wait-list workstream.</p> <p><b>Service-Wide Review</b> Review of CAMHS services is underway to strengthen equity of access and inform long-term planning. Work continuing on developing ‘Tier 2’ interventions to reduce additions to the CAMHS waiting list through a test of change alongside increasing resilience in existing Tier 2 services and reinstating school consultations. This will reduce risk of increasing referrals into Tier 3 CAMHS.</p>	<p>Limited.</p> <p>19</p>

# Primary and Community Care

<b>Responsible Director(s):</b>	Director of Primary Care	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	DataLoch & Adastral	<b>Linked Corporate Risk(s):</b>	N/A

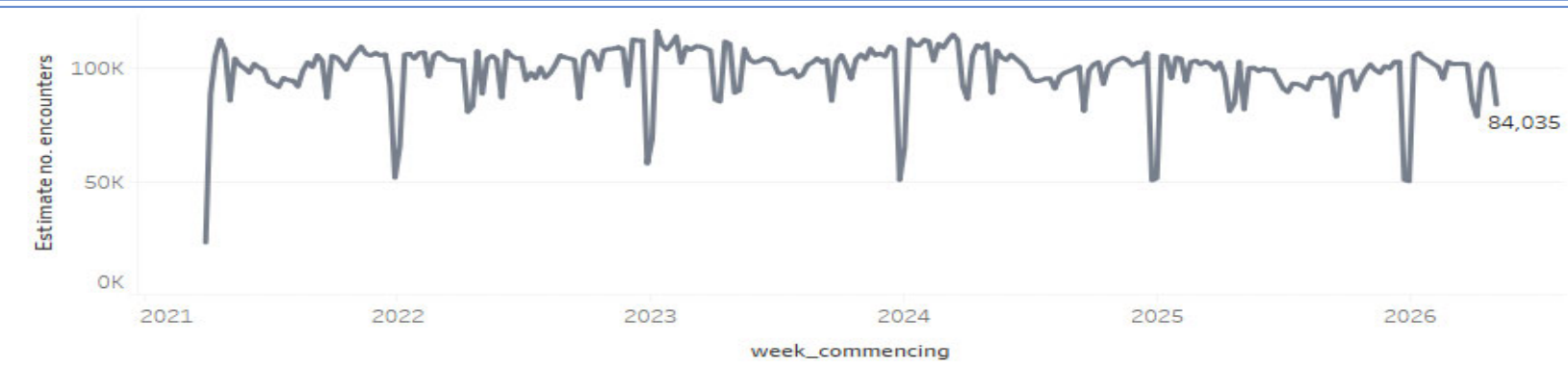
KPI	Latest Performance (May 2026)
<b>Estimated General Practice (in hours) activity</b>	Week commencing 27th April 2026, there were an estimated 100,244 patient consultations across the 115 General Practices in Lothian. This represents a rate of 94 weekly consultations per 1,000 population in Lothian. This level of activity is within normal variation.
<b>General Practice Out-of-Hours (LUCS) activity</b>	Week commencing 25 May 2026 LUCS activity was 2,162, with the weekly mean excluding public holidays at 2,378. This is within normal variation.
<b>Closed Practice Lists</b>	As at May 2026, there was 1 practice with a closed list. This is unchanged from December 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>	Moderate

# Primary and Community Care

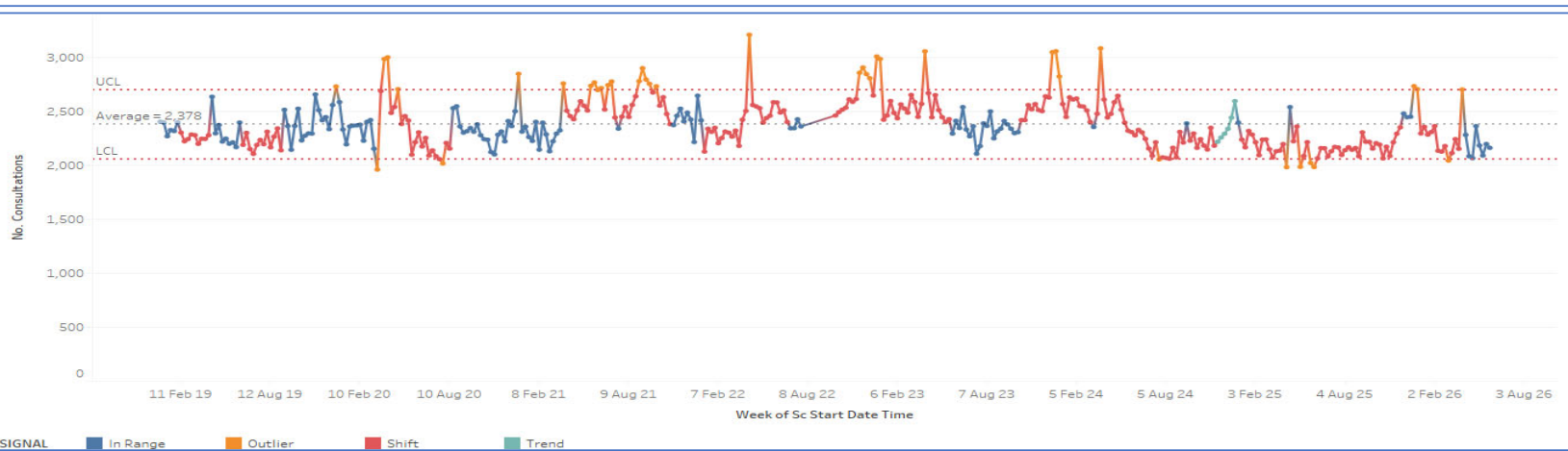
<b>Responsible Director(s):</b>	Director of Primary Care	<b>Reporting Period:</b>	May 2026
<b>Data Source:</b>	DataLoch & Adastra	<b>Linked Corporate Risk(s):</b>	N/A

**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.

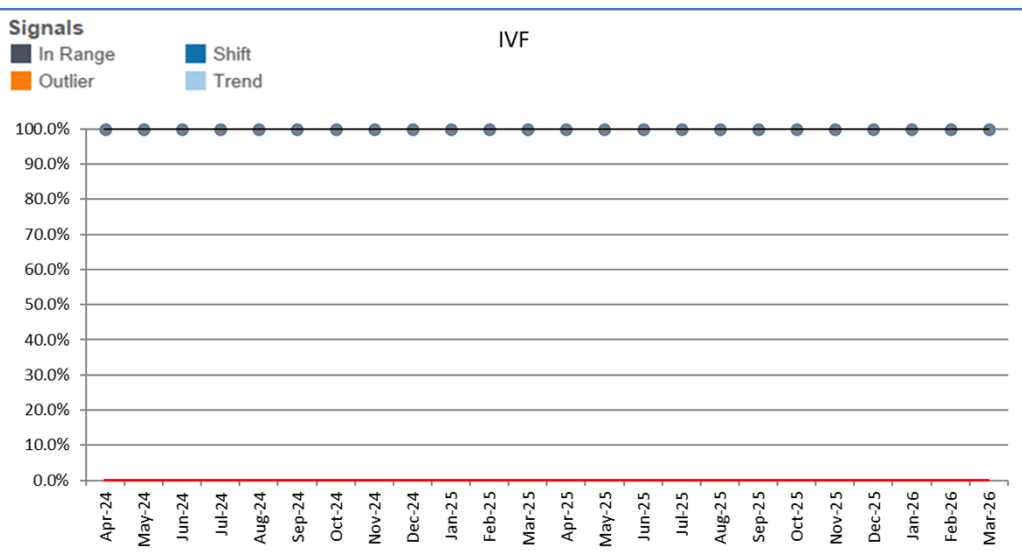
**Chart B provides the Lothian GP Out-of-Hours (LUCS) weekly service activity**



# Women & Children's Health – IVF Waiting Times

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	<a href="#">PHS</a> and Internal Management	<b>Linked Corporate Risk(s):</b>	N/A

## IVF Waiting Times – Patients commencing treatment within 12 months of referral

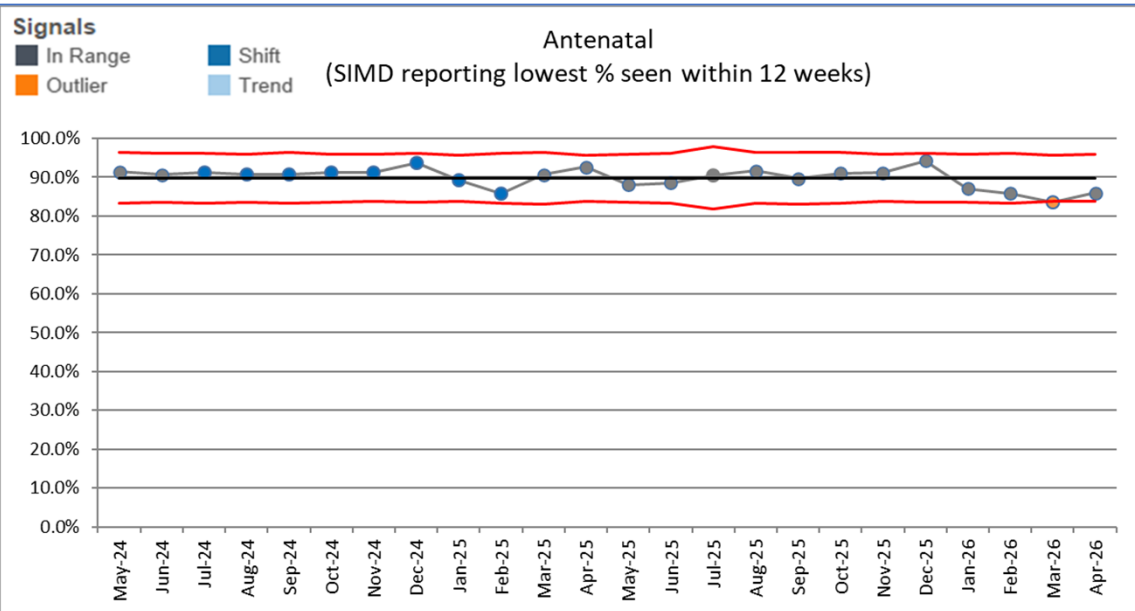


KPI	Latest Performance (April 2026)	National Benchmarking
90% of eligible patients to commence IVF treatment within 12 months of referral.	100%	100%

Summary	Actions	Assurance
NHS Lothian has achieved 100% compliance with the national standard without a single patient breaching for over two years, exceeding the national target of 90%. The national average for the same period was also 100%.	Ongoing monitoring of bookings in place to ensure continued compliance against the performance target.  No outstanding actions.	Significant

# Women & Children's Health – Early Access to Antenatal

<b>Responsible Director(s):</b>	Chief of Acute Services	<b>Reporting Period:</b>	April 2026
<b>Data Source:</b>	Discovery	<b>Linked Corporate Risk(s):</b>	N/A



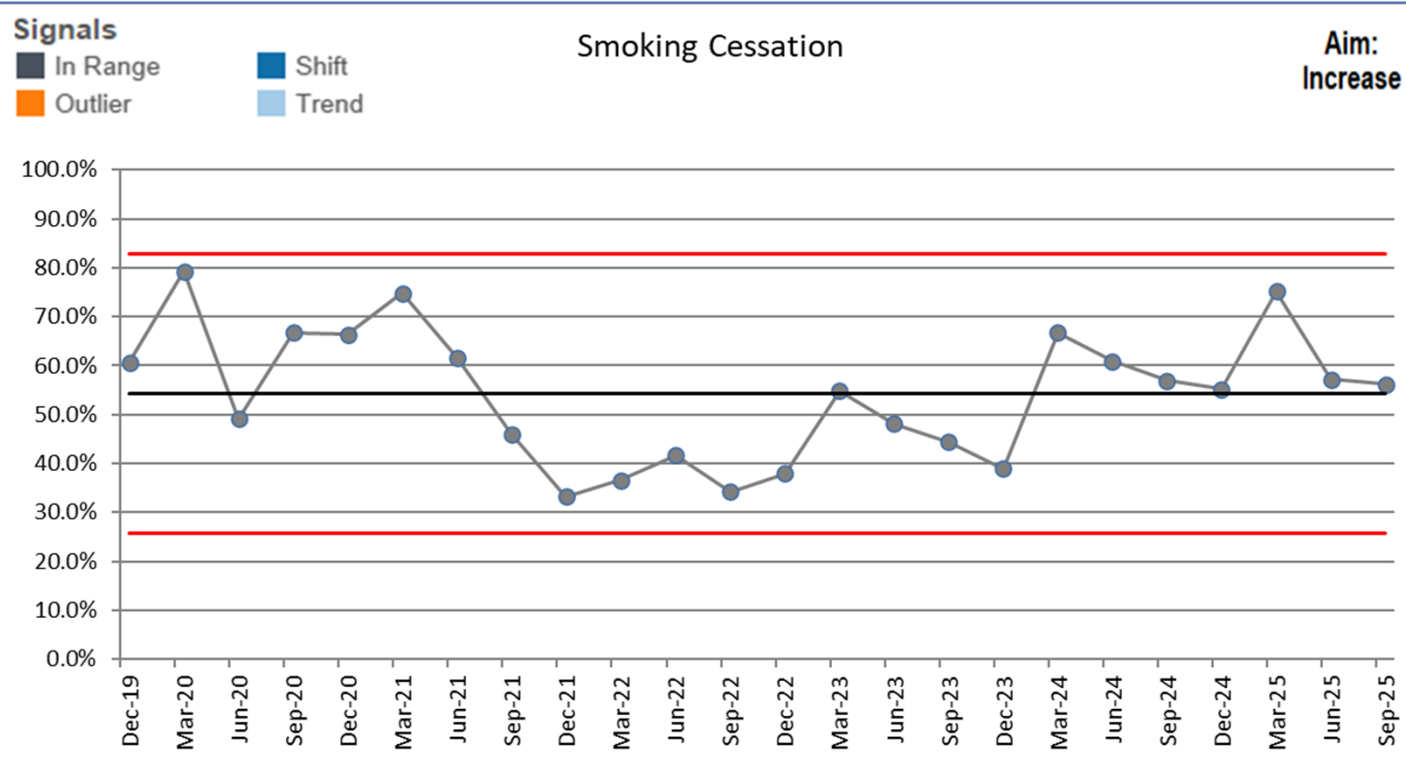
KPI	Latest Performance (April 2026)
<b>At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation.</b>	86.0% (SIMD 1) 88.7% (SIMD 5)

Summary	Actions	Assurance
<p>Performance data for April 2026, disaggregated by Scottish Index of Multiple Deprivation (SIMD) quintiles, is as follows:</p> <ul style="list-style-type: none"> <li>• SIMD 1: 86.0%</li> <li>• SIMD 2: 87.6%</li> <li>• SIMD 3: 87.8%</li> <li>• SIMD 4: 88.4%</li> <li>• SIMD 5: 88.7%</li> </ul> <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>	Significant

# Population Health & Reducing Health Inequalities – Smoking Cessation

<b>Responsible Director(s):</b>	Director of Public Health & Health Policy	<b>Reporting Period:</b>	Q2 2025/26
<b>Data Source:</b>	<a href="#">Published PHS Data</a>	<b>Linked Corporate Risk(s):</b>	N/A

NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas



# Population Health & Reducing Health Inequalities – Smoking Cessation

<b>Responsible Director(s):</b>	Director of Public Health & Health Policy	<b>Reporting Period:</b>	Q2 2025/26
<b>Data Source:</b>	<a href="#">Published PHS Data</a>	<b>Linked Corporate Risk(s):</b>	N/A

KPI	Latest Performance (Q2 2025/26)	Trajectory Forecast
<b>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)</b>	166 quits	296 per quarter 1,184 annually
<b>Specialist Community and Hospital Based Teams</b>	Specialist Community – 116 quits (97.3%) Hospital – 22 quits (73.9%)	592 annually
<b>Community Pharmacy Teams</b>	29 quits (19.6%)	592 annually
<i>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.</i>		
<i>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.</i>		

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 2 of 2025/26 achieved 166 quits at 12 weeks in 40% most deprived quintile. This is 56.1% of target.</p> <p>Final quarter 1 figures - 57.1% of target which is equivalent to 169 quits. This brings the total to 335 quits for quarters 1 and 2 combined.</p> <p>The quarter 2 figure noted above, only includes quits by people living in the 40% most deprived quintiles, as this is how the nationally set target is measured. However, a total of 286 successful quits at 12 weeks were recorded across the QYW teams in quarter 2 2025/26.</p>	<p>Maternity Incentive Scheme was launched in February 2026. Patients smoking at their midwife booking appointment are offered financial incentives to engage with the QYW service and remain smoke free. Support and payments are available until 3 months post-partum if smoke free and continues to engage with QYW. (This forms part of the community team cohort.)</p> <p>In 2024/25 the number of pregnant patients identified as smokers at booking was 724 and the number who attempted to quit was 100. This translated to 21 pregnant patients successfully quitting at 12 weeks.</p> <p>In Q1 and Q2 2025/26 there were 369 patients smoking at booking and 15 successful quits at 12 weeks post quit date.</p> <p>There should be an automatic referral of patients who smoke at booking appointment to QYW. It is an opt-out not an opt-in system.</p> <p>A QYW staff member is focussed on maternity quits. There are now pregnancy and smoking champions in 5 of the 10 community midwifery teams alongside training and other support. By mid-May 2025, 12 women had signed up to the incentive scheme.</p>	<p>Limited.</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:** 24 June 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 checked="" type="checkbox"/>	Decision	<input 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 May 2026 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 Note that the risk relating to nationally procured systems accepted onto the CRR by April Board now encompasses the risk mitigation relating to the Business Systems transformation plan.

### 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 April 2026.

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 A new risk relating to nationally procured digital systems was accepted onto the CRR by the April Board. Following discussion at CMT, it was agreed that the risk should also encompass the risk mitigation relating to the Business Systems transformation plan. No amendment to the current risk description (as noted below) is required. The risk mitigation plan is currently being scoped and will be presented to Finance and resources committee for assurance.

### Risk description

2.3.2 There is a risk that essential replacement digital systems may not be delivered with the required functionality or within the necessary timescales, due to national procurement arrangements that may lack sufficient robustness to support programme delivery. This could result in an inability to provide services critical to the safe and effective delivery of patient care.

### 2.3.3 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	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25	Sep-25	Oct-25	Dec-25	Apr-26	Jun-26
3600 - Finance	25	25	25	25	25	25	20	20	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
5388 - HSDU Capacity	20	20	20	20	20	20	20	20	20	20	20	20	20
5737 - Royal Infirmary of Edinburgh Fire Safety	25	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	16	16
6185 - Safe Delivery of Maternity Services											20	20	20
6274 - National Delivery of Digital System													16
Replacements													

Risk Removed from CRR (April 2026)	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25	Sep-25	Oct-25	Dec-25	Apr-26	Jun-26
5020 - Water Safety and Quality	12	12	12	12	12	12	8						
3828 - Nursing Workforce	12	12	12	12	12	12	6						
5784 - Low Secure Accommodation	15	15	15	15	15	10							
5785 - High Secure Female Accommodation	12	12	12	12	12	12	12	12	12	12	12		

### 2.3.4 Quality/ Patient Care

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

### 2.3.5 Workforce

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

### 2.3.6 Financial

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

### 2.3.7 Risk Assessment/Management

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

### 2.3.8 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**

**Assurance and discussion** – Board members are asked to:

- Review the May 2026 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
- Note that the risk relating to nationally procured systems accepted onto the CRR by April Board now encompasses the risk mitigation relating to the Business Systems transformation plan.

## 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 (Apr)	Score (May)	Target Score	Assurance Committee	Assurance Level	May 2026 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 March 2026	<ul style="list-style-type: none"> <li>• The Board has delivered on financial targets for 2025/26 subject to external audit.</li> <li>• Focus is very clearly on 2026/27. The Board has an opening budget gap of £18m, which is consistent with the gap of 3% FRP (financial recovery plan). The Board is mandated by the Scottish Government (SG) to deliver 3% efficiency target every year, so we have £18m of plans still to be identified.</li> <li>• The output from the Scottish election could have an impact on the fiscal position and we remain vigilant of any financial changes on the horizon.</li> <li>• Again in 2026/27 there are 3 financial objectives we will try to achieve: <ul style="list-style-type: none"> <li>○ Delivery of financial balance</li> <li>○ Reduction in size of our recurrent deficit which currently sits at £90m</li> <li>○ Rebalancing of the budget position through delivery of recurrent savings</li> </ul> </li> <li>• We are continuing to work effectively on the sub-national agenda, a clear expectation that we will be able to deliver financial improvements across all 7 Boards. The SG have been clear that all non-recurring support will be removed over the next 3 years, so all of our focus is on agreeing a FRP on a sub-national basis to meet this objective. However, this objective is a significant risk until a coherent sustainability plan is agreed.</li> <li>• We are continuing to progress the PAEP business case, and we have also secured a plot on the RIE site for its new location</li> <li>• As has been raised previously, the Board requires significant capital investment to meet the needs of the fastest growing population in Scotland. We are in active dialogue with the SG on this capital ambition.</li> </ul>

**Risk Assurance Table – Executive/Director Updates**

<p>5186</p>	<p>4 Hours Emergency Access Target</p> <p><i>Unscheduled Care</i></p>	<p>Jim Crombie</p>	<p><b>V High: 25</b></p> <p>Likelihood: Almost certain (5) Impact: Extreme (5)</p>	<p><b>V High: 25</b></p> <p>Likelihood: Almost certain (5) Impact: Extreme (5)</p>	<p><b>High: 15</b></p> <p>Likelihood: Possible (3) Impact: Extreme (5)</p>	<p>Healthcare Governance Committee</p> <p>Strategy Planning &amp; Performance Committee</p>	<p>Limited November 2025</p> <p>Limited November 2025</p>	<p><b>NHS Lothian’s 4-hour Emergency Access Standard (EAS):</b></p> <ul style="list-style-type: none"> <li>NHS Lothian’s 4-hour Emergency Access Standard (EAS) performance in March was 65%, compared with a 2024 average of 64%, representing a modest year-on-year improvement. Admitted performance was 31% compared with 29% in 2024, although admitted flow remains the principal constraint on overall performance, reflecting continued downstream bed pressure and boarding.</li> <li>Demand remained high across the system. Attendances averaged 875 per day in March compared with 809 in 2024, while admissions from ED averaged 195 per day compared with 180 in 2024. This indicates that performance gains have been achieved despite higher demand and admission volumes.</li> </ul> <p><b>Front Door Performance and Flow</b> Non-admitted performance was 75%, in line with the 2024 average of 74%, suggesting continued resilience in front-door streaming, navigation and alternative pathway use. Average time to triage improved to 29 minutes compared with 34 minutes in 2024. Average time to first assessment was 108 minutes, above the 2024 average of 84 minutes, indicating continued pressure within early assessment flow.</p> <p><b>Long Waits and Delays:</b></p> <p>Long waits improved compared with 2024 levels.</p> <ul style="list-style-type: none"> <li>8-hour breaches: 97 per day vs 110 in 2024</li> <li>12-hour breaches: 45 per day vs 60 in 2024</li> </ul> <p>This suggests some improvement in the management of extended waits despite sustained occupancy pressure.</p> <p><b>Site-Level Variation:</b></p> <ul style="list-style-type: none"> <li>RIE remains the most pressured site, with March 4-hour performance at 53% versus 51% in 2024. Attendances (375 vs 344) and admissions (108 vs 95) remain above baseline. Average time to first assessment was 145 minutes compared with 118 in 2024.</li> <li>WGH delivered stable performance at 65%, in line with the 2024 average, while 8-hour breaches reduced to 16 compared with 19 over the last three months and admissions remained steady.</li> <li>SJH delivered improved 4-hour performance at 68% compared with 66% in 2024. Admissions remained broadly stable (33 vs 31), though 12-hour breaches increased slightly (12 vs 11).</li> <li>RHCYP remained the strongest-performing site with 87% 4-hour compliance. Demand increased (171 attendances vs 154 in 2024), while long waits remained minimal.</li> </ul> <p><b>Targeted System Interventions</b> Frailty pathways, Care at Home expansion, and HSCP step-up capacity continue to mitigate bed utilisation for patients aged over 75. The Flow Navigation Centre continues to redirect 20–25% of urgent referrals to alternative pathways, supporting admission avoidance and front-door resilience. Work to formalise Flow Navigation Centre KPIs and develop a system dashboard is underway to strengthen performance oversight. Despite sustained operational pressure, the system continues to maintain front-door resilience and deliver improvements in key areas of patient flow.</p> <p><b>Funding &amp; System Resilience</b> 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>
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**Risk Assurance Table – Executive/Director Updates**

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 November 2025  Limited November 2025	<p><b>Sustained High Bed Occupancy Across Acute Sites</b></p> <ul style="list-style-type: none"> <li>Bed occupancy across adult acute sites remains above optimal levels, continuing to limit surge capacity and contribute to operational pressure across the system.</li> </ul> <p><b>Occupied Bed Days and Length of Stay:</b></p> <p>Total occupied beds for all inpatients averaged 1,786 in March compared with a 2024 average of 1,745, while unplanned occupied beds averaged 1,534 compared with 1,483 in 2024.</p> <ul style="list-style-type: none"> <li>Beds occupied specifically by unplanned patients in delay (including health delays) averaged 205, compared with a 2024 average of 189, indicating deterioration from baseline over March following earlier improvement in-year.</li> <li>Delayed bed utilisation remains below recent winter peaks, and overall reductions in some long-wait metrics suggest continued operational focus on discharge flow.</li> </ul> <p><b>Delays and Discharge Flow</b></p> <ul style="list-style-type: none"> <li>Partnership and health delays remain a significant contributor to occupancy pressure, though March front-door performance and reduced long waits indicate some improvement in patient movement through the system.</li> <li>Planned Date of Discharge (PDD), discharge coordination, and whole-system flow remain key areas of operational focus.</li> </ul> <p><b>Site-Level Flow</b></p> <ul style="list-style-type: none"> <li>RIE continues to experience the greatest occupancy pressure, with unplanned occupied beds averaging 710 compared with 692 in 2024. This remains the principal site sensitivity for system flow and Emergency Access performance.</li> <li>WGH continues to support system resilience, although occupancy increased to 96.9% compared with 95.3% in 2024, indicating reduced flexibility compared with historical position.</li> <li>SJH remains comparatively more stable than larger sites, though occupancy at 94.6% remains above the 2024 average and continues to require active flow management.</li> </ul> <p><b>System Demand and Resilience:</b></p> <ul style="list-style-type: none"> <li>Demand remains above baseline levels. March attendances averaged 875 per day compared with 809 in 2024, and admissions from ED averaged 195 compared with 180. This indicates that bed occupancy pressures are being managed in the context of higher demand, rather than reduced activity.</li> </ul> <p><b>Targeted Improvements</b></p> <p>Frailty pathways, Hospital at Home programmes, and strengthened HSCP capacity continue to reduce bed utilisation among patients aged over 75. The Flow Navigation Centre continues to support admission avoidance through redirection to alternative pathways. Further improvement remains dependent on continued whole-system coordination across acute services, HSCP capacity and community pathways.</p>
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## Risk Assurance Table – Executive/Director Updates

5185	Access to Treatment  <i>Scheduled Care</i>	Jim Crombie	<b>V High: 25</b>  Likelihood: Almost certain (5) Impact: Extreme (5)	<b>V High: 25</b>  Likelihood: Almost certain (5) Impact: Extreme (5)	*Not yet agreed	Healthcare Governance Committee  Strategy Planning & Performance Committee	Limited November 2025  Limited May 2026	<p><b>Performance Against SG Trajectory/ Targets</b> <b>As of end of March 26</b></p> <ul style="list-style-type: none"> <li>The overall number of patients waiting over 52 weeks was better than trajectories agreed with SG for both out-patients and in-patients/ day case.</li> <li>Endoscopy performance against the &lt;6-week standard was worse than trajectories agreed with SG by 1,115 patients, despite significant over-delivery of planned activity (c.2,500 procedures; 115.4% for the year).</li> <li>Radiology performance against the &lt;6-week standard was worse than trajectories agreed with SG by 3,008 patients (74.7% within 6 weeks), and planned activity was 3,324 below plan.</li> <li>&gt;62-day Cancer performance escalated to PSOB as performance significantly worse than trajectory and the 95% standard.</li> </ul> <p><b>Monitoring &amp; Governance:</b> Weekly and monthly Access meetings are in place to track activity delivery, address deviations, and drive productivity improvements across both pathways.</p> <ul style="list-style-type: none"> <li>Assurance update papers are due at SPPC on 13 May and HGC 19 May.</li> </ul> <p><b>Capacity Expansion &amp; External Support 26/27:</b> Non-recurring funding of £10m to maintain levels of non-recurring additionality (e.g. external provision and HILs) in Q1 has been assumed in trajectories based on ongoing funding discussion with SG, but written confirmation of this and clarity beyond Q1 is required from SG. Continuation of Q1 activity approved through CMT in March 2026.</p> <p><b>Capacity Planning 26/27:</b></p> <ul style="list-style-type: none"> <li>Activity plans and trajectories for OP, TTG &amp; Diagnostics for 26/27 are being finalised.             <ul style="list-style-type: none"> <li>NTC allocations for 26/27 confirmed by SG Feb 2026.</li> </ul> </li> <li>Trajectories in development based on:             <ul style="list-style-type: none"> <li>Core capacity only</li> <li>Core Capacity plus Additional activity in Q1 based on 25/26 Additionality</li> </ul> </li> <li>Some services e.g. Dermatology and ENT are currently not in balance and waits will increase if funding for additional activity is not available</li> <li>A scheduled care planning session was held with the Exec team 1 May 2026 where the prioritisation of available capacity and funding to clinical priorities was agreed. Draft trajectories for 26/27, based on current levels of funding, are detailed within the papers to SPPC and HGC in May.</li> <li>Following completion of cancer DCAQ it is anticipated that additional funding may be required to address projected cancer capacity pressures. While there is a possibility of further Scottish Government investment, there is no certainty that additional funding will be available and any potential confirmation would not be expected until after the election.</li> <li>There is a strong indication that the SG will introduce additional targets for 26/27 focussing on long waits (reducing and eliminating waits over 104 weeks, 78 weeks and 52 weeks). This may present opportunity to further reduce long waits with non-recurring funding or potentially improve overall service sustainability should recurring funding be made available</li> </ul> <p><b>31 &amp; 62-day Cancer Trajectories &amp; Planning 26/27:</b></p> <ul style="list-style-type: none"> <li>Detailed DCAQ modelling underway for each tumour group to support development of trajectories. Prostate complete.</li> </ul>
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## Risk Assurance Table – Executive/Director Updates

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 March 2026	<p><b>Future Actions and Impact</b></p> <ul style="list-style-type: none"> <li>A programme of national review, support and resilience is underway for all NHS Scotland decontamination units, led by the Decontamination Collaborative Programme (DCP). NHS Scotland Chief Executives have been briefed on this work, most recently, in December 2025. The impact of this work aims to increase Unit infrastructure through dedicated maintenance improvements and infrastructure upgrade. Additionally, this work also aims at bolstering national resilience.</li> <li>Further actions also include continued infrastructure investment in the NHS Lothian unit as we progress into FY 2026/27. The impact of this will only increase overall resilience and reduce the risk profile</li> </ul> <p><b>Plans to monitor implementation</b></p> <ul style="list-style-type: none"> <li>Monitoring of the Risk Mitigation Plan comes via the following governance groups. <ol style="list-style-type: none"> <li>HSDU Risk Mitigation Group</li> <li>HSDU Quality Management Meeting (for specific items only).</li> <li>Estates &amp; Facilities Senior Management Team (where escalation required).</li> </ol> </li> <li>Given the high-risk circumstances of this risk, but also the increased activities to mitigate it, this risk level will be reviewed at the next cycle.</li> </ul> <p><b>Risks to the delivery of Risk Mitigation</b></p> <ul style="list-style-type: none"> <li>It is recognised that a substantial amount of funding allocated in 2025/26 enabled infrastructure upgrade, additional staffing and increased resilience through strengthening of 'on call' arrangements. Future funding, however, is not guaranteed.</li> <li>Plan to build a new decontamination unit in NHS Lothian have stalled, with no future Capital investment anticipated. Focus must therefore remain on continuing to increase resilience of the current unit.</li> </ul>
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 February 2026	<ul style="list-style-type: none"> <li>A working group is in place to oversee progress on remediation and route cause analysis relating to recent issue with water discolouration. Group contains stakeholders from Estates &amp; Facilities, Site Management and the PFI Provider as well as appropriate technical and assurance representation.</li> <li>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 continues to be on hold while ongoing legal processes are concluded (outcome may have a bearing on the risk moving forward)</li> <li>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.</li> </ul>
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"> <li>91% of planned internal audits of departments management of V&amp;A have been completed to date and due to complete by the end of quarter 1 and will report to the H&amp;S committee</li> <li>Infrastructure to support management of V&amp;A is likely to require revision and currently being scoped</li> <li>Risk mitigation plan will be presented to the July meeting of the Staff governance committee</li> </ul>

### Risk Assurance Table – Executive/Director Updates

3328	<p>Roadways/Traffic Management</p> <p><i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i></p>	Jim Crombie	<p>High: 12</p> <p>Likelihood: Possible (3) Impact: Major (4)</p>	<p>High: 12</p> <p>Likelihood: Possible (3) Impact: Major (4)</p>	<p>High: 12</p> <p>Likelihood: Possible (3) Impact: Major (4)</p>	Staff Governance Committee	Limited December 2025	<p><b>Key actions/updates</b></p> <ul style="list-style-type: none"> <li>• <b>REH</b> – A TRO is now fully in place on the grounds, specifically the ‘turning circle’ area. The effectiveness of this continues to be monitored by the local team.</li> <li>• <b>WGH</b> - A tone-way system is in place on ‘Hospital Main Drive’. A project to permanently re-purpose the road to a one-way system has now concluded and is in operation – this work being complete will be reflected in the next corporate risk reporting paper to the SG Committee. Consideration will be given on how this area of mitigation, now being in place, reflects on the wider risk profile.</li> <li>• Repair work to the multi-storey car park on the site has been delayed until Autumn of 2026 (in recognition of wider demolition works currently in progress on the campus grounds). The grounds of the RVH will act as a vital contingency when this work commences.</li> <li>• <b>RIE</b> – 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.</li> <li>• A contingency funding request has now been sent to the Capital Rolling Programme Leads Group for approval to progress with work on the pedestrian crossing area (red risk). This work would see the crossing moved to a more suitable area which would eliminate the current red risk.</li> </ul> <p><b>Future Actions and Impact</b></p> <ul style="list-style-type: none"> <li>• Future actions are defined within the Corporate Risk Reporting paper previously issued to Staff Governance Committee.</li> </ul> <p><b>Plans to monitor implementation</b></p> <ul style="list-style-type: none"> <li>• Traffic Management risks are managed via local Soft FM Management Teams, site Traffic Management Groups and also the Pan Lothian Traffic Management Group.</li> <li>• The Pan Lothian Traffic Management Group have recently established a dedicated Risk Register which will act to provide the group with clear oversight on traffic risks being raised, which cannot be managed at a site level.</li> </ul> <p><b>Risks to the delivery of Risk Mitigation</b></p> <p>Key risks are outlined in the most recent Corporate Risk update paper, submitted to the Staff Governance Committee.</p>
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### Risk Assurance Table – Executive/Director Updates

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 2026	<ul style="list-style-type: none"> <li>Governance structure and accountability framework approved by PLiCC in April (therefore standard 1 of the HIS Infection prevention and control standards; Effective leadership and governance is now met)</li> <li>All internal audit actions are now complete apart from one which is contingent on NES releasing resources</li> <li>Deputy associate nurse director post now out to advert. The banding now reflects similar posts in other NHS Scotland Boards, and it is hoped that this will improve the chance of successful recruitment</li> <li>NHS Lothian currently meets target for CDI but not SAB or ECB, however benchmarks positively with other Boards</li> <li>LDP targets and mandatory surveillance requirements for 2026/27 have not yet been advised by SG</li> <li>A further review of this risk and mitigations will be undertaken to refine and identify where specific elements of HAI risk should be managed</li> </ul>
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"> <li>Formal notification has been received that Health Boards will transition from the Public Sector Cyber Resilience Framework (PSCRF). The Scottish Health Competent Authority's (SHCA) revised assurance approach '<b>360 Assurance Cyber Resilience</b>' will be implemented for the 2026/27 audit year</li> <li>Results will be presented to the Audit &amp; Risk committee when available</li> <li>Work is underway to prepare for the Cyber Security resilience Bill.</li> </ul>

### Risk Assurance Table – Executive/Director Updates

5510	Royal Edinburgh Bed Occupancy  <i>Mental Health, Illness, and Wellbeing</i>	Jim Crombie	<b>V High: 25</b>  Likelihood: Almost certain (5) Impact: Extreme (5)	<b>V High: 25</b>  Likelihood: Almost certain (5) Impact: Extreme (5)	<b>Medium: 9</b>  Likelihood: Possible (3) Impact: Moderate (3)	Healthcare Governance Committee	Limited January 2026	<p><b>System Leadership Enhanced Oversight: The Mental Health Whole System Executive Improvement Board and Operational Improvement Group continue to provide oversight supporting sustained flow management. There are agreed workstreams that are being worked on with clear timelines in place.</b></p> <p><b>Infrastructure &amp; Capacity Changes:</b> In line with the position reported last quarter, the Divert Suite at the Royal Edinburgh Hospital (REH) remains operational. There continues to be a clear focus on stepping divert down; however, sustained high demand for capacity continues to present challenges to this. A paper will be presented to the Corporate Management Team on 21<sup>st</sup> May 2026, proposing a six-month extension of divert, while maintaining a strong emphasis on reducing reliance wherever safe and feasible.</p> <p>Progress continues in relation to capacity reduction within rehabilitation services, with a sustained focus on closing seven rehab beds by 30 June 2026. Work is also ongoing with system partners to address delayed discharges, including a whole-site Day of Care Audit scheduled for 29 April 2026, to be undertaken jointly with Edinburgh HSCP colleagues.</p> <p>Camus Tigh is on track to close. The planned date for patient handover to Active Healthcare is 5 May 2026, with a potential one- to two-week extension anticipated to allow completion of works within their new accommodation. Camus Tigh has completed an internal trawl and, following agreement at the April LCIG, is set to proceed to the open market. Remaining REAS staff continue to be supported through redeployment to vacant posts within West Lothian services or the Royal Edinburgh site.</p> <p><b>Strategic Planning: Continuing to work with Edinburgh HSCP to support the move of Intensive Home Treatment Team (IHTT) from REAS to EHSCP. This is to align the IHTT model with others across Lothian and to ensure a whole system approach to intensive home treatment.</b></p>
5737	Royal Infirmary of Edinburgh Fire Safety  <i>RIE</i>	Caroline Hiscox	<b>V High: 25</b>  Likelihood: Almost certain (5) Impact: Extreme (5)	<b>V High: 25</b>  Likelihood: Almost certain (5) Impact: Extreme (5)	<b>V High: 25</b>  Likelihood: Almost certain (5) Impact: Extreme (5)	Staff Governance Committee  Finance & Resources Committee	Limited March 2026  Limited December 2025	<p>Several actions contained within the Risk Mitigation Plan have now been complete. As such, key stakeholders will meet to formally discuss the update of both the Risk Description and Grading. This will aim to recognise the progress on risk mitigation activities though still acknowledging the risks that remain. This will be carried out in May 2026.</p> <p><b>Plans to monitor implementation:</b></p> <p>Measurement of the implementation and impact of the Fire Safety action plan continue to be reported to the local Fire Safety Group, the Estates &amp; Facilities Senior Management Team and to the Royal Infirmary of Edinburgh Health &amp; Safety Group.</p> <ul style="list-style-type: none"> <li>A Royal Infirmary of Edinburgh Fire Technical Safety Group has been re-established to provide technical oversight on fire safety, inclusive of remediation. In addition to this an RIE Fire Strategy Development &amp; Implementation Group is also now in place to provide longer-term focus on strategy surrounding the sites fire safety requirements. Both groups continue to meet to focus on fire safety and strategy on the site.</li> <li>There is further monitoring, where required, within the Estates and Facilities governance structure. This includes at site management level, via local operational meetings between NHS Lothian and the PFI provider, and senior management level, via Heads of Service meetings. Additionally, the Pan Lothian Fire Safety Governance Committee also act as a point of review and escalation where required.</li> </ul>

### Risk Assurance Table – Executive/Director Updates

6134	Reduced Working Week  <i>People and Culture</i>	Tom Power	High: 16  Likelihood: Likely (4) Impact: Major (4)	High: 16  Likelihood: Likely (4) Impact: Major (4)	Medium: 9  Likelihood: Possible (3) Impact: Moderate (3)	Staff Governance Committee  Healthcare Governance Committee  Finance & Resource Committee	Limited March 2026	<ul style="list-style-type: none"> <li>An impact assessment framework has been tested and shared with services to measure effectiveness of mitigation. This includes a route for reporting and escalation however, no key escalation has been highlighted to date</li> <li>The role of the implementation group is now as a monitoring and improvement group. This will include monitoring of funding allocated to services to support backfill where impact was assessed as high or very high risk</li> <li>Ongoing financial risk is recognised where backfill costs cannot be reduced over time, particularly alongside other competing increases in staffing costs including the band 5/6 nursing review</li> <li>Based on current evidence, the risk grading is reduced to high (12) with likelihood reduced to possible (3), impact remaining as major (4)</li> <li>Target grading is now set at medium (9), likelihood possible (3), impact moderate (3)</li> </ul>
6185	Safe Delivery of Maternity Services	Tracey Gillies	V High: 20  Likelihood: Almost certain (5) Impact: High (4)	V High: 20  Likelihood: Almost certain (5) Impact: High (4)		Healthcare Governance Committee  Staff Governance Committee	Limited May 2026  Limited March 2026	<ul style="list-style-type: none"> <li>Robust monitoring arrangements are in place to ensure delivery of the mitigation plan through established management and governance structures. This includes weekly SLWG meetings, a weekly highlight report, weekly meetings with Executive Directors, and monthly reporting to PSOB.</li> <li>Monthly meetings with Scottish Government governance colleagues continue to provide ongoing oversight and alignment.</li> <li>All HIS actions have now been completed with the exception of one action, which is aligned to the conclusion of the Environmental Improvement Lifecycle Programme at the RIE and is due for completion by December 2027.</li> <li>Progress continues across 10 critical actions, some of which focus on embedding completed HIS actions or sustaining work initiated through them (for example, recruitment and culture, and readiness at SJH).</li> <li>One remaining action is still to be completed in relation to the Whistleblowing Action Plan with progress actively monitored via the Maternity SLWG</li> <li>Despite the progress made, papers to SPPC and HGC in May recommend a position of limited assurance. This reflects that the impact of actions delivered to date is not yet fully evidenced and that further time is required to embed, sustain, and regularly review improvements—particularly those relating to culture, which will take longer to demonstrate measurable change.</li> </ul>
6274	National Delivery of Digital System Replacements  <i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i>	Caroline Hiscox	High: 16  Likelihood: Likely (4) Impact: Major (4)	High: 16  Likelihood: Likely (4) Impact: Major (4)		Finance and Resources Committee	TBD	<ul style="list-style-type: none"> <li>The Child Health Systems Program has completed, pending the end of post-release support and will be fully closed at the end of June</li> <li>The other items are subject to greater scrutiny from relevant CMT leads. Digital colleagues will be composing mitigation of the potential risk to NHS Lothian, and the risk mitigation plan will be presented to F&amp;R in August for assurance.</li> </ul>

**Meeting:** NHS Lothian Board

**Meeting date:** 24 June 2026

**Title:** March 2026 Financial Update

**Responsible Executive:** Craig Marriott, Director of Finance

**Report Author:** Andrew McCreadie, Deputy Director of Finance

## 1 Purpose

### This report is presented for:

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

### This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other - <b>Financial Reporting</b>	<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 March and year-end financial position for 2025/26, subject to review by external audit, along with a high-level update on the Month 1 position for 2026/27.

### 2.2 Background

This report forms part of the reporting cycle to the Board on the financial performance of NHS Lothian, in support of delivering year-end financial targets. This financial position report was considered at the Finance & Resources Committee on the 10<sup>th</sup> June 2026.

### 2.3 Assessment

The Board is presented with NHS Lothian's final financial position for 2025/26, which reports a small year-end underspend of £546k. A summary breakdown is provided in Table 1 below, with further detail set out in the main body of this paper.

**Table 1 – Month 12 Summary Financial Performance**

	<b>Month 12 Variance from Budget £'000</b>
Pay	27,021
Non Pays	(36,901)
Income	5,426
<b>Operational Position</b>	<b>(4,454)</b>
Corporate Reserves	5,000
<b>Total</b>	<b>546</b>

#### 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 31<sup>st</sup> March 2026**

At year end, and as previously reported, overspends have largely materialised on Acute Drugs, Medical Supplies, GP Prescribing, and Medical & Dental Pay costs.

Within the Business Units, financial pressures are presented within REAS due to the significant service challenges, along with overspends across several Acute sites again due to service and activity pressures.

REAS Nursing reported a £6.7m overspend against budget for the year. While the month to month overspend has progressively reduced and there has been a reduction in agency costs on the back of additional recruitment, issues persist relating to acuity in wards and one to one observations, meaning the Nursing pay financial pressure overall has not fallen as anticipated.

Acute Services reported a year end position of £20.4m overspent, across all Acute sites and Business Units. The RIE continues to have significant financial challenges, has under-delivered on Financial Recovery Plan savings and remains on escalation to the Financial Oversight Board.

Table 2 below gives the current variance against budget for NHS Lothian across expenditure headings, noting that accounts are currently subject to audit review with final accounts presented to the Board on the 24th June 2026.

**Table 2 – Breakdown of Variance as at Month 12**

<b>Description</b>	<b>Month 12 Variance from Budget £000's</b>
Medical & Dental	(6,527)
Nursing	10,731
Administrative Services	13,003
Support Services	436
Other Therapeutic	2,392
Other Pay	6,986
<b>Total Pay</b>	<b>27,021</b>
Drugs	(15,615)
Medical Supplies	(12,796)
Property Costs	(7,253)
Equipment Costs	(7,735)
Ancillary Costs	(5,006)
Other Non-Pay	21,542
Pharmaceuticals	(10,081)
Other FHS	(2,372)
<b>Total Non-pay</b>	<b>(39,318)</b>
<b>Income</b>	<b>5,426</b>
<b>Other</b>	<b>2,417</b>
<b>Operational Position</b>	<b>(4,454)</b>
Corporate Reserves	5,000
<b>Total Variance</b>	<b>546</b>

## **Financial Recovery Plans (FRPs)**

In 2025/26 there was a £64m (3%) recurring target for FRPs with £58.9m of plans identified for the year and delivery against these plans of £55.4m (2.6%) leaving a shortfall of £3.5m. Of the £55.4m delivered in year, £48m of plans identified have been delivered recurrently. Table 3 below shows the details of FRPs and delivery by Business Units with Table 4 showing the delivery by expenditure type.

**Table 3 – 2025/26 Month 12 Financial Recovery Plan Summary**

<b>Financial Year 2025/26</b>				
	<b>Schemes Identified</b>	<b>Achieved April - March</b>	<b>Shortfall April - March</b>	<b>FY Forecast @ M12</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Acute Services Division	28,383	26,972	(1,411)	22,424
Corporate Services	5,702	5,360	(342)	3,650
East Lothian HSCP	3,375	3,227	(148)	2,593
Edinburgh HSCP	6,699	6,312	(386)	6,652
Midlothian HSCP	2,505	2,521	16	2,645
West Lothian HSCP	3,312	3,242	(69)	2,948
Facilities	5,069	5,080	10	5,279
Reas	2,270	1,170	(1,100)	1,170
Directorate Of Primary Care	1,192	1,104	(88)	565
Income/Healthcare Purchases	441	441	0	0
<b>Grand Total</b>	<b>58,947</b>	<b>55,429</b>	<b>(3,517)</b>	<b>47,926</b>

**Table 4 – 2025/26 Month 12 Financial Recovery Plan by Type**

	<b>Schemes Identified</b>	<b>Total Achieved</b>	<b>Recurrently Achieved</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Nursing	7,711	6,139	4,717
Medical & Dental	4,427	4,748	4,074
Administrative Services	5,081	4,623	3,233
Allied Health Professionals	1,197	1,189	871
Health Science Services	1,471	1,976	2,070
Other Pay	2,648	2,614	2,172
<b>Total Pay Efficiency Savings</b>	<b>22,536</b>	<b>21,291</b>	<b>17,137</b>
Drugs	9,245	8,812	8,719
Pharmaceuticals	8,739	9,264	8,739
Administration Costs	5,478	4,768	4,511
Medical Supplies	5,108	4,829	3,304
Property Costs	2,636	2,560	3,092
Equipment Costs	1,155	985	909
Service Agreements	1,043	43	43
Other non-pay	754	540	598
<b>Total Non-pay Efficiency Savings</b>	<b>34,157</b>	<b>31,800</b>	<b>29,915</b>
<b>Income Efficiency Savings</b>	<b>2,254</b>	<b>2,338</b>	<b>874</b>
<b>Total</b>	<b>58,947</b>	<b>55,429</b>	<b>47,926</b>

As can be seen within the 2026/27 Financial Plan, a failure to fully achieve 3% recurring savings in 25/26 impacts the following year, particularly in relation to reducing the recurring financial deficit. Financial Oversight Board (FOB) escalation for performance monitoring of delivering the 3% target and recurrency will remain in place for the coming year Table 5 below shows areas and their % achieved levels.

**Table 5 – Financial Recovery Plans % Achievement**

	<b>Target @ 3%</b>	<b>25/26 Achieved</b>	<b>% Achieved</b>
	<b>£'000</b>	<b>£'000</b>	
Acute Services Division Total	28,438	26,972	2.8%
Corporate Services Total	4,736	5,360	3.4%
Directorate Of Primary Care	1,302	1,104	2.5%
East Lothian HSCP	3,375	3,227	2.9%
Edinburgh HSCP	10,460	6,312	1.8%
Midlothian HSCP	2,439	2,521	3.1%
West Lothian HSCP	4,396	3,242	2.2%
Reas	3,861	1,170	0.9%
Facilities	4,724	5,080	3.2%
Income/ Healthcare Purchases	441	441	3.0%
<b>Total</b>	<b>64,171</b>	<b>55,429</b>	<b>2.6%</b>

### **Integration Joint Boards Health Year End Outturn**

As it currently stands, all four IJBs have achieved a balanced position in relation to their Health delegated budgets. To enable this, all four IJBs have required additional non-recurring support from NHS Lothian.

The level of NHS Lothian additional non-recurring support provided to the IJBs is shown below:

- East Lothian IJB           £2.1m
- Edinburgh IJB            £8.6m
- Midlothian IJB           £1.6m
- West Lothian IJB         £0.3m

Appendix 3 sets out the outturn position by IJB, showing the outturn position before any additional resource that has resulted in a balanced health budget position across all IJBs.

### **Summary Month 1 Financial Position for 2026/27**

As in line with previous years, a high-level Month 1 position is reported to F&R, to give assurance that the initial financial position is in line with Financial Plan predictions and assumptions. Early indications are that with this is the case as Month 1 is showing a £4.7m overspend compared to a £6.9m predicted Financial Plan overspend which is based on an £83m deficit before achievement of FRP savings and Asset Sales. Table 6 sets out the summary Month 1 Financial Position. More in depth analysis of the early 2026/27 financial position will be reported regularly to CMT with updates reported to F&R.

**Table 6 - Month 1 Summary Financial Performance**

	<b>Month 1 Variance from Budget £'000</b>
Pay	(1,134)
Non Pays	(6,152)
Income	1,340
<b>Operational Position</b>	<b>(5,946)</b>
Corporate Reserves	1,273
<b>Total</b>	<b>(4,673)</b>

#### **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 service changes 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**

Regular finance update reporting is provided to the Board after consideration by the Finance & Resources Committee (F&R). The month 12 financial position, subject to audit, was reported to F&R in June 2026

- Month 12 Financial Position - F&R 10<sup>th</sup> June 2026

## 2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the achievement of financial balance by NHS Lothian, reporting a small underspend of £546k for 2025/26 subject to final audit review.
- **Awareness** – For Members to note delivery of £55m of Financial Recovery Plan savings for 2025/26, £48m of these recurring.
- **Awareness** – For Members to note that all IJBs have achieved a balanced Health Position with additional flexibility delegated to all IJBs.
- **Awareness** – For members to note the month 1 2026/27 financial position being £4.7m overspent but in line with financial plan estimates.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 31<sup>st</sup> March 2026
- Appendix 2, NHS Lothian Summary by Operational Unit to 31<sup>st</sup> March 2026
- Appendix 3, IJB Health Year End Position Summary

## Appendix 1 - NHS Lothian Income & Expenditure Summary to 31<sup>st</sup> March 2026

	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	452,569	452,569	459,095	(6,527)
Nursing	749,486	749,486	738,755	10,731
Administrative Services	208,847	208,847	195,844	13,003
Allied Health Professionals	132,299	132,299	127,639	4,660
Health Science Services	63,040	63,040	60,083	2,957
Management	7,591	7,591	7,125	466
Support Services	112,933	112,933	112,497	436
Medical & Dental Support	21,566	21,566	21,567	(0)
Other Therapeutic	75,157	75,157	72,765	2,392
Personal & Social Care	3,358	3,358	3,011	347
Other Pay	(10,814)	(10,814)	(10,536)	(279)
Emergency Services	0	0	4	(4)
Vacancy Factor	(1,374)	(1,374)	(214)	(1,161)
<b>Pay</b>	<b>1,814,657</b>	<b>1,814,657</b>	<b>1,787,637</b>	<b>27,021</b>
Drugs	171,659	171,659	187,274	(15,615)
Medical Supplies	134,869	134,869	147,665	(12,796)
Maintenance Costs	7,778	7,778	11,097	(3,319)
Property Costs	49,517	49,517	56,770	(7,253)
Equipment Costs	41,006	41,006	48,740	(7,735)
Transport Costs	7,169	7,169	10,549	(3,380)
Administration Costs	150,241	150,241	119,360	30,881
Ancillary Costs	13,516	13,516	18,522	(5,006)
Other	(18,242)	(18,242)	(20,700)	2,458
Service Agreement Patient Services	66,616	66,616	69,166	(2,550)
Savings Target Non-pay	2,491	2,491	0	2,491
Resource Transfer/LA Payments	127,093	127,093	132,132	(5,039)
<b>Non-pay</b>	<b>753,714</b>	<b>753,714</b>	<b>780,578</b>	<b>(26,864)</b>
Premises	0	0	8	(8)
GMS2 Expenditure	191,040	191,040	193,433	(2,393)
NCL Expenditure	923	923	878	45
Other Primary Care Expenditure	87	87	103	(16)
Pharmaceuticals	170,103	170,103	180,185	(10,081)
<b>Primary Care</b>	<b>362,153</b>	<b>362,153</b>	<b>374,607</b>	<b>(12,454)</b>
<b>Other</b>	<b>267</b>	<b>267</b>	<b>1,076</b>	<b>(808)</b>
<b>Income</b>	<b>(468,960)</b>	<b>(468,960)</b>	<b>(474,386)</b>	<b>5,426</b>
<b>Extraordinary Items</b>	<b>0</b>	<b>0</b>	<b>(3,225)</b>	<b>3,225</b>
<b>Operational Position</b>	<b>2,461,832</b>	<b>2,461,832</b>	<b>2,466,286</b>	<b>(4,454)</b>
Corporate Reserves Flexibility	5,000	5,000	0	5,000
<b>Total Variance</b>	<b>2,466,832</b>	<b>2,466,832</b>	<b>2,466,286</b>	<b>546</b>

## Appendix 2 - NHS Lothian Summary by Operational Unit to 31<sup>st</sup> March 2026

	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	(7,587)	290	188	163	(100)	1,371	(785)	135	(47)	0	(155)	0	(6,527)	0	(6,527)
Nursing	3,653	3,803	5,197	1,079	909	(78)	(6,666)	2,682	67	(0)	85	0	10,731	0	10,731
Administrative Services	4,065	1,032	2,718	(45)	329	236	261	3,537	847	10	13	(0)	13,003	0	13,003
Allied Health Professionals	372	1,001	1,822	171	985	5	(58)	371	34	0	(43)	0	4,660	0	4,660
Health Science Services	3,237	(0)	414	(18)	31	(3)	(37)	(459)	0	0	(209)	0	2,957	0	2,957
Management	(210)	(13)	312	9	(0)	(148)	47	281	187	0	0	0	466	0	466
Support Services	(9)	0	115	208	6	(13)	358	56	(287)	0	0	0	436	0	436
Medical & Dental Support	(1,064)	(4)	83	0	0	940	16	28	0	0	0	0	(0)	0	(0)
Other Therapeutic	154	101	276	69	157	12	1,514	55	(6)	0	60	0	2,392	0	2,392
Personal & Social Care	51	(18)	181	0	53	0	(34)	135	0	0	(21)	0	347	0	347
Other Pay	438	0	228	0	0	(0)	(1)	72	(17)	0	(997)	0	(279)	0	(279)
Emergency Services	0	0	0	0	0	0	0	0	(4)	0	0	0	(4)	0	(4)
Vacancy Factor	0	0	(1,764)	0	0	603	0	0	0	0	0	0	(1,161)	0	(1,161)
<b>Pay</b>	<b>3,099</b>	<b>6,192</b>	<b>9,770</b>	<b>1,638</b>	<b>2,370</b>	<b>2,926</b>	<b>(5,384)</b>	<b>6,893</b>	<b>774</b>	<b>10</b>	<b>(1,266)</b>	<b>(0)</b>	<b>27,021</b>	<b>0</b>	<b>27,021</b>
Drugs	(13,262)	(326)	(591)	(269)	(222)	(658)	(827)	545	(4)	(0)	0	0	(15,615)	0	(15,615)
Medical Supplies	(9,974)	(499)	(1,154)	(277)	(226)	231	(132)	(168)	(592)	0	(5)	0	(12,796)	0	(12,796)
Maintenance Costs	(954)	(90)	(189)	(41)	(411)	(40)	(160)	(74)	(1,360)	0	0	0	(3,319)	0	(3,319)
Property Costs	(118)	25	142	(90)	(130)	(164)	6	(9)	(5,947)	(968)	0	0	(7,253)	0	(7,253)
Equipment Costs	(3,981)	(304)	(947)	(170)	(300)	(28)	(406)	(1,664)	140	(69)	(6)	0	(7,735)	0	(7,735)
Transport Costs	(1,711)	(484)	(291)	(4)	(7)	(10)	(306)	(110)	(113)	(335)	(6)	(3)	(3,380)	0	(3,380)
Administration Costs	1,839	1,927	904	1,558	1,747	360	2,631	1,458	6,059	216	1,128	29	19,856	11,025	30,881
Ancillary Costs	(1,733)	(59)	11	(48)	(80)	(16)	(97)	(1,412)	(1,572)	(0)	0	0	(5,006)	0	(5,006)
Other	251	(7)	112	(2)	1	(0)	1	1,156	465	481	0	0	2,458	0	2,458
Service Agreement Patient Serv	176	(70)	214	36	(466)	37	(1,596)	(199)	(8)	0	0	(674)	(2,550)	0	(2,550)
Savings Target Non-pay	0	0	0	8	0	0	0	2,180	0	302	0	0	2,491	0	2,491
Resource Trf + L/a Payments	(459)	(353)	(3,249)	(1,010)	44	0	119	(132)	0	0	0	0	(5,039)	0	(5,039)
<b>Non-pay</b>	<b>(29,926)</b>	<b>(240)</b>	<b>(5,039)</b>	<b>(307)</b>	<b>(51)</b>	<b>(289)</b>	<b>(767)</b>	<b>1,572</b>	<b>(2,933)</b>	<b>(373)</b>	<b>1,111</b>	<b>(647)</b>	<b>(37,889)</b>	<b>11,025</b>	<b>(26,864)</b>
Premises	(8)	0	0	0	0	0	0	0	0	0	0	0	(8)	0	(8)
Gms2 Expenditure	(51)	(640)	(1,315)	(333)	(7)	15	(6)	(56)	0	0	0	0	(2,393)	0	(2,393)
Ncl Expenditure	0	0	0	0	0	45	0	0	0	0	0	0	45	0	45
Other Primary Care Expenditure	(16)	0	0	0	0	0	0	0	0	0	0	0	(16)	0	(16)
Pharmaceuticals	0	(1,976)	(3,640)	(995)	(1,974)	(1,497)	0	0	0	0	0	0	(10,081)	0	(10,081)
<b>Primary Care</b>	<b>(75)</b>	<b>(2,616)</b>	<b>(4,955)</b>	<b>(1,328)</b>	<b>(1,981)</b>	<b>(1,437)</b>	<b>(6)</b>	<b>(56)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(12,454)</b>	<b>0</b>	<b>(12,454)</b>
<b>Other</b>	<b>(12)</b>	<b>0</b>	<b>(19)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1)</b>	<b>(773)</b>	<b>0</b>	<b>0</b>	<b>(2)</b>	<b>(808)</b>	<b>0</b>	<b>(808)</b>
<b>Income</b>	<b>6,453</b>	<b>86</b>	<b>(53)</b>	<b>53</b>	<b>(10)</b>	<b>(7)</b>	<b>1</b>	<b>662</b>	<b>(667)</b>	<b>(4,372)</b>	<b>155</b>	<b>3,124</b>	<b>5,426</b>	<b>0</b>	<b>5,426</b>
<b>Extraordinary Items</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,225</b>	<b>0</b>	<b>0</b>	<b>3,225</b>	<b>0</b>	<b>3,225</b>
<b>Operational Position</b>	<b>(20,462)</b>	<b>3,422</b>	<b>(296)</b>	<b>56</b>	<b>329</b>	<b>1,193</b>	<b>(6,156)</b>	<b>9,070</b>	<b>(3,599)</b>	<b>(1,509)</b>	<b>0</b>	<b>2,474</b>	<b>(15,479)</b>	<b>11,025</b>	<b>(4,454)</b>
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	5,000	5,000
<b>Total Variance</b>	<b>(20,462)</b>	<b>3,422</b>	<b>(296)</b>	<b>56</b>	<b>329</b>	<b>1,193</b>	<b>(6,156)</b>	<b>9,070</b>	<b>(3,599)</b>	<b>(1,509)</b>	<b>0</b>	<b>2,474</b>	<b>(15,479)</b>	<b>16,025</b>	<b>546</b>

### Appendix 3 – IJB Health Year End Position Summary

	East Lothian IJB Variance £'000	Edinburgh IJB Variance £'000	Midlothian IJB Variance £'000	West Lothian IJB Variance £'000
Core	(897)	(271)	(354)	(832)
Hosted	(105)	(3,390)	(243)	1,047
Set Aside	(1,085)	(4,982)	(954)	(2,469)
<b>Initial IJB Variance</b>	<b>(2,087)</b>	<b>(8,643)</b>	<b>(1,552)</b>	<b>(2,254)</b>
Non-Recurring Additional Resources Allocated	2,087	8,643	1,552	254
Drawn Down from IJB General Reserves				2,000

**Meeting:** NHS Lothian Board

**Meeting date:** 24 June 2026

**Title:** 5 Year Financial Plan 2026/27 - 2030/31

**Responsible Executive:** Craig Marriott, Director of Finance

**Report Author:** Andrew McCreadie, Deputy Director of Finance

## 1 Purpose

### This report is presented for:

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

### This report relates to:

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

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

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

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

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

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

## **2 Report summary**

### **2.1 Situation**

The purpose of this report is to provide the Board with the final update of the NHS Lothian Financial Plan for the next five years, with specific focus on the Financial Outlook for 2026/27.

### **2.2 Background**

This paper sets out the assessment of the financial position in future years based on the current estimated forecast outturn, anticipated growth and additional resources. This Financial Plan paper was considered by the Finance & Resources (F&R) Committee at its meeting of 25th March, where they endorsed the Financial Plan and Financial Outlook for 2026/27. It was presented and approved at the Board meeting in April in private.

### **2.3 Assessment**

The Financial Plan presented in this paper builds on previous iterations reported to the F&R Committee, in its consideration of the 2026/27 Financial Plan in order for initial budgets to be set.

The Financial Outlook presented recognises the output of the Scottish Government budget announcement in January, ongoing commitments made, non-recurring benefits and projected expected growth in costs. Business Units have contributed to the production of this plan, particularly in relation to the submission of Financial Recovery Plans.

The final Financial Plan presented reports a gap of £18m. This is following work within the Business Units to update cost growth and identify further savings along with an overall review of all available corporate reserve flexibility. This £18m gap represents the remaining value of Financial Recovery Plans still to be identified to achieve the 3% target required, and delivery of this efficiency target will support financial balance in the coming year.

Table 1 below provides a summary of the 2026/27 Financial Plan and shows the financial gap projected in the next financial year of £83m before Financial Recovery Plan savings. Further detail of the 5 year financial outlook is provided in Appendix 1, with Appendix 2 showing the 2026/27 plan by Business Unit and by IJBs at Appendix 3.

**Table 1 – 2026/27 Financial Plan Summary**

	<b>March Financial Plan 26/27 Variance £m</b>
Baseline Carry Forward Pressures	(88)
Total Growth, Uplifts & Commitments Pressures	(144)
<b>Total Projected Financial Gap</b>	<b>(232)</b>
<b>Recurring Resources</b>	
Base Uplift Funding 2%	44
Additional Pay	24
Agenda for Change Reform	23
Primary Care Investment	13
NRAC Funding	2
Other Health Board Income	5
<b>Non Recurring Resources</b>	
Sustainability Funding	23
Non Recurring Flexibility	16
<b>Additional Resources</b>	<b>149</b>
<b>Financial Gap before Recovery Plans</b>	<b>(83)</b>
Financial Recovery Plans	48
Plans Identified but not Approved	2
Asset Sales	15
<b>Financial Gap</b>	<b>(18)</b>
FRPs Required to be Identified to achieve 3% delivery	18
<b>Final Financial Plan</b>	<b>0</b>

### 2.3.1 Quality/ Patient Care

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

### 2.3.2 Workforce

The Financial Plan still assumes that all new funding received for Agenda for Change non pay reform is matched by associated costs in 2026/27 as parts of the 2023/24 Agenda for Change (AfC) pay deal elements are implemented. Whilst assuming that there will be no financial pressure, indication suggests a financial risk associated with AfC reform, specifically in relation to the Reduction of the Working Week and Band 5 to 6 Nursing review, and this is documented in the Risk Register. There are no detailed workforce changes built in by Business Unit at this stage.

## 2.3.3 Financial

### Financial Plan Outturn Projections

#### Baseline Carry Forward Pressures

Table 1 above, showing the summary 2026/27 financial outlook, highlights £88m of baseline carry forward pressures identified as the underlying financial deficit. This baseline financial pressure was formed from the 2025/26 Quarter 2 forecast review of financial pressures adjusted for non-recurring benefits not available in 2026/27 and the non-recurrent sustainability funding received in 2025/26.

The strategic intent from Finance in 2025/26 was to deliver three ambitions:

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

The current challenges in-year to deliver financial balance through recurrent Financial Recovery Plan savings is a factor in our ability to deliver a reduction in the underlying financial gap. As emphasised throughout the year, cost growth on non-pay elements and Acute and GP Prescribing continues to exceed the level of base uplift funding from the Scottish Government.

#### Additional Expenditure Growth, Uplifts & Commitments

An assessment of 2026/27 growth in expenditure and known service commitments across all areas has been reviewed and updated within the Plan, including the Scottish Government agreed national financial planning assumptions. Table 2 shows a summary of the assumed additional costs included for 2026/27, now totalling £144m.

**Table 2 – Summary of Expenditure Growth for 2026/27**

		Assumed %	Total £m
<b>Pay</b>	AfC	3.75%	45
	Senior Medical & Dental	3%	7
	Specialist & Associate Specialist Doctors	3%	1
	Resident Doctors	3%	2
	AfC Reform		23
	Consultant Seniority & Discretionary Points		4
	Recruitment against vacancies		2
<b>Non Pay</b>	GP Prescribing	5.5%	10
	General Non Pay Uplift	2%	6
	Hospital Drugs	14%	15
	Primary Care Investment		13
	Business Services Programme		3
	Medical Supplies		6
	Other		6
<b>Total</b>			<b>144</b>

The overall financial outlook gap for 2026/27, including the expenditure growth noted above and before any additional offsetting resources are considered, equates to £232m.

### **Available Additional Resources**

To support and underpin the overall 2026/27 Financial Plan Gap, a review of all income sources and all corporate flexible resources has been undertaken. In support of presenting a route to a balanced financial plan, further additional income has been assumed for 2026/27 which reflects an increase in SLA income in relation to other Health Boards activity and SLA percentage uplift, estimated at £5m.

With significant assurance now recorded in relation to achieving breakeven in 2025/26 £16m of resources that had been held to support the achievement of breakeven can now be moved into 2026/27 to support non recurrently, the overall financial gap. The main elements reflect corporate resource set aside to support financial balance in 2025/26 now not required due to the CNORIS reduction in costs for 2025/26, New Medicine Funding additional allocation which can transfer into the new financial year, and Sustainability Funding not required to support financial balance in 2025/26.

This now gives the total assumed resources of £149m against current pressures of £232m which gives rise to a financial outlook projected gap, before Financial Recovery Plans, of £83m for 2026/27.

In addition to the above available resources, asset sales of £15m has been incorporated as a way of supporting achievement of a balanced plan. The use of non-recurring resources and one off benefits, like asset sales, to support general pressures means the resource is not available for other clinical developments.

### **Financial Recovery Plans**

The ambition to deliver a balanced financial outlook in 2026/27 by Business Units delivering 3% savings remains a key target and is in line with Scottish Government's request for Boards to deliver 3% recurring savings. To date, plans have been identified totalling £50m, which includes £2m of HSCP schemes awaiting final agreement at the time of preparing the Plan. Of this, £41m of schemes are recurring and £9m non-recurring. Table 3 below shows the summary position of FRPs by Business Unit against the 3% target.

Business Units must now focus on identifying additional FRP schemes to achieve the 3% FRP target and the outstanding target of £18m. This is now the balancing factor in presenting a balanced Financial Plan to the Board and the Scottish Government as showing in Table 1 above.

**Table 3 – FRP Submissions 2026/27**

	<b>Target @ 3%</b>	<b>Financial Recovery Plans</b>	<b>Financial Recovery Plans</b>
	<b>£m</b>	<b>£m</b>	<b>%</b>
Acute Services Division	30	21	2%
Corporate Services	5	5	3%
REAS	4	5	3%
Directorate Of Primary Care	1	1	3%
Facilities	5	5	3%
East Lothian Partnership	4	2	1%
Edinburgh Partnership	11	6	2%
Midlothian Partnership	3	2	2%
West Lothian Partnership	5	3	2%
<b>Total</b>	<b>68</b>	<b>50</b>	<b>2%</b>
<b>Plans still to be Identified</b>		<b>18</b>	
<b>Grand Total</b>	<b>68</b>	<b>68</b>	<b>3%</b>

### **Integrated Joint Boards (IJBs) Financial Plans**

The Financial Plan has also been split by the Lothian IJBs based on the current mapping table of services. The output of this work is shown in detail within Appendix 3. This shows the share of the anticipated cost pressures and identifies the potential level of savings required in 2026/27 for IJBs to achieve financial balance. The Plan presented passes on shares of the 2% baseline uplift and the Plan assumes all of this uplift resource allocated to IJBs will remain in Health and used against supporting Health financial pressures.

Of the £83m financial gap before Recovery Plans, £28m relates to delegated IJB functions and this is shown by IJB in Appendix 3. The Board will work closely with IJBs to review overall financial positions and support, where possible, the delivery of a balanced health position in relation to delegated budgets. The resources above that are not yet allocated will support health financial pressures both delegated and non-delegated following a review of pressures at Q1 and subsequent CMT approval.

NHS Lothian can expect Directions from each of the IJBs in relation to the deployment of resources for next year. This process may produce further risks and issues that are not yet identified. The IJBs will subsequently consider their own strategic plans for the next 3-5 years. NHS Lothian will formally write to Chief Officers and Chief Finance Officers following Board approval of the Financial Plan to set out the share of the overall financial gap within their IJB up to 2030/31 and invite IJBs to prepare strategic plans that will support delivery of financial balance within their delegated functions.

### **Letter from Chief Finance Officer Health and Social Care**

Following submission of this Financial Plan to the Scottish Government in March seeking their approval, they have replied to the submission with their acceptance. The full letter is attached as Appendix 5.

The actions listed by the SG to ensure delivery of the plan are listed as follows:-

- Delivery of savings schemes begins as early as possible in the financial year, to benefit from a full year impact in 2026-27;
- Further recurring savings are delivered to meet the 3% national target;
- Emerging pressures or risks above those reported in your financial plan are identified as soon as possible, and discuss as a Board what mitigating actions can be taken to offset these;
- Progress with the areas of focus set out in the revised 15 Box Grid is considered, alongside any further support we can provide;
- There is full engagement with your Board Support Lead; and
- Engagement continues through your Sub-National area to deliver the priorities set out within the Directors Letter (DL) on 13 November 2025.

### **Sub-National Planning – East Financial Plan 2026/27**

Director's letter DL (2025) 25, received in November 2025, laid down an expectation through collaborative working, that there would be delivery of sub-national plans by 31 March 2026 for the key service areas set out in the DL and production of a consolidated Financial Plan for Scotland East for 2026/27. Alongside this consolidated sub national Financial Plan Scottish Government requested a Scotland East financial planning narrative be submitted to them along with Boards Financial Plans. Scotland East Finance have worked together to produce the Scotland East financial planning narrative and this is shared at Appendix 6.

#### **2.3.4 Risk Assessment/Management**

The corporate risk register includes the following risk:

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

The contents of this report are aligned to the above risk and at this stage there is no further requirement to add to this risk.

A Risk register is attached at Appendix 4.

#### **2.3.5 Equality and Diversity, including health inequalities**

The Public Sector Equality Duty and / or Fairer Scotland Duty does not apply to this report. The report shares the financial position for awareness and does not relate to the planning and development of specific health services. Any future service changes or decisions that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty.

#### **2.3.6 Other impacts**

There are no other impacts from this report.

### 2.3.7 Communication, involvement, engagement and consultation

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

### 2.3.8 Route to the Meeting

This is the final iteration of the NHS Lothian 5 Year Financial Plan 2026/27 – 2030/31. Regular updates were made to Finance & Resources Committee and the NHS Lothian Board during this Financial year.

## 2.4 Recommendation

The report asks the Board for:

- **Awareness** - For Members to note that, based on information currently available, NHS Lothian is able to provide **moderate assurance** on its ability to deliver a balanced financial position in 2026/27.
- **Awareness** - For Members to note that, based on information currently available, this final iteration of NHS Lothians Financial Outlook for 2026/27 shows an £83m projected deficit before Financial Recovery Plan savings and Asset Sales.
- **Awareness** - For Members to note, the requirement to deliver a full 3%, £68m of savings, which is an additional £18m on the schemes identified to date.
- **Awareness** – For members to note approval of the Financial Plan by the Board at its April private meeting and noting approval by the Scottish Government per Appendix 5 and as endorsed by the Finance and Resources Committee on 25<sup>th</sup> March 2026.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, 2026/27 to 2030/31 Financial Outlook
- Appendix 2, 2026/27 Financial Outlook by Business Unit
- Appendix 3, 2026/27 Financial Outlook by Integration Joint Board
- Appendix 4, Financial Plan Risk Register
- Appendix 5 - Letter from Chief Finance Officer Health and Social Care
- Appendix 6 – Finance – Supporting the Sub-National East Programme

Appendix 1 – 2026/27 to 2030/31 Financial Outlook

	26/27 Variance	27/28 Variance	28/29 Variance	29/30 Variance	30/31 Variance
	£m	£m	£m	£m	£m
<b>Baseline Carry Forward Pressures</b>	<b>(88)</b>	<b>(80)</b>	<b>(103)</b>	<b>(130)</b>	<b>(163)</b>
<b>Total Growth, Uplifts &amp; Commitments Pressures</b>	<b>(144)</b>	<b>(94)</b>	<b>(97)</b>	<b>(99)</b>	<b>(102)</b>
<b>Total Projected Financial Gap</b>	<b>(232)</b>	<b>(173)</b>	<b>(200)</b>	<b>(229)</b>	<b>(264)</b>
<b>Recurring Resources</b>					
Base Uplift Funding - Pay	31	31	32	33	33
Base Uplift Funding - Non Pay	14	14	14	14	15
Additional Pay	22				
Additional Pay - Balance Required	2	16	17	18	19
Agenda for Change Reform	23				
Primary Care Investment	13				
NRAC	2				
Other Health Board Income	5	1	1	1	1
<b>Non Recurring Resources</b>					
Sustainability	23	15	8		
Corporate Resource Flexibility	16				
<b>Additional Resources</b>	<b>149</b>	<b>78</b>	<b>72</b>	<b>66</b>	<b>68</b>
<b>Financial Gap before Recovery Plans</b>	<b>(83)</b>	<b>(96)</b>	<b>(128)</b>	<b>(163)</b>	<b>(196)</b>
<b>Financial Recovery Plans</b>	<b>50</b>	<b>2</b>			
<b>Asset Sales</b>	<b>15</b>				
<b>Total Financial Gap</b>	<b>(18)</b>	<b>(94)</b>	<b>(128)</b>	<b>(163)</b>	<b>(196)</b>

## Appendix 2 - 2026/27 Financial Outlook by Business Unit

	NHS Lothian £m	Acute Services Division £m	REAS £m	Dir Of Primary Care £m	East Lothian HSCP £m	Edinburgh HSCP £m	Midlothian HSCP £m	West Lothian HSCP £m	Facilities £m	Corporate Services £m	Strategic Services £m	Income/ Healthcare Purchases £m	R&D £m	Reserves £m
<b>Baseline Carry Forward Pressures</b>	(88)	(43)	(6)	0	3	(3)	(0)	(1)	(20)	(19)	(3)	3	0	(0)
Pay Award Estimate	(55)	(30)	(5)	(1)	(2)	(3)	(1)	(2)	(4)	(5)	(0)		(0)	
Projected Expenditure Uplifts & Commitments	(88)	(31)	(1)	(1)	(2)	(6)	(2)	(3)	(1)	(1)	(0)	(0)	(0)	(40)
<b>Total Growth, Uplifts &amp; Commitments</b>	<b>(144)</b>	<b>(61)</b>	<b>(5)</b>	<b>(2)</b>	<b>(5)</b>	<b>(10)</b>	<b>(3)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(40)</b>
<b>Total Projected Financial Gap</b>	<b>(232)</b>	<b>(104)</b>	<b>(12)</b>	<b>(2)</b>	<b>(1)</b>	<b>(12)</b>	<b>(3)</b>	<b>(5)</b>	<b>(25)</b>	<b>(25)</b>	<b>(4)</b>	<b>3</b>	<b>(0)</b>	<b>(40)</b>
<b>Recurring Resources</b>														
Base Uplift Funding - Pay	31	30	5	1	2	3	1	2	4	5	0		0	(24)
Base Uplift Funding - Non Pay	14	2	0							0				11
Additional Pay	22													22
Additional Pay - Balance Required	2													2
Agenda for Change Reform	23													23
Primary Care Investment	13													13
NRAC	2													2
Other Health Board Income	5													5
<b>Non Recurring Resources</b>														
Sustainability	23	0							3	9				10
Flexibility	16													16
<b>Additional Resources</b>	<b>149</b>	<b>32</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>79</b>
<b>Gap before Financial Recovery Plans</b>	<b>(83)</b>	<b>(72)</b>	<b>(7)</b>	<b>(0)</b>	<b>1</b>	<b>(9)</b>	<b>(2)</b>	<b>(3)</b>	<b>(18)</b>	<b>(10)</b>	<b>(4)</b>	<b>3</b>	<b>(0)</b>	<b>39</b>
Financial Recovery Plans	50	21	5	1	2	6	2	3	5	5		0		
Asset Sales	15													15
<b>Total Financial Gap</b>	<b>(18)</b>	<b>(51)</b>	<b>(2)</b>	<b>1</b>	<b>3</b>	<b>(3)</b>	<b>(0)</b>	<b>(0)</b>	<b>(13)</b>	<b>(6)</b>	<b>(4)</b>	<b>3</b>	<b>(0)</b>	<b>54</b>

### Appendix 3 – 2026/27 Financial Outlook by Integration Joint Boards

	NHS Lothian £m	East Lothian IJB £m	Edinburgh IJB £m	Mid Lothian IJB £m	West Lothian IJB £m	Non Delegated £m
<b>Baseline Carry Forward Pressures</b>	<b>(88)</b>	<b>(1)</b>	<b>(12)</b>	<b>(2)</b>	<b>(3)</b>	<b>(69)</b>
Pay Award Estimate	(55)	(3)	(10)	(2)	(4)	(37)
Projected Expenditure Uplifts & Commitments	(88)	(3)	(8)	(2)	(3)	(73)
<b>Total Growth, Uplifts &amp; Commitments</b>	<b>(144)</b>	<b>(5)</b>	<b>(18)</b>	<b>(4)</b>	<b>(7)</b>	<b>(109)</b>
<b>Total Projected Financial Gap</b>	<b>(232)</b>	<b>(7)</b>	<b>(30)</b>	<b>(6)</b>	<b>(11)</b>	<b>(179)</b>
<b>Recurring Resources</b>						
Base Uplift Funding - Pay	31	1	5	1	2	20
Base Uplift Funding - Non Pay	14	1	4	1	2	6
Additional Pay	22	1	4	1	2	15
Additional Pay - Balance Required	2	0	0	0	0	1
Agenda for Change Reform	23					23
Primary Care Investment	13					13
NRAC	2					2
Other Health Board Income	5					5
<b>Non Recurring Resources</b>						
Sustainability	23					23
Flexibility	16					16
<b>Additional Resources</b>	<b>149</b>	<b>4</b>	<b>14</b>	<b>3</b>	<b>5</b>	<b>123</b>
<b>Financial Gap before Financial Recovery Plans</b>	<b>(83)</b>	<b>(3)</b>	<b>(16)</b>	<b>(3)</b>	<b>(5)</b>	<b>(56)</b>
<b>Financial Recovery Plans</b>	<b>50</b>	<b>2</b>	<b>11</b>	<b>2</b>	<b>5</b>	<b>30</b>
<b>Asset Sales</b>	<b>15</b>					<b>15</b>
<b>Total Financial Gap</b>	<b>(18)</b>	<b>(1)</b>	<b>(5)</b>	<b>(1)</b>	<b>(1)</b>	<b>(11)</b>

## Appendix 4 – Financial Plan Risk Register

Key Assumptions / Risks	Financial Plan Risk Rating	Impact
Non Pay Elements of AFC Pay Reform	High Risk	There is a risk that the nationally agreed changes to AFC terms and conditions relating to reducing working week, protected learning time and Band 5-6 Nursing regrading results in a cost burden to the Board that is not fully funded by the SG. The plan includes no pressure at this time.
Performance & Improvement Funding	High Risk	Additional funding received for both Unscheduled Care and Scheduled Care carry financial risk, with Scottish Government funding only being provided subject to performance improvement in line with agreed outcomes. There is no financial pressure assumed in the plans as funding assumed to be received recurrently.
Access/Urgent Care	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current plans based on committed expenditure proposed by the Scheduled Care Board are not acceptable or performance does not improve.
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges. There remains ongoing pressure in the system and the requirement to closely manage bed position.
Financial Recovery Plan Savings	High Risk	There is a risk that Business Units are not able to achieve or deliver 3% efficiency target recurrently.
Capital Funding	High Risk	The level of available Capital Funding poses operational risk for supporting infrastructure both planned and unplanned.
Non Pay Cost Inflation	High Risk	With only 2% uplift indicated by the SG, there is a risk that non pay overspends will continue to worsen on key service delivery products and facilities costs.
Acute Medicines	High Risk	There is a risk that the level of growth exceeds that estimated in the Financial Plan. The impact of any additional growth or additional spend on high cost drugs remains an issue, with a degree of uncertainty of levels of funding available from the New Medicines Fund and funding only received non-recurrently.
Nursing Health Checks	High Risk	There is a risk that there is a significant cost implication following nursing Health Checks on wards and areas across NHS Lothian, with significant investment required to ensure safe staffing.
Weight Loss Medication	High Risk	Following the approval to prescribe Weight Loss Medication, the potential numbers that may meet the agreed criteria could mean that the cost to NHS Lothian/IJBs becomes significant with no additional funding to meet pressure.
Winter Costs	Medium Risk	The costs of winter in 26/27 are expected to be within normal tolerance and planned levels. There is a risk that the financial impact of winter exceeds that currently planned.
NHS Lothian Non Recurring Funding Support	Medium Risk	NHS Lothian provided non recurring funding support in 25/26 to target operational improvement. There is a risk costs associated will continue beyond funding availability.
GP Prescribing	Medium Risk	GP Prescribing and other Community Pharmacy elements remains volatile, with Price and volume continuing to fluctuate. There is a risk that cost, rebate and discount assumptions made in the Financial Plan change significantly during the year.
Energy	Medium Risk	Energy costs remain volatile and high there is an ongoing risk that costs may increase beyond that anticipated.
IJB Performance	Medium Risk	As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.
District Nurse Regrading	Medium Risk	There is the risk that following a successful regrading application at NHS GG&C, there will be a follow on regrading requirement across other Health Boards. This would be an additional pressure on IJBs. The estimated cost could be ~£1.6m.
Pay Award	Medium Risk	There is a risk that any pay settlement agreed results in an additional cost burden to the board which is not fully funded by the SG. Current assumptions made within the Financial Plan are that pay awards will be fully funded for both 25/26 and 26/27.
SGHD Allocations	Low Risk	There is a degree of uncertainty relating to the level of Non-Recurring and Earmarked SG allocations, leaving services uncertain around ongoing funding for delivery plans and recruitment.
IJB Reserves	Low Risk	The assumption is that any flexibility from NHS resources at an IJB level will stay within NHS Lothian. The IJBs may wish to consider other options for utilising any flexible resource, but given operational pressures, likelihood of available reserves is minimal.

## Appendix 5 - Letter from Chief Finance Officer Health and Social Care - NHS Lothian – 2026-27 Three-Year Financial Plan

Health and Social Care  
Fiona Bennett, Chief Finance Officer



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

E: [fiona.bennett@gov.scot](mailto:fiona.bennett@gov.scot)

Caroline Hiscox  
Chief Executive  
NHS Lothian

Cc:  
John Connaghan, Chair  
Craig Marriott, Director of Finance

25 March 2026

Dear Caroline,

### **NHS Lothian – 2026-27 Three-Year Financial Plan**

Thank you for your submission of the NHS Lothian Three-Year Financial Plan, covering 2026-29, which confirms that the Board is planning to deliver a breakeven position in 2026-27.

The Board has set a savings target of £83.6 million in 2026-27, of which £41.1 million (1.8%) is recurring. I recognise the significant work being undertaken to deliver this position and appreciate the commitment to deliver financial balance.

On this basis, I can confirm approval of NHS Lothian's financial plan for 2026-27 to 2028-29.

### **Actions**

To ensure successful delivery of your financial plan please ensure:

1. Delivery of savings schemes begins as early as possible in the financial year, to benefit from a full year impact in 2026-27;
2. Further recurring savings are delivered to meet the 3% national target;
3. Emerging pressures or risks above those reported in your financial plan are identified as soon as possible, and discuss as a Board what mitigating actions can be taken to offset these;
4. Progress with the areas of focus set out in the revised 15 Box Grid is considered, alongside any further support we can provide;
5. There is full engagement with your Board Support Lead; and
6. Engagement continues through your Sub-National area to deliver the priorities set out within the Directors Letter (DL) on 13 November 2025.

Should there be any material movement from your approved financial plan, please inform myself or colleagues in the Finance Delivery Unit (FDU) as soon as possible, and in advance of our routine financial reporting arrangements.

### **Sub-National Planning**

Improved financial sustainability is a key aim of Sub-National planning and I recognise the priorities and areas of focus identified for 2026-27 for Scotland East, as set out within your structures financial plan narrative. Ongoing work, monitoring, and support will continue throughout 2026-27 to ensure your progress against the objectives set out within the DL.

In line with the guidance I issued to finance teams on 12 January, please ensure NHS Lothian's financial reporting in 2026-27 is aligned with its approved financial plan and the priorities identified by Scotland East to improve financial sustainability.

### **Board Support Lead**

All NHS Boards will be assigned a Board Support Lead in 2026-27. I will be your Board Support Lead this year. I will work alongside your team to provide ongoing advice, monitor your financial position, and ensure you have the support you need throughout the year.

### **Next Steps**

I appreciate the significant work being undertaken to set out a breakeven plan in 2026-27. Additionally, I would like to thank you again for your ongoing support and continued engagement moving into the new financial year.

Yours sincerely



Fiona Bennett  
Chief Finance Officer Health and Social Care

### Finance – Supporting the Sub-National East Programme

#### Introduction

NHS Scotland faces a set of persistent system pressures — amongst them rising demand, constrained finances, fragile workforce supply, and localised governance structures that do not always enable good system-wide decision-making.

Through collaborative discussion between East of Scotland Finance teams following the issuing of principles commissioned by the Scottish Government, we have agreed to working towards the creation of a cohesive, resilient, and digitally enabled finance system that can sustainably support high-quality health and care services across the East region. By working together as a unified sub-national system, the aim is to better respond to increasing demand pressures, enhance consistency, and build a financially sustainable framework that enables improved outcomes for the populations we serve.

By working in collaboration, we aim to deliver a more resilient, efficient, and future-focused finance function that strengthens health and wellbeing across Scotland East.

#### The Finance Principles and the East Response

On the 12th of January the Chief Finance Officer for the Health and Social Care Finance Directorate at the Scottish Government issued further guidance through a 'commission' to health boards across East and West areas.

Within this a number of principles/considerations were set out for the sub-national areas, stating that:

- The underlying principle must be that financial deficits across all Boards should be stabilised and where possible reduced in 2026-27.
- Plans must prioritise increasing the level of recurring savings towards the 3% target.
- No new recurring financial commitments should be made without confirmed funding.
- Identify areas of recurring financial pressure where adoption of best practice across the sub-national area can contribute to management of deficits.
- Triangulation with population need, capital infrastructure, workforce planning, and service fragility to identify and inform service plans for sustainable models of care.
- Alignment with key DL clinical service priorities to ensure that plans to deliver those priorities are affordable.

- Alignment with business systems and digital front door plans as developed and delivered.
- Develop an approach to align capital prioritisation processes and work towards a single capital plan, encapsulating both new capital requests and business continuity processes.

The Finance programme for Sub-National East has given due consideration to the contents of these principles and will focus on a number of key areas in the early stages:

- **Support to the Five Strategic Priorities** identified by the wider Sub-National programmes – including Business Systems Development, the Digital Front Door, Remote and Rural priorities, Orthopaedic services and Unscheduled Care;
- Identification of opportunities to **learn from best practice** across boards in order to **reduce the overall financial gap**, with the ambition that the East boards are able to collectively operate within available resources in the next three years;
- **Build resilience** across the Finance teams, but also support the wider challenge to achieve this across clinical services;

## Areas of Focus

### Supporting the Priority Workstreams

Finance will play a leading role in understanding opportunities for sustainable services within the programmes defined under the Priority Workstream headings. Progress is already being made across Orthopaedics, with Finance contributing to the decision-support process around financially expedient choices.

The development of analytical capability across the East will be a key feature of development to support ongoing assessment of efficiency and sustainability options. This will require boards to support work in the development of supporting tools for analysis, including the application of Discovery and enhanced costing at patient level (PLICS).

### Reducing the Overall Financial Gap

Initial assessment suggests that the recurrent underlying gap across the East region is currently in excess of £300m. Tackling such a significant underlying deficit will be a key challenge, particularly recognising that the SG requirement to deliver financial sustainability within three years, the time at which all addition sustainability and deficit support funding will come to an end.

In the very short term, a consolidation of financial plans across the East for the forthcoming financial year (2026/27) and beyond will clarify the financial challenge for the East region, setting the baseline position that will inform future actions.

All boards have an underlying financial gap, however the levels are not proportionate between boards. Due recognition will be given to this variation, whilst efforts will concentrate on a number of opportunities to reduce the gap including:

- **NRAC parity** for health boards in the East - At present, boards in the East are collectively behind NRAC parity by circa £30m. This resource sits in the West, and we will work across all health boards and with SG Finance colleagues to identify a medium-term approach to bring parity to boards;
- **Best Practice** – through some early benchmarking evaluation, there are evidently areas of good practice in financial performance across the East Boards. For instance, Fife and Lothian are amongst the lowest cost prescribers of primary care medicines in Scotland. Seeking out opportunities for cost reduction through benchmarking and identification of good, low-cost practice will be a focus, particularly in the higher spend areas of nursing, medical staff, drugs, supplies and Property/Facilities;
- **Collective strength** – Collaboration between East boards will create opportunities that may not be available to boards at an individual level. Strength through unity will create financial opportunities in areas such as the management of agency costs as well as clinical benefits through rotation of posts.

Throughout this, there remains a need for boards across the East to continue to foster strong relationships with boards in the west for shared learning, national initiatives and ongoing collaboration on cross boundary flow for national and regional services.

Finance leaders acknowledge that the scale of challenge will be significant, and recognise that beyond efficiency opportunities as described above, tougher choices may be required. This will include reflecting on statutory responsibilities within healthcare provision and considering tolerance levels to clinically operate within this. Beyond that, an assessment of what a balanced financial system would look like may result in the presentation of difficult choices for the East to consider, including current structures around charging models as well as service reductions. This would only feature once all other cost reduction initiatives have been explored.

### **Building System Resilience**

A key focus of attention will be towards a Once-for-Scotland approach to digital finance tools, ensuring streamlined, modern, and interoperable systems through the Business Systems programme. Enhancing digital capability across the finance workforce will unlock more efficient reporting, better-informed decision-making, and a stronger foundation for long-term transformation.

Through closer working the aim will be to further develop the shared services model to improve resilience, reduce duplication, and create consistent quality. Models of cross border co-operation already exist (for example within Payroll services, Procurement), and further opportunities are available across other services.

Wider system resilience into clinical services will be a key tenet of evolving work, giving due consideration to arrangements supporting recruitment best practice and opportunities for the management of rotas beyond traditional boundaries to support more vulnerable services.

## Working within Constraints

Whilst the Sub-national infrastructure offers opportunities for greater collaborative working, constraints will remain including:

Governance and Accountability - our ambition is restricted by current governance and accountability arrangements which were not designed to support sub national, cross-Board decision-making.

Rural and Remote Challenges - Standalone services in remote and island communities are under pressure. Greater joining-up across Island Boards is not only welcome — it is essential for maintaining safe, equitable access.

Existing Partners – For functions delegated to Integration Authorities such as Unscheduled Care, sub national redesign becomes even more complex and requires further collaboration beyond the sub-national framework.



**Meeting:** NHS Lothian Board

**Meeting date:** 24 June 2026

**Title:** Prevention-Focused Lothian Health and Care System

**Responsible Executive:** Susan Webb, Director of Public Health

**Report Author:** Ashley Goodfellow, Deputy Director of Public Health  
Ross Whitehead, Head of Public Health Intelligence

## 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 type="checkbox"/>	Other	<input type="checkbox"/>

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

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

### This aligns to the following 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 purpose of the paper is to describe the progress being made towards a prevention-focused system and seek approval for the key outcomes, actions, measures, and governance arrangements required to embed prevention across the Lothian health and care system.

### 2.2 Background

The Lothian health and care system has reinforced its commitment to improving population health and tackling inequalities through the Lothian Strategic Development Framework (LSDF), the Prevention Framework approved by the NHS Lothian Board in April 2024 and, more recently, commitment to becoming a Population Health Organisation and embedding prevention through its core business (the 'how'). The Prevention Framework set out the case for strengthening prevention and identified opportunities to embed it more fully across the system. This paper sets out a plan that responds to the recommendations in the Prevention Framework (the 'what').

Prevention remains one of the most cost-effective actions available to the NHS and the wider health and care system to improve population health and reduce health inequalities. Sustained focus on prevention is essential to achieving long term system sustainability and reducing future demand for services.

Health is shaped by a wide range of social and economic factors, including our living environment, employment conditions, housing, and education. While healthcare plays an important role, these wider determinants have a stronger influence on overall health and wellbeing. This requires the health and care system to act across the full set of building blocks of health rather than focusing narrowly on healthcare alone. In support of this, the NHS Lothian Board agreed three high level priority areas for strengthening prevention work: the building blocks of health; maternal, children and young people's health; and reducing the burden of disease.

The Prevention Plan forms part of the jointly owned LSDF, with its actions developed collaboratively across the LSDF pillars. It sets out a shared tactical direction, that will be translated into annual actions through programme boards, many of which are co-chaired by IJB Chief Officers. Public Health teams will work closely with partners through Community Planning Partnerships and IJB Strategic Planning Groups to support preventative action at a local level, including within primary and community care services.

There are strong examples of whole-system collaboration to improve population outcomes upon which this work will build. For instance, the Long-Acting Reversible Contraception (LARC) and Early Termination of Pregnancy Action Plan demonstrates effective partnership between primary and secondary care to improve access. Vaccination and screening programmes similarly benefit from well-established collaborative relationships. The approach to mental health and wellbeing is intentionally broad, recognising not only clinical conditions but also the wider determinants of health, with community-based support playing a central role. Ongoing work on 'missingness' will help identify individuals who are not accessing services and understand the underlying reasons, enabling more targeted and preventative interventions within communities.

Progress towards becoming a Population Health Organisation will support the identification of enablers and barriers requiring improvement. The assessment and action planning will take place on a joint basis. This includes advancing primary care transformation and shifting the balance of care towards prevention and population health. There are also opportunities to expand and scale proven initiatives, such as welfare advice services (covering income, housing, and related support) currently funded by the Lothian Charity in hospital settings, by extending them into primary and community care to enable earlier intervention.

A set of prevention metrics has been developed to provide management information to support operational delivery, performance management, and assurance, and will be incorporated into the revised Board Assurance Framework. Some of these metrics are most meaningful when reviewed on an annual basis; therefore, introducing an Annual Prevention Report is essential to monitor progress. It will also be important to capture learning qualitatively alongside these measures.

Appendix 1 describes the progress being made towards a prevention-focused system and identifies the key outcomes and actions required to embed prevention across the Lothian health and care system, aligned to the three priority areas, and support the Lothian health and care system's ambition towards becoming a Population Health Organisation.

## **2.3 Assessment**

Appendix 1 describes the progress being made towards a prevention-focused system against five key objectives:

- Make prevention a system-wide priority
- Support local partners to embed prevention in strategic planning and service delivery
- Embed prevention within performance frameworks
- Maximise investment in prevention
- Establish a robust learning and accountability system

### **2.3.1 Quality/ Patient Care**

The Prevention Plan aims to improve overall population health and tackle health inequalities by integrating effective prevention programmes. By focusing on preventing illness before it occurs, it shifts healthcare towards a more proactive approach. Early intervention helps reduce mortality, slows the progression of disease, and lowers avoidable hospital admissions and demand, ultimately improving patient outcomes while ensuring the most efficient use of resources.

### **2.3.2 Workforce**

There is no direct workforce impact arising from this paper. Workforce resource will be required to deliver the ambitions set out in the prevention plan. Prevention activity is expected to have a positive effect on staff health and wellbeing, particularly for staff who are also service users.

### **2.3.3 Financial**

There is no direct financial impact from this paper. However, sustained investment in prevention is essential to break the cycle of rising demand and constrained resources. By directing funding towards evidence-based preventive actions, the system can reduce future costs associated with avoidable illness and inequality. It will be important to ensure that investment and disinvestment decisions are evidence-based, drawing on cross-system Programme Board expertise to manage resources and deliver required efficiencies. Established prioritisation tools can support decisions on the best use of existing resources, as well as any future investment, to maximise impact of the Prevention Plan.

NHS Lothian is participating in a pilot programme to tag preventative spend within existing budgets. This involves a detailed review of the full financial ledger and the application of agreed preventative spend classifications, including both types of activity and levels of prevention. The work will produce an estimate of current preventative expenditure and is being undertaken alongside complementary activity to understand the drivers of service demand and identify the most effective prevention interventions that deliver measurable impact and strong return on investment.

### **2.3.4 Risk Assessment/Management**

This paper does not identify any new risks for the Board's Corporate Risk Register.

### **2.3.5 Equality and Diversity, including health inequalities**

An Equality and Children's Rights Impact Assessment was undertaken on the prevention approach on 1 July 2024, involving 15 representatives from across the health and care system. The final report has been published on the NHS Lothian webpage, and findings from the assessment have been incorporated in the development of the prevention approach and the outcomes and actions set out in Appendix 1.

### **2.3.6 Other impacts**

The Scottish Government and COSLA jointly sponsor the national Population Health Framework, and the Prevention Plan outlines the contribution of the local health and care system to delivering this. Local Outcome Improvement Plans (LOIPs) set out the coordinated actions taken by community planning partners at a local level to improve population outcomes and reduce inequalities. Public Health is already well embedded within community planning structures; however, there is a need for a more coherent and aligned approach to prevention, strengthening the links between LOIPs and the Lothian Health and Care System Prevention Plan.

Greater visibility to NHS Lothian Board members of place-based and Community Planning Partnership (CPP) activity should be enabled through the Population Health Programme Board. Emerging public sector reform arrangements also provide an opportunity for partners to work more collectively and effectively.

Community planning remains a key mechanism for engaging with communities, with strong examples of effective practice already in place, including the recently established Neighbourhood Prevention Partnership arrangements in Edinburgh.

Prevention is central to the reform agenda. Public Health is connected across all levels of planning and delivery, providing the evidence and population health intelligence needed to support transformation. The Population Health Framework and local Prevention Plan ensure alignment and consistency across efforts, while enabling Public Health to work collaboratively across Scotland to maximise expertise and capacity.

### 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:

- Engagement was undertaken with stakeholders across the health and care system through Senior Leadership Teams and LSDF programme board structures to support development of the system's approach to prevention and a shared language.
- Public engagement was not required for this report; however, the statutory requirement to involve people in service change and development may apply to prevention activity as this work progresses.

### 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 and Health Policy Senior Management Team, 27 April 2026
- Corporate Management Team, 7 May 2026
- Strategy, Planning and Performance Committee, 13 May 2026

## 2.4 Recommendation

This paper is presented to the NHS Lothian Board for:

**Decision:** Members are invited to

- **Approve the Prevention Plan**, including the logic model, short-term actions, and proposed set of outcome measures.
- **Agree the proposed governance and reporting arrangements** for the Prevention Plan, including receipt of an Annual Report on progress towards medium- and longer-term outcomes, alongside more frequent reporting on short-term actions and outcomes through established LSDF programme board reporting routes.
- **Agree** that the Prevention Plan is presented to the four Lothian Integrated Joint Boards for endorsement and the four Lothian Community Planning Partnership Boards for awareness.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, Prevention-Focused Lothian Health and Care System (Prevention Plan)
- Appendix 2, Proposed Outcome Measures

# Appendix 1

## Prevention-Focused Lothian Health and Care System

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## **1. Acknowledgements**

The prevention plan, and the wider approach to embedding prevention, has been developed collaboratively across the Lothian health and care system. We are grateful to colleagues for their valuable input to engagement sessions, impact assessments, logic modelling, and feedback on the draft plan.

## **2. Introduction**

The Lothian health and care system has reinforced its commitment to improving population health and tackling inequalities through the Lothian Strategic Development Framework (LSDF), the Prevention Framework approved by the NHS Lothian Board in April 2024 and, more recently, commitment to becoming a Population Health Organisation and embedding prevention through its core business. The Prevention Framework set out the case for strengthening prevention and identified opportunities to embed it more fully across the system.

The population is ageing, and people are living longer with multiple long-term conditions, while overall health is declining, ill health is starting earlier, and inequalities are widening. Together, these trends increase pressure on health and care services at a time of limited resources, making the current approach to service delivery unsustainable. Prevention remains one of the most cost-effective actions available to the NHS and the wider health and care system to improve population health and reduce health inequalities. Sustained focus on prevention is essential to achieving long term system sustainability and reducing future demand for services.

Evidence increasingly demonstrates the economic value of public health interventions. Primary prevention - actions that stop problems arising in the first place - offers particularly strong returns, with a median return on investment greater than 14:1 and typically being three to four times more cost effective than treatment. Audit Scotland has also emphasised the need to invest in tackling the root causes of ill health to reduce long term pressures on the NHS. Investment in primary prevention provides the greatest opportunity to improve population health, manage future service demand and create a sustainable health service for the future.

Health is shaped by a wide range of social and economic factors, including our living environment, employment conditions, housing, and education. While healthcare plays an important role, these wider determinants have a stronger influence on overall health and wellbeing. This requires the health and care system to act across the full set of building blocks of health rather than focusing narrowly on healthcare alone. In support of this, the NHS Lothian Board agreed three high level priority areas for strengthening prevention work: the building blocks of health; maternal, children and young people's health; and reducing the burden of disease.

This paper describes the progress being made towards a prevention-focused system and identifies the key outcomes and actions required to embed prevention across the Lothian health and care system, aligned to the three priority areas, and support the Lothian health and care system's ambition towards becoming a Population Health Organisation.

Not everything in the prevention plan is new, however, this approach marks a shift from short-term, programme-specific activity to a sustained, system-wide commitment to prevention based on population health principles. It embeds prevention as a core organisational responsibility, supported by a focused and consistent set of indicators that allow progress to be tracked over time. Preventative activity will be routinely integrated into programme boards and decision-making structures, rather than treated as an add-on, ensuring alignment with delivery and accountability frameworks. Greater emphasis will be placed on preventative spend and longer-term investment decisions, recognising that improvements in outcomes and inequalities require time to realise benefits. Consistency and continuity in priorities, measures and governance will support cumulative impact and create the conditions for prevention to be embedded as standard practice across the system.

### **3. Understanding Our Population: Demographics and Health Needs**

Understanding the demographic characteristics of our population such as sex, age, ethnicity, and deprivation is a crucial first step in shaping policy and practice to support health and wellbeing. As of mid-2024 the total population of Lothian was estimated to be 932,180 people (52% female, 48% male). The largest five-year age group in Lothian is 20–24-year-olds, comprising 8% of the total population. The largest ethnic group in Lothian are those who identify as white Scottish or white British (79.4%), with 10.1% identifying as another white ethnicity and 10.5% identifying as being from a black and minority ethnic background. Although most people in Lothian live in less deprived areas, 34,620 residents are in Scotland's most deprived 10%. Deprivation is unevenly distributed: only 5% of East Lothian and 7.3% of Midlothian live in the most deprived quintile (SIMD 1), compared with 11.8% in Edinburgh and 14.3% in West Lothian.

Our health is shaped by a combination of social, economic, and environmental factors. Where we live, our work conditions, our housing and education are fundamental building blocks and the primary drivers of our health and wellbeing. According to data gathered by the 2023 Lothian Public Health Survey<sup>1</sup>, younger respondents experience more negative outcomes and situations such as food poverty, loneliness, and less stable employment status. Additionally, people in deprived areas experienced worse health outcomes such as mental health conditions, mobility issues, and pain/discomfort compared to those in affluent areas.

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<sup>1</sup> [Public Health Reports – Public Health and Health Policy](#)

When these building blocks are unequally distributed, it is harder for our population to live healthy lives.

Growth in life expectancy is stalling, and people are spending more of their life in ill health. It is estimated that one in four deaths in Lothian are avoidable, 68.3% of which could be prevented through effective public health and prevention interventions. This trend is patterned by deprivation, where those in the most deprived areas had four times the avoidable death rate as those in the least deprived areas. The Scottish Burden of Disease Study forecasts the national burden of disease to increase by 21% by 2043. Increases are projected to be largest for cardiovascular diseases, cancers, and neurological diseases, accounting for 68% of the total increase in forecasted disease burden. Alongside a growing disease burden, population projections estimate that the population served by NHS Lothian will grow by 9.6% between 2022 and 2032, for which the largest increase is estimated to be amongst those aged 65 and older. Taken together, these trends point to increasing and potentially unsustainable pressure on health and social care services unless a stronger focus on prevention is adopted.

There is a need for sustained focus and investment in prevention and early intervention, addressing the conditions in which people live, work, and grow, through both whole-population approaches and targeted action for those at greatest risk.

## 4. Policy Context

### 4.1. Population Health Organisation: Enabling Prevention

A strong population health approach is essential to delivering a prevention-focused health and care system that advances equality and realises people's rights to the highest attainable standard of health. This requires the right organisational enablers to support informed decision-making, collaborative action, and sustained improvement across the system, ensuring that resources and effort are targeted in ways that reduce unjust and avoidable health inequalities. The Population Health Organisation framework sets out how the system should be organised to drive population health improvement, and the system change required to implement national policy commitments as set out in the Population Health Framework and Health and Care Service Renewal Framework, aligned with equality and human rights duties.

Understanding population needs through **data and intelligence** is foundational to prevention and addressing inequality. High-quality, disaggregated population health intelligence enables partners to identify differential outcomes across communities and populations, understand structural and systemic drivers of inequality, identify emerging risks, and target action where it is most needed. This supports proportionate, rights-based decision-making, ensures prevention efforts are

evidence-led, and enables transparent tracking of progress in improving population health and reducing health inequalities over time.

**Workforce and culture** are critical to embedding prevention, equality, and human rights in everyday practice. Visible system leadership and collaborative working across the whole system support a shift from reactive care to upstream prevention, grounded in an understanding of social justice and the social determinants of health. Prevention is embedded as a pan-system priority through the Lothian Strategic Development Framework (LSDF), promoting shared responsibility, learning, and consistent approaches that respect diversity, reduce discrimination, and enable meaningful participation of staff and partner agencies.

**Leadership, governance, and accountability** provide the structure needed to drive and sustain change. The Population Health Programme Board will act as a central forum for the prevention approach, enabling coordinated working across programme boards and maintaining a clear focus on tackling inequalities and improving outcomes for populations experiencing disadvantage. Clear governance and reporting lines, alongside the integration of population health, equality and human rights considerations into Board assurance mechanisms will ensure prevention remains a priority and aligns with wider organisational and policy commitments.

A **prevention-focused system** grounded in the social determinants of health recognises that health is shaped by the conditions in which people live, work, and grow, and that these conditions are not equally distributed. The development of a prevention logic model and associated actions supports coordinated, cross-system delivery through LSDF programme boards, enabling collective action on the root causes of inequality. This is reinforced through efforts to increase, align, and prioritise preventative spend in ways that are proportionate to need and transparent in their impact on equity.

**Service design and delivery** play a key role in enabling prevention and advancing equity, with a strong emphasis on accessible, culturally appropriate primary and community healthcare. Shifting care closer to home supports early intervention, reduces avoidable hospital use, and helps address health inequalities by improving access for people and communities who experience barriers to services. Designing services around people's needs and rights strengthens dignity, choice and fairness in the health and care system.

Finally, a **value-based approach to health and care** ensures that resources are used in ways that deliver the greatest benefit for population health, including narrowing health inequalities. By focusing on outcomes that matter to people and communities, than activity alone, value-based approaches reinforce investment in prevention, support sustainability, and help ensure services are effective, equitable and responsive to current and future population needs.

## 4.2. Population Health Framework<sup>2</sup>

Published in June 2025, the Scottish Government and COSLA sponsored Population Health Framework sets out Scotland's 10-year, whole-system approach to improving population health and reducing persistent and widening health inequalities. It is explicitly focused on primary prevention and addressing the root causes of poor health, recognising that most determinants of health lie outside the health and care system. By 2035, the Framework aims to improve overall life expectancy and reduce the life expectancy gap between the most deprived 20% of areas and the national average.

The Population Health Framework is underpinned by five key drivers of health:

- **Prevention-Focused System** – Strengthen collective accountability for population health outcomes and reduce inequalities.
- **Social and Economic Factors** – Improve the social and economic conditions that support better health and reduce inequalities.
- **Places and Communities** – Create healthy and sustainable places by working with and within communities.
- **Enabling Healthy Living** – Develop supportive environments that promote health and wellbeing and reduce health-harming activities.
- **Equitable Health and Care** – Foster a health and social care system that delivers equity, prevention, and early intervention.

Initial action focuses on embedding prevention and equity into planning, budgeting, and accountability; strengthening local delivery through Community Planning Partnerships; and targeted action on healthy weight and food environments.

## 4.3. Health and Care Service Renewal Framework<sup>3</sup>

Published alongside the Population Health Framework, the Service Renewal Framework sets out the medium to long term strategic direction for reforming health and care services so that they remain sustainable, high-quality, accessible, and affordable. While the Population Health Framework focuses on improving health and preventing illness, the Service Renewal Framework focuses on how service must change to support prevention and early intervention, deliver care in the right place at the right time, and shift resources away from avoidable hospital-based care.

The Service Renewal Framework is structured around five principles that guide service planning:

- **Prevention** – prioritising proactive and preventative care
- **People** – person-centred, outcomes focused services

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<sup>2</sup> [Scotland's Population Health Framework - gov.scot](https://www.gov.scot/publications/population-health-framework/pages/1-introduction.aspx)

<sup>3</sup> [Health and Social Care Service Renewal Framework - gov.scot](https://www.gov.scot/publications/health-and-social-care-service-renewal-framework/pages/1-introduction.aspx)

- **Community** – care closer to home and community-based delivery
- **Population** – population-based planning rather than organisational silos
- **Digital** – modern, digital-first services and data-enabled improvement

The Prevention Plan presented in this paper articulates how the Lothian Health and Care System contributes to the delivery of these two important policy documents.

## 5. Aims and Objectives

### 5.1. Aim

The aim of the prevention plan is to build a prevention-focused health and care system that improves population health, reduces health inequalities, and secures sustainable services for the future, by lowering premature mortality (under 75 years) and narrowing the gap in life expectancy between the most and least deprived communities.

### 5.2. Objectives

Building a prevention-focused health and care system requires a shift in how the whole system thinks, plans, invests, and measures success. The objectives below are critical enablers of that shift, ensuring prevention is not treated as an add-on, but as a core function of the system.

#### *5.2.1. Make prevention a system-wide priority*

Prevention must be embedded across the entire health and care system, not limited to specific services or programmes, to achieve lasting improvements in population health. Making prevention a system-wide priority helps address the root causes of poor health, such as social, economic, and environmental factors, before illness develops. This approach reduces avoidable demand on services, improves quality of life, and supports earlier, more effective action to reduce health inequalities and premature mortality.

#### *5.2.2. Support local partners to embed prevention in strategic planning and service delivery*

Local partners (both within the health and care system, and wider community planning partners) are best placed to understand the needs, assets, and challenges of their communities. Supporting them to integrate prevention into planning and delivery ensures interventions are relevant, targeted, and equitable. Strong local ownership of prevention strengthens collaboration across sectors, aligns resources around shared outcomes, and helps close the gap in health and life expectancy between the most and least deprived communities.

### *5.2.3. Embed prevention within performance frameworks*

What is measured shapes what becomes prioritised. Embedding prevention within performance and accountability frameworks ensures long-term health improvement is valued alongside activity and treatment targets. This helps shift focus from short-term outputs to outcomes that matter most, such as reduced risk factors, improved wellbeing, and delayed onset of ill health, supporting sustained progress on population health and inequalities.

### *5.2.4. Maximise investment in prevention*

Sustained investment in prevention is essential to break the cycle of rising demand and constrained resources. By directing funding towards evidence-based preventive actions, the system can reduce future costs associated with avoidable illness and inequality. Investment in prevention improves value for money, supports financial sustainability, and enables services to better meet the needs of the population now and in the future.

### *5.2.5. Establish a robust learning and accountability system*

A strong learning and accountability system ensures prevention efforts are informed by evidence, adapted over time, and deliver impact. By tracking progress, sharing learning, and holding the system accountable for outcomes, the health and care system can continuously improve what works for different populations. This supports transparency, strengthens decision-making, and ensures that prevention efforts contribute meaningfully to reducing premature mortality and narrowing health inequalities.

## **6. Progressing a Prevention-Focused Approach**

### **6.1. Make prevention a system-wide priority (Objective 1)**

#### *Making the case*

NHS Lothian has demonstrated a clear commitment to strengthening its approach to population health improvement and reducing inequalities, initially through the Lothian Strategic Development Framework (LSDF) and more recently through the Prevention Framework<sup>4</sup> approved by the NHS Lothian Board in April 2024. The Prevention Framework set out a clear rationale for prioritising prevention and identified opportunities to further embed preventative approaches across the Lothian health and care system.

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<sup>4</sup> [NHS Lothian Public Health and Health Policy - A strengthened approach to prevention across the Lothian health and care system](#)

## *Equality and Children's Rights Impact Assessment*

Stakeholders from across the system worked collaboratively to undertake an Equality and Children's Rights Impact Assessment (ECRIA) on a whole-system approach to prevention. This process resulted in five key recommendations:

- **Adopt a whole-system, collaborative approach to prevention** to improve efficiency and effectiveness and reduce duplication. A clear, consistent approach to prevention should be embedded across the system.
- **Clearly define the different levels of prevention** within the strategic plan, including their expected impact on health inequalities. This will provide greater clarity on how prevention activities influence inequalities and help identify any unintended negative impacts, particularly from secondary and tertiary prevention.
- **Strengthen general practice within primary care** by improving infrastructure and capacity to deliver timely, high-quality prevention and early intervention in local communities. This includes building on existing work to deliver more services locally and strengthening the interface between primary and secondary care.
- **Enhance data and intelligence** to improve understanding of key population health issues and enable more effective planning and targeting of prevention activity towards those most in need. This includes people at greatest risk of poverty, multimorbidity, and poor access to housing, as well as consideration of the wider determinants of health affecting children and young people. Improved data will also support assessment of impact and return on investment.
- **Ensure preventative spend is visible within organisational finances**, establishing a baseline for current investment and enabling a managed, gradual shift towards prevention over time, with consideration of both short- and long-term impacts.

The prevention plan outlines high-level outcomes and actions, with subsequent development and delivery likely to require further impact assessment to strengthen understanding of differential effects across equality groups and to inform the specific, proportionate actions needed to address any identified inequalities.

### *System-wide engagement*

Engagement was undertaken with stakeholders across the health and care system through Senior Leadership Teams and LSDF programme board structures to strengthen the system's approach to prevention and develop a shared language. Definitions of prevention were informed by Public Health Scotland's work but adapted into more accessible, user-friendly language.

There was strong agreement to retain the modified terminology of prevention, early intervention, and mitigation (rather than primary, secondary, and tertiary prevention),

as feedback from engagement sessions indicated these terms were easier to understand and supported clearer interpretation.

System-wide stakeholders also collaborated to develop a prevention logic model. LSDF programme boards and other cross-system groups have since been consulted on the proposed outcomes and actions.

### *Definitions*

The agreed prevention definitions are set out in Table 1 below.

Table 1: Prevention definitions

<b>Prevention</b>	<b>Early intervention</b>	<b>Mitigation</b>
Invest in the building blocks of health to stop problems happening in the first place.	Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.	Minimising the negative consequences (harm) of a health issue through careful management.

The prevention plan set out in objective 2 (below) uses these definitions and prioritises prevention and early intervention to deliver meaningful improvements in population health. Engagement sessions confirmed that, while prevention and early intervention should be central to the plan, mitigating action remains necessary at this stage to support effective condition management, reduce avoidable deterioration, and limit the need for crisis intervention and should therefore be included e.g., action to increase uptake of diabetic eye screening.

## **6.2. Support local partners to embed prevention in strategic planning and service delivery (Objective 2)**

The prevention logic model and associated actions are presented below across three priority areas. Actions are focused on the shorter term (1–2-year period). They have been developed through engagement with a wide range of stakeholders from across the Lothian health and care system, alongside consideration of the available evidence. This approach has enabled the identification and prioritisation of short-, medium-, and longer-term outcomes, which align closely with the priorities and actions set out in the Population Health Framework.

The relationships shown within the logic model (for example, between medium- and longer-term outcomes) represent contributory pathways rather than standalone activities that are sufficient on their own to achieve subsequent outcomes. These anticipated contributions are informed by the best available evidence and theoretical

foundations and require coordinated action at both national and local levels, particularly in relation to the building blocks of health.

The logic model is complemented by a series of topic-based links signposting to relevant evidence and theory, illustrating how progress against specific outcomes is expected to contribute to subsequent outcomes within each priority area (paper available on request).

Through embedding the outcomes and actions within cross-system programme board implementation plans, we will create an integrated, collaborative, and sustainable approach to prevention across the system, for greatest population health benefit. The relevant programme board(s) are noted in each section of the logic model below.

### 6.2.1. Building Blocks of Health (Priority 1)

People's health is strongly influenced by their income, housing, work, transport, neighbourhood environment, and social connections. When these basic building blocks are lacking, it becomes much harder for communities to live healthy lives. As a major local employer and purchaser, and key partner in community planning, the Lothian health and care system is an *anchor institution*, with huge potential to use its influence to improve social, economic, and environmental conditions for the population it serves. All services have the responsibility to consider the social determinants of health in both service design and in supporting individuals to manage their health and wellbeing.

### 6.2.1.1. Employment

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Population Health</b>	Recruitment, employment and career progression practices and systems support and attract diversity in the workplace, provide secure, well-paid, quality employment, and support people to retain and return to work.	There is increased recruitment and employment experience from local populations under-represented in HSC <sup>5</sup> workforce.	More people from under-represented groups experience the benefits of LHCS <sup>6</sup> fair work policies and practices because the workforce reflects the Lothian population as closely as possible with respect to age, sex, ethnicity, and disability.

#### *How we'll achieve it*

- Maintain an Anchor Institution focus on accessible, inclusive recruitment and retention to deliver on our role as a Good Employer<sup>7</sup>:
  - Continue focused work on co-ordinated recruitment; flexible working; improving access to recruitment; and employability work with Local Employability Partnerships
  - Update and implement the NHS Lothian Work Well Strategy (and Employability Strategy) to maximise staff health and wellbeing through evidence-based interventions and healthy working environments
  - Work with the Centre for Local Economic Strategies (CLES) on in-work progression/reducing in-work poverty pilot.
- Monitor workforce to ensure it is representative of the population, and track and seek to increase employability and other supported recruitment cohorts e.g., young people and child poverty priority populations.

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<sup>5</sup> Health and Social Care

<sup>6</sup> Lothian Health and Care System

<sup>7</sup> <https://org.nhslothian.scot/anchorinstitution/>

## 6.2.1.2. Income

### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Population Health</b>	<p>LHCS has expanded access to specialist welfare, debt and housing advice for staff, patients, and visitors, resulting in more people securing their financial entitlements, including increased financial gain for pregnant women and families.</p> <p>A growing proportion of frontline staff are trained and confident in addressing financial wellbeing, enabling them to effectively identify needs and connect people to appropriate sources of support.</p> <p>Health and care services minimise any unintentional financial burden on patients by ensuring policies, pathways and service delivery are designed and delivered in ways that reduce the risk of deepening poverty.</p> <p>LHCS procurement practices increasingly prioritise local economic development and social value, demonstrated by a sustained upward trend in the proportion of spend directed to local suppliers.</p>	<p>More people successfully access financial support and advice, with measurable increases in financial gains and reduced barriers or stigma to seeking help.</p>	<p>People experiencing the impact of money worries have increased agency with household finances.</p> <p>Local communities and businesses experience increased social and economic benefit, demonstrated by a year-on-year rise in local spend and socially responsible procurement within the LHCS supply chain.</p>

### ***How we'll achieve it***

- Continue monitoring of hospital income maximisation services and monitor and report on the 2026-27 early years pathway income maximisation funded programme.
- Building on funding provided by the Lothian Charity, investigate options for sustainable income maximisation service funding and explore other areas of the LHCS which would benefit from a focus on income maximisation.
- Embed money worries question and referral pathway to income maximisation support in the child health pathway.
- Explore the cost of a clinical appointment/day for the patient (based on work in Manchester).
- Explore options for improving proportion of procurement classified as local spend by investing in a fixed-term Anchors funded project officer post in Procurement.

### 6.2.1.3. Housing and Environment

#### *What we want to achieve*

<b>Population Health</b>	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
	<p>Appropriate frontline staff are equipped with the skills and confidence to discuss individuals' housing situations and take early action when there is a risk of homelessness.</p> <p>Implementation of the Good Food Nation plan and supporting infrastructure improves reliable access to nutritious, affordable, and sustainable food across the LHCS.</p> <p>LHCS collaborates effectively with local spatial planning systems to shape environments that support health.</p> <p>Local policies or procedures addressing the Commercial Determinants of Health are strengthened through LHCS influence, contributing to healthier community environments</p>	<p>More people can access timely, appropriate housing advice, resulting in reduced stigma, simpler pathways to help, and improved connections to support.</p> <p>LHCS land and assets are used in ways that support and benefit local communities, improving access to opportunities and contributing to reduced inequalities.</p> <p>The LHCS food system is more sustainable, resilient, and higher quality, supporting healthier diets and reducing environmental impacts.</p> <p>LHCS is progressing locally tailored action on alcohol, tobacco, high fat, salt and sugar foods and drinks, gambling, and the sexual entertainment industry</p>	<p>LHCS land, assets and environments contribute to healthy places for local populations.</p> <p>LHCS has developed healthier food and retail environments across healthcare settings, aligned with Good Food Nation principles.</p>

### ***How we'll achieve it***

- Use learning from the Edinburgh HSCP Primary Care Ask & Act pilot to inform a wider LHCS approach to the Ask & Act duty, promote wider understanding of the impact of housing on health, and continue to facilitate existing hospital in-reach support for those most in need.
- Develop and deliver actions from the Good Food Nation Local Plan.
- Public Health Partnership and Place teams work in partnership with Local Authority Spatial Planning to develop Local Development Plan (LDP2) ensuring the built environment contributes positively to healthy, sustainable communities.
- Draft and agree LHCS position statement around Commercial Determinants of Health (CDoH) factoring in emerging conversations/wider professional positions.

#### 6.2.1.4. Climate and Sustainability

##### *What we want to achieve*

<b>Climate and Sustainability/ Scheduled Care</b>	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
	<p>Environmental impact and value are fully embedded in NHS Lothian's decision-making processes, influencing how physical assets are used, managed, and disposed of.</p> <p>LHCS has a clear understanding of the climate adaptations required now and, in the future, to protect services, infrastructure and populations.</p> <p>LHCS works collaboratively with local planning systems to shape healthy places, including progressing joint initiatives that reduce emissions such as District Heating Systems and shared premises.</p> <p>The NHS Lothian estate becomes more climate-resilient, more biodiverse, and better able to support local food growing, as well as increased use of greenspace by staff and patients.</p> <p>A sustainable travel plan is established, providing clear, accessible information across all HSC sites to</p>	<p>LHCS staff, patients and visitors rely less on private car travel, leading to lower vehicle emissions and a reduction in transport-related environmental impacts.</p> <p>LHCS delivers digitally enabled, integrated, co-located, and environmentally friendly services, reducing the need for travel, and lowering carbon output, pollution, and biodiversity loss.</p> <p>Use of greenspace across the LHCS increases, supporting wellbeing, connection with nature and healthier behaviours.</p> <p>LHCS has positively influenced the protection and enhancement of natural, green and play spaces in local communities.</p> <p>LHCS strengthens its ability to anticipate, withstand and adapt to emerging climate-related threats.</p>	<p>LHCS is more resilient to the impacts of climate change because of its adaptation plans and partnership working.</p> <p>LHCS contributes to improvements in the natural environment e.g., air and water quality.</p>

	increase staff, patient and visitor awareness and use of active travel and public transport options.		
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***How we'll achieve it***

- Embed climate emergency and environmental sustainability in NHS Lothian decision-making processes.
- Each major site conducts adaptation needs assessment (with action plans to respond to needs assessments developed in subsequent years).
- Continue to develop joint initiatives to reduce emissions, such as District Heating Systems, and the need for patient travel, including, use of shared premises, and increased use of online appointments and patient-initiated follow up.
- Develop greenspace management plans that include climate change adaptation as well as further opportunities for staff, patients, and visitors to make use of green space, including through existing green health projects.
- Develop NHS Lothian Sustainable Travel Plan and staff travel survey.

### **6.2.2. Maternal, Children and Young People's Health (Priority 2)**

The foundations of lifelong health and wellbeing are shaped from the earliest stages of life, beginning even before conception. Effective primary prevention that supports women pre-conception and children in their early years creates the strongest platform for future health and upholds the UN Convention on the Rights of the Child, which affirms every child's right to the highest attainable standard of health and development. This period is also the most impactful window for reducing inequalities, as interventions in early childhood have the greatest and most lasting effect.

Addressing adverse childhood experiences is central to this rights-based approach, helping prevent the lifelong impacts of trauma on physical and mental health, reducing the risk of chronic illness, poor mental wellbeing, and harmful behaviours. Over time, this reduces avoidable demand for NHS services by preventing ill health, limiting crisis presentations, and improving long-term outcomes.

Evidence consistently shows that early-years interventions are highly cost-effective, delivering substantial long-term social and economic benefits. Given this, protecting and strengthening maternal and children's services must remain a central priority in future decision-making. This includes working collaboratively with community planning partners to embed a system-wide, children's rights focus on giving every child the best start in life.

### 6.2.2.1. Preconception and Pregnancy

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Children and Young People/ Primary Care/Women's Health Group/ Tobacco Control Board</b>	<p>Knowledge and awareness of the importance of preconception health and care increase among all people of reproductive age.</p> <p>Use of long-acting reversible contraception (LARC) and other effective contraceptive methods increases.</p> <p>More pregnant people participate in the smoking-cessation incentive scheme, supporting smoke-free pregnancies.</p> <p>Antenatal and postnatal continuity of care is maximised for individuals experiencing complex social factors, and those experiencing racialised inequalities in maternal health, ensuring more consistent and responsive care.</p>	<p>People planning a pregnancy can access the support and information they need to make informed, healthy choices.</p> <p>Uptake of NHS-provided folic acid supplements before and early in pregnancy increases, supporting healthier conception and early foetal development.</p> <p>The number of unplanned pregnancies and terminations decreases because of improved access to contraception, preconception support and reproductive health services.</p> <p>Rates of smoking during pregnancy fall, contributing to improved maternal and infant health outcomes.</p> <p>Clear multi-agency pathways are in place to provide enhanced support for individuals who require more intensive help during pregnancy.</p>	<p>Rates of maternal obesity decrease, supporting healthier pregnancies and improved long-term health for mothers and babies.</p> <p>Fewer people experience harmful pregnancy and birth outcomes associated with alcohol or substance use, because of effective prevention and support.</p> <p>Pregnancy and birth outcomes improve for individuals with protected characteristics and for those facing complex social circumstances, reducing inequalities in early life.</p>

### ***How we'll achieve it***

- Undertake a health needs assessment on the preconception health and care needs of the Lothian population and co-produce (with relevant services and stakeholders) an action plan which responds to its recommendations.
- Increase awareness and availability of contraception by embedding contraception counselling in antenatal and postnatal pathways, improving the LARC offer in general practice and redesigning the postnatal LARC delivery model.
- Implement the maternity incentives scheme and increase the number of pregnant people supported to stop smoking.
- Improve antenatal and postnatal continuity of care using quality improvement methodology and learning from successful local and national delivery models.

## 6.2.2.2. Perinatal, Infant, Children and Young People Mental Health and Wellbeing

### What we want to achieve

	By 2027	By 2030	By 2035
<b>Children and Young People</b>	<p>LHCS develops a clear and comprehensive understanding of how the determinants of child and adolescent mental health and wellbeing vary across Lothian, enabling better-targeted action.</p> <p>Trauma-informed and rights-based practice is increasingly embedded across children’s services, improving the quality and responsiveness of support.</p> <p>Tier 1 and 2 perinatal, infant, children and young people’s mental health services are realigned to meet changing population needs more effectively.</p>	<p>Access to neurodevelopmental (ND) support is improved at the point of need, ensuring people receive timely help regardless of diagnosis.</p> <p>CAMHS waiting times are reduced to meet the national 18-week standard, ensuring children and young people access support more quickly.</p>	<p>Perinatal, infant, children and young people’s mental health, wellbeing and resilience are improved.</p>

### How we’ll achieve it

- Undertake a population mental health needs assessment and use findings to rebalance provision towards prevention and early intervention.
- Deliver organisational approaches to support staff and strengthen trauma-informed practice across universal services e.g., TRUST passport for staff and managers, senior leaders training, review of organisational policies, champions network, trauma walk-throughs. [*TRUST = Trauma-Responsive, UNCRC-informed, Supportive Training*]

- Develop and deliver with partners a shared framework for prevention and early intervention interventions to improve clarity and consistency of access routes, advice, and support at Tiers 1 and 2, including advice and consultation models for universal services.

### 6.2.2.3. Infant Feeding and Child Healthy Weight

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Children and Young People</b>	<p>The Delivering Early Breastfeeding Support (DEBS) programme continues to be expanded, ensuring more families receive timely, high-quality early breastfeeding support.</p> <p>UNICEF Baby Friendly accreditation is sustained, with ongoing progress toward achieving Gold (Sustainability) status.</p> <p>Strengths-based, whole-family support for families with young children continues to be targeted and expanded, with approaches further tested and adapted for school-aged children.</p>	<p>Breastfeeding drop-off reduced to 18.1% by 2030 in line with the national target, with focused improvement in communities where early breastfeeding drop-off is currently highest.</p> <p>The gap in breastfeeding rates between the most and least deprived areas (SIMD 1 and SIMD 10) narrows, contributing to greater equity in early years nutrition.</p> <p>Tier 2 and Tier 3 healthy weight interventions for children are effective, accessible, and well-targeted, providing appropriate support for families who need it.</p>	<p>Hospital admissions for babies with feeding-related issues (such as faltering weight gain and hypoglycaemia) decrease.</p> <p>A higher proportion of children achieve and maintain a healthy weight.</p>

#### *How we'll achieve it*

- Strengthen whole system approach to healthy weight by expanding DEBS to three further areas of low breastfeeding and maximising uptake and developing a programme to increase staff confidence in having good conversations with families on healthy weight and other health-related issues.
- Maintain UNICEF Baby Friendly Accreditation in Maternity and Neonatal Services, Health Visting, and Family Nurse Partnership and work towards UNICEF Baby Friendly Gold status to sustain and embed good practice.
- Achieve UNICEF Baby Friendly Stage 2 Accreditation in Children's Services.

#### 6.2.2.4. Child Development

##### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Children and Young People</b>	<p>Comprehensive anticipatory care pathways for families with children under five are in place, delivered through a proportionate universalism approach.</p> <p>Improved continuity and information flow between health visiting and Primary 1, ensuring more seamless transitions.</p>	<p>Developmental concerns at 27-30 months reduced to 13.5% by 2030, with targeted improvements in speech, language and communication and emotional and behavioural development.</p>	<p>The gap in children’s developmental progress between the most and least deprived areas (SIMD 1–10) narrows at 13-15 months, 27-30 months, and 4-5 years.</p> <p>Improved school readiness among children entering primary education.</p>

##### *How we’ll achieve it*

- Continue to deliver systematic developmental screening at key milestones and take an intelligence-led approach to inform universal and targeted approaches to support all children to reach their developmental milestones, through strengthened collaborative working between Allied Health Professions, universal early years services, and the Third Sector.
- Ensure all children identified as having wellbeing or child protection concerns are transitioned seamlessly to the School Nursing Service through a structured and multi-agency process.
- Develop a collaborative and enhanced Named Person transition framework from pre-school to Primary 1 to optimise Named Person transition arrangements to ensure continuity of care for children and families and strengthen accountability across life stages.

### 6.2.2.5. Corporate Parenting

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Children and Young People</b>	<p>Care experienced children and young people have routine access to high-quality health assessments that support their individual health needs and reduce inequalities by minimising barriers to universal services such as GP care, dental services, and vaccinations.</p> <p>A non-stigmatising, supportive approach to missed healthcare appointments for children and families is consistently embedded in practice.</p>	<p>More care experienced children and families, including those on the edges of care, can access the support they need at the right time.</p> <p>Improved engagement with healthcare services, resulting in fewer missed appointments for care experienced children.</p>	<p>More families remain together through strengthened nurturing relationships and intensive support that interrupts intergenerational trauma.</p>

#### *How we'll achieve it*

- Proactively engage care experienced children and young people through regular health reviews and integrated children's plans, ensuring their healthcare appointments are prioritised across all relevant services.
- Ensure Corporate Parenting responsibilities are understood, across both paediatric and adult services.
- Develop a shared language of care and consistent ways of working across services and professionals, so families experience coordinated support rather than navigating conflicting systems, processes, standards, or expectations.
- Use insights from the 'Was Not Brought' pilot in paediatric services to update staff training, practice guidance, and IT systems, and implement these improvements across all children's services to better address how inequalities and trauma influence access to care.

### **6.2.3. Tackling the Burden of Disease (Priority 3)**

Healthcare settings should continue to prioritise interventions that address modifiable risk factors - such as smoking, alcohol use, and obesity - while maintaining a strong focus on services that manage non-communicable disease, such as, respiratory disease, cancer, diabetes, and cardiovascular conditions. These efforts should be delivered alongside screening and immunisation programmes as part of a coherent and effective prevention approach. Delivering these efforts alongside screening and immunisation programmes ensures prevention is coordinated, efficient and person-centred. Screening and immunisation provide established, high-impact opportunities to identify risk early, prevent avoidable disease, and engage people with wider preventive support. Aligning interventions in this way maximises population reach, reduces duplication, and strengthens the overall impact of prevention activity across the life course.

A wide range of universal and targeted public health programmes already exist across Lothian. However, we would strengthen their impact by better connecting these programmes to the scheduled and unscheduled care touchpoints that people already experience. This is especially important for population groups who may present more often through unscheduled routes, as well as those supported by specialist services, to ensure equity of access and improved outcomes for all.

### 6.2.3.1. Common Non-communicable Disease

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Primary Care/ Healthy Weight and Type 2 Diabetes Prevention</b>	<p>Enhanced early intervention for at-risk populations through systematic identification and management of modifiable risk factors, including blood pressure, lipids, obesity, blood glucose and smoking status.</p> <p>Planned and well-governed introduction of weight-loss medication, supported by a robust economic case and comprehensive evaluation framework.</p> <p>Increased proactive case-finding to identify individuals with pre-diabetes and enable earlier intervention to prevent progression to type 2 diabetes.</p>	<p>Reduced proportion of the population at elevated risk of CVD, type 2 diabetes, COPD, and selected cancers.</p>	<p>Reduced inequity in non-communicable disease outcomes between the most and least deprived SIMD groups.</p>

#### *How we'll achieve it*

- Continue to deliver and monitor the national Cardiovascular Disease Directed Enhanced Service in local practices, to inform future system-wide action for other long-term conditions.
- Progress obesity treatment pathways in Lothian, including digital pathways and the managed introduction of weight loss medication, and implement appropriate monitoring and evaluation.

- Introduce Point of Care testing pilot within community pharmacy, which aims to identify patients at risk of developing type 2 diabetes and refer directly into the weight management programme.

### 6.2.3.2. Inequalities in Access and Outcomes

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Primary Care/Scheduled Care/ Mental Health and Wellbeing</b>	<p>The underlying factors contributing to low or poor engagement with healthcare services, including mental health services, are identified, and clearly understood.</p> <p>Trauma-informed practice is increasingly embedded and consistently applied across services.</p> <p>A non-stigmatising, supportive approach to patients who miss healthcare appointments is established and routinely implemented.</p>	<p>Greater equity in access to care and continuity of care across population groups.</p> <p>A measurable narrowing of the gap in 'did not attend' and 'was not brought' rates between SIMD 1–10 groups and people with protected characteristics.</p> <p>Enhanced patient experience across services.</p>	<p>Improved access to timely and appropriate care for population groups that currently face barriers or delays.</p>

#### *How we'll achieve it*

- Quantitative and qualitative analyses of DNAs used to inform system-wide approaches to support those who miss healthcare appointments, joining up and building on initiatives such as Bridge Builders and primary and secondary care interface models, and making changes to the system which help support attendance.
- Use learning from the 'was not brought' pilot project in children's services to consider how such a pilot could be adapted in adult settings, which understands and addresses how inequalities and/or a history of trauma can impact on one's ability to access services.

- Take forward recommendations from the Equality and Children’s Rights Impact Assessment (ECRIA) of the implementation of Scottish Government Waiting Times Guidance to minimise any potential discriminatory impact and help to achieve equity of access across different population groups.

### 6.2.3.3. Waiting Well

#### *What we want to achieve*

<b>Scheduled Care/ Tobacco Control Board</b>	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
	<p>A comprehensive package of universal and targeted support is in place to enable effective prehabilitation for individuals awaiting surgery or treatment, including those on cancer pathways.</p> <p>The Waiting Well framework is fully embedded across services to support people’s health and wellbeing while they await treatment.</p>	<p>Greater numbers of people accessing evidence-based support to improve health outcomes, including income maximisation, smoking cessation, nutrition and physical activity programmes, and participation in screening and immunisation.</p>	<p>Shorter recovery periods and better clinical outcomes following treatment or surgery.</p>

#### *How we’ll achieve it*

- Implement prehabilitation toolkit and resources developed for cancer and non-cancer pathways.
- Develop Waiting Well offer, using toolkit and learning from prehabilitation work to support a range of social and behavioural factors.
- Improve access to, and uptake of, smoking cessation support in those waiting for surgery or other treatment.

### 6.2.3.4. Supported Self-management

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Strategic Change Group/Children and Young People/Primary Care/Digital</b>	<p>Health literacy is improved, and everyone has equitable access to high-quality, reliable health information.</p> <p>Use of digital tools to support self-management increases, while the risk of digital exclusion is actively minimised.</p> <p>Opportunities for community-based support outside traditional health and care settings are explored to enhance people's health and wellbeing.</p>	<p>More people with long-term conditions are supported and enabled to self-care effectively.</p> <p>Primary and community care routinely supports people to benefit from local assets that promote good health and wellbeing.</p> <p>Realigned models of care optimise holistic, multidisciplinary team support for people living with long-term conditions.</p>	<p>Increased numbers of people are supported to manage their long-term conditions and maintain a good quality of life.</p>

#### *How we'll achieve it*

- Explore ways to support health literacy through the work of the LSDF programme boards.
- Improve digital resources and optimise the use of AI and digital technology to enhance support for neurodiverse children, young people, and adults.
- Provide support for neurodiverse children, young people and adults at point of identification of need, regardless of diagnosis.
- Explore the role of Digital Front Door in supporting self-management and access to wider community support.

### 6.2.3.5. Mental Health and Wellbeing

#### *What we want to achieve*

<i>Mental Health and Wellbeing</i>	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
	<p>The projected burden of mental ill health, and its implications for future service demand and provision, is clearly understood.</p> <p>Mental health and wellbeing support, including digital resources, is readily accessible to local populations.</p>	<p>More people with mental health conditions are engaging with and accessing healthcare services.</p> <p>Community mental health support is strengthened and optimised to better meet people’s needs.</p>	<p>People with mental ill health experience better overall health, including improved physical health outcomes.</p>

#### *How we’ll achieve it*

- Undertake a population mental health needs assessment.
- Review use and accessibility, and explore future opportunities for use, of digital tools to support mental health and wellbeing.
- Expand early intervention and urgent community support and shift from reactive to planned care through timely triage and proactive follow-up in the community.

### 6.2.3.6. Inclusion Health (Drugs and Alcohol, Sexual Health and Blood Borne Viruses)

#### *What we want to achieve*

<b>Drug and Alcohol Harms Oversight Group/ SHBBV Co-ordination Group</b>	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
	<p>People can access substance use support, treatment, and harm-reduction services in line with the Medication Assisted Treatment (MAT) Standards.</p> <p>More people are tested and started on treatment for HIV and Hepatitis C, in line with national commitments to eliminate Hepatitis C and end HIV transmission.</p>	<p>Access to high-quality treatment and care is improved for all who require it.</p>	<p>Decreased rates of non-fatal overdoses, drug-related deaths, and alcohol-related morbidity and mortality.</p>

#### *How we'll achieve it*

- Continue to deliver the work set out within Lothian's three Alcohol and Drug Partnership Strategies and Plans, including prevention activity and continued implementation and maintenance of the Medication Assisted Treatment Standards.
- Implement any additional recommendations from the new national Alcohol and Drugs Plan, once published in 2026, and apply the Charter of Rights for People Affected by Substance Use.

- Strengthen the consistency of offer and improve uptake of blood borne virus testing in vulnerable populations, including those who use substances (target 80% test uptake by 2027/28), those in the prison setting (target 75% test uptake by 2027/28), and roll out of BBV testing in Emergency Departments.

### 6.2.3.7. Dental Health

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Primary Care</b>	<p>Priority populations experience improved access to oral health services, including, young children (0–2 years), dependent older adults, those with experience of the justice system, those experiencing homelessness, and adults with additional care needs.</p> <p>Target populations benefit from well-implemented and effective Childsmile supervised toothbrushing programmes.</p>	<p>The number of children requiring dental extractions under general anaesthetic is reduced.</p>	<p>Improved dental health outcomes at P1 and P7, with a measurable reduction in the gap between children living in SIMD 1 and SIMD 10 areas.</p>

#### *How we'll achieve it*

- Continue to deliver oral health improvement programmes to help reduce oral health inequalities, particularly for vulnerable groups, including: Childsmile in nurseries and schools, and the Caring for Smiles adult oral health programmes.

### 6.2.3.8. Immunisation

#### *What we want to achieve*

<i>Immunisation Oversight Board</i>	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
	<p>Clear identification and understanding of factors limiting immunisation uptake in targeted populations.</p> <p>Evidence-informed immunisation services delivered effectively through a skilled and adaptable workforce.</p> <p>Efficient, user-friendly digital consent systems implemented across immunisation programmes.</p>	<p>Strengthened public confidence in the safety and effectiveness of vaccines.</p> <p>All immunisation programmes achieve maximised uptake and equitable participation across population groups.</p>	<p>Improved equity in childhood and adult immunisation uptake, with a demonstrable reduction in the SIMD 1-10 gap.</p>

#### *How we'll achieve it*

- Development of child and adult based Assurance Frameworks which include priorities on workforce and inclusion.
- Strengthen partnerships with community and voluntary sector partners and trusted messengers to enhance understanding of communities' needs and barriers to take up.
- Identification of clear digital objectives and continue to influence digital developments to embed immunisations in the digital roadmap e.g., digital consent.
- Explore ways to increase flexibility of vaccination service delivery.
- Explore Making Every Contact Count (MECC) in vaccination appointments and share learning for wider roll out across services.

### 6.2.3.9. Screening

#### *What we want to achieve*

<b>Screening Governance Groups/ Scheduled Care</b>	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
	Clear identification of screening inequalities followed by coordinated action across partners to resolve identified barriers.	All screening programmes achieve maximised uptake and equitable participation across population groups.	Improved equity in screening participation, with a demonstrable reduction in the SIMD 1-10 uptake gap.

#### *How we'll achieve it*

- Apply data-driven demand forecasting and continuous monitoring of screening uptake to identify underserved populations and guide targeted interventions.
- Introduce and evaluate national pilots and local improvement efforts to ensure services meet the needs of eligible populations and improve reach to those not currently engaging with screening.
- Develop readiness for lung cancer screening implementation in selected populations.

### 6.2.3.10. Frailty and Falls Prevention

#### *What we want to achieve*

	<b>By 2027</b>	<b>By 2030</b>	<b>By 2035</b>
<b>Primary Care/ Unscheduled Care</b>	<p>Frailty is recognised and addressed at an earlier stage, with a greater proportion of management taking place in primary care through the GP Enhanced Service.</p> <p>Delivery of Phases 1 and 2 of the Lothian Falls Prevention and Management Framework, contributing to fewer fall-related ED attendances and admissions.</p>	<p>Shifting frailty management away from secondary care, with more needs met through proactive community-based approaches.</p> <p>Delivery of Phases 2 and 3 of the Lothian Falls Prevention and Management Framework, leading to better identification of those at risk of falling and enhanced prevention measures across services.</p>	<p>Ongoing reduction in hospital attendance and admissions related to frailty, reflecting improved prevention and community-based management.</p> <p>Sustained reductions in avoidable harms from falls, enabled by reliable identification of people at risk and consistent delivery of prevention interventions.</p>

#### *How we'll achieve it*

- Maintain and further embed the GP Enhanced Service for frailty to support earlier identification and management in primary care.
- Implement the five pillars of the Lothian Falls Prevention and Management Framework: Person-Centred; Collaborative; Prevention; Data Informed; and Knowledge and Education.

### 6.3. Embed prevention within performance frameworks (Objective 3)

The proposed suite of prevention outcome measures, aligned with the logic model, is outlined below in Table 2.

Outcome indicators have been selected based on the following principles:

- They are meaningful and relevant to Programme Boards and the wider Lothian health and social care system.
- They are sensitive to intervention, such that change can reasonably be attributed to preventative action.
- There is sufficient scope for change over time, avoiding indicators that may be subject to floor or ceiling effects.
- They are feasible to collect and can be captured routinely in a sustainable way.
- They are clear, easy to interpret, and make sense within the context of the prevention logic model.

Appendix 2 provides further detail on these measures by priority area, including the proposed measure type (quantitative or qualitative) and data source (noting that some indicators, whilst feasible, are not presently measurable without investment in new data collection and/or analysis endeavours).

The measures represent a selected set of indicators that demonstrate progress towards a more prevention-focused system and improved population health outcomes; they do not capture all outcomes within the logic model.

The focus is on medium- to longer-term measures, suitable for annual reporting to the NHS Lothian Board and relevant groups and committees. Progress against short-term actions and outcomes will be reported through the relevant Programme Boards, via their implementation plans, with relevant measures agreed by those groups.

Alongside this work, a wider set of indicators is being developed nationally to support the programme of reform and a stronger focus on population health. It is important that local arrangements for board assurance align with these emerging national measures to ensure coherence, comparability, and clarity of accountability. As national indicators are refined and implemented, local approaches will be reviewed and adapted as necessary to maintain consistency while remaining responsive to local priorities and learning.

Table 2: Proposed outcome measures

<b>Overarching outcomes</b>	
	<ul style="list-style-type: none"> <li>• Trends over time in death rate (European age standardised rate per 100,000) of those aged under 75</li> <li>• Inequalities in life expectancy by sex (using Relative Index of Inequality (RII))<sup>8</sup></li> </ul>

<b>Building blocks of health</b>	
<b>Medium term</b>	<ul style="list-style-type: none"> <li>• Total client financial gain (£) annually through NHS Lothian Hospital Welfare Advice Services</li> <li>• Proportion of emergency department attendees who are of no fixed abode <b><i>(NB this is proposed as an aspirational indicator. Data Loch have been exploring the inclusion of a homelessness flag on electronic health records which will likely be a necessary enabler. If this is successful, measurement would be possible)</i></b></li> <li>• Narrative summary of work undertaken across LHCS that is likely to have influenced the impact of commercial determinants of health on the local population</li> <li>• Percentage of a representative sample of staff, patients and visitors that use a range of transport methods (car, bus, cycle, walk/wheel, train, tram, taxi) to travel to NHS Lothian sites <b><i>(NB this is contingent on data being collected via a staff survey)</i></b></li> <li>• Narrative summary of LHCS adaptation to emerging climate threats, e.g., description of local progress against the "NHS and Social Care" actions of Scottish National Adaptation Plan (2024-2029)</li> </ul>
<b>Long term</b>	<ul style="list-style-type: none"> <li>• Distribution of employees of NHS Lothian by protected characteristics (age, sex, disability status, ethnicity, religion, sexual orientation, transgender status) and SIMD, compared against Lothian's known distribution of these characteristics as per census estimates</li> <li>• Narrative summary of contributions of LHCS land, assets, and environments to healthy places for local populations, e.g., drawing on land and asset metrics reported annually to Scottish Government</li> </ul>

<sup>8</sup> Relative Index of Inequality (RII) is used to quantify the socioeconomic gradient in health outcomes, in relative terms rather than reflecting the absolute gap between most and least deprived. A RII of 1.0 indicates no degree of inequality and typically ranges between -2 and +2.

<b>Maternal, children and young people's health</b>	
<b>Medium term</b>	<ul style="list-style-type: none"> <li>• Annual rate of pregnancy terminations (per 10,000 population)</li> <li>• Total annual rate (per 1,000 women aged 15-49) of LARC prescriptions (Implant, IUS, IUD)</li> <li>• Percentage of people identified as smoking at antenatal booking appointment</li> <li>• Percentage of CAMHS patients waiting over 18 weeks</li> <li>• Percentage drop-off in breastfeeding between initiation and 6-8 week follow up by SIMD quintile</li> <li>• Narrative summary of evidence-based interventions in place locally to support child healthy weight (including information from ongoing evaluation of these programs locally)</li> <li>• Percentage of child health reviews at 27-30 months identifying a concern in speech/language developmental domain by SIMD</li> <li>• 'Was not brought' rate for care experienced children (aged under 18 years) in outpatient services.</li> </ul>
<b>Long term</b>	<ul style="list-style-type: none"> <li>• Percentage of people that have a BMI of 30 or more at antenatal booking appointment</li> <li>• Percentage of people identifying depression and/or anhedonia during the past month at antenatal booking appointment</li> <li>• Percentage of children in primary 1 recorded as having a healthy weight</li> </ul>

<b>Tackling the burden of disease</b>	
<b>Medium term</b>	<ul style="list-style-type: none"> <li>• Percentage of local delivery plan annual smoking cessation target achieved</li> <li>• Rate of newly diagnosed cases of type 2 diabetes annually (per 100,000 population)</li> <li>• Annual "did not attend" rate across all outpatient specialties</li> <li>• Narrative summary of policy and practice implemented by LHCS to identify and reduce missingness</li> <li>• Percentage of eligible (18+) population uptaking influenza vaccination by SIMD quintile (as at end of influenza season)</li> <li>• Percentage uptake of HPV vaccine for S1 pupils</li> <li>• Percentage uptake of 6 in 1 vaccine for children aged 12 months</li> <li>• Percentage of eligible population who have been successfully screened for diabetic retinopathy</li> <li>• Overall uptake of bowel screening within eligible population</li> <li>• Coverage (%) of eligible women who have attended cervical screening</li> </ul>
<b>Long term</b>	<ul style="list-style-type: none"> <li>• Inequalities in early deaths from cancer, aged &lt;75 years (using RII)</li> <li>• Inequalities in coronary heart disease hospitalisations (using RII)</li> <li>• Inequalities in chronic obstructive pulmonary disease (COPD) hospitalisations (using RII)</li> <li>• Age-standardised rate (per 100,000 population) of drug deaths</li> <li>• Age/sex standardised rate (per 100,000 population) of alcohol-related hospital admissions</li> <li>• Inequalities in the percentage of children in primary 1 with no obvious tooth decay (using RII)</li> <li>• Rate per 1,000 population of A&amp;E admissions due to falls</li> </ul>

## **6.4. Maximise investment in prevention (Objective 4)**

### *Phase 1: Baselineing preventative spend*

The Scottish Government Prevention Project team is working with Health Board Directors of Finance on an initiative to identify preventative spend across NHS Boards.

In December 2025, NHS Lothian Finance, in partnership with Public Health, agreed to work with the Scottish Government and a small number of other Health Boards to participate in a pilot programme on preventative spend budget tagging. The purpose of the pilot was to identify and classify preventative spend within NHS Boards and forms part of a wider programme to estimate preventative spend across the Scottish Government budget by summer 2026. This work will support delivery of commitments set out in the Public Service Reform Strategy and the Population Health Framework.

NHS Lothian Finance has completed the initial stages of this work and is contributing through a Directors of Finance Short-Life Working Group (SLWG). This includes reviewing Scottish Government financial guidance on preventative spend and developing a consistent approach to budget and expenditure tagging. The tagging process requires a review of the full financial ledger and the application of preventative spend classifications, including categories of preventative activity and levels of prevention.

The next steps are to share and refine this work with local stakeholders to ensure application of the guidance and resultant classifications are reasonable and consistent. Learning will be shared with the Scottish Government and the SLWG.

### *Phase 2: Guiding future investment in prevention*

A national strategic group on preventative spend has been established, co-chaired by a Director of Public Health and a Director of Finance. The focus of this phase is to develop a clearer understanding of the key drivers of demand within the health and care system, alongside the evidence-based interventions that can best address this demand. This will support informed investment decisions by identifying preventative approaches that deliver the greatest return on investment and contribute to the long-term sustainability of the health and care system.

## **6.5. Establish a robust learning and accountability system (Objective 5)**

### *Governance*

A central aim of the prevention approach is the establishment of a robust learning and accountability system. Governance arrangements must be firmly embedded within the Lothian Strategic Development Framework (LSDF) to ensure appropriate oversight by the Corporate Management Team (CMT) and assurance to the NHS Lothian Board and relevant sub-committee(s).

CMT will provide oversight to the delivery of the prevention plan and wider prevention approach.

The Population Health Programme Board's primary role is to provide leadership and strategic direction to improving population health, including programmes to embed prevention and tackle health inequalities. The Population Health Programme Board will provide strategic direction to a portfolio of workstreams, including prevention, health equity, and placed-based work through our Anchors and community planning work, ensuring coordination and coherence for population health activity across the Lothian health and care system.

The Population Health Programme Board will work collaboratively with relevant programme and parameter boards and other cross-system groups to ensure the system-wide prevention plan and wider preventive approach are being delivered. It is proposed that the refreshed Population Health Programme Board supports and monitors progress with delivery of the prevention plan set out in this paper.

The Population Health Programme Board will operate in line with established LSDF governance arrangements, reporting to and receiving oversight from the CMT.

### *Reporting*

Two levels of reporting are proposed.

#### 1. Routine programme reporting:

All Programme and Parameter Boards will report on prevention actions and short-term outcomes through the established bi-annual reporting process for LSDF implementation plans to the CMT, Strategic Planning and Performance Committee (SPPC), and the NHS Lothian Board, as part of the Corporate Objectives reporting process. The Healthy Weight and Type 2 Diabetes Prevention Oversight Group also reports bi-annually to CMT.

#### 2. Annual prevention reporting:

An annual system-level prevention report will monitor progress towards medium- and longer-term outcomes, using the outcome measures outlined in this paper. This will provide assurance on progress towards longer-term objectives, support assessment of impact, and inform adaptation of programmes of work where required.

## **7.0. Summary**

This paper outlines progress towards a prevention-focused system and sets out the outcomes and actions required to embed prevention across the Lothian health and care system. It aligns activity to three priority areas – building blocks of health; maternal, children, and young people’s health; and tackling the burden of disease – and supports the ambition for Lothian to become a Population Health Organisation.

The paper describes the case for change and the approach to embedding prevention through five core objectives. It sets out the expected outcomes, actions and measures needed to assess progress and impact, alongside work to establish a baseline for preventative spend and the steps required to increase this over time. It also outlines the arrangements for effective system-wide governance, monitoring and oversight of the prevention approach and delivery plan.

# Appendix 2

Priority Area (as per prevention logic model)	Topic (as per prevention logic model)	Timeframe (as per prevention logic model)	Outcome (as per prevention logic model)	Outcome measure type	Proposed outcome measure	Source
Overarching outcomes	All	Ultimate impact (10+ years)	Reduction in premature mortality (<75 yrs.)	Quantitative	Trends over time in death rate (European age standardised rate per 100,000) of those aged under 75	NRS deaths time series data ( <a href="https://www.nrscotland.gov.uk/publications/deaths-time-series-data/">https://www.nrscotland.gov.uk/publications/deaths-time-series-data/</a> )
Overarching outcomes	All	Ultimate impact (10+ years)	Defined narrowing of health gap in life expectancy between SIMD 1 – 10	Quantitative	Inequalities in life expectancy by sex (using Relative Index of Inequality (RII))	ScotPHO profiles tool <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Building blocks of health	Income	Medium (by 2030)	More people successfully access financial support and advice, with measurable increases in financial gains and reduced barriers or stigma to seeking help.	Quantitative	Total client financial gain (£) annually through NHS Lothian Hospital Welfare Advice Services	NHS Lothian quarterly reporting to the NHS Lothian Charity on hospital Welfare Advice Services
Building blocks of health	Housing and environment	Medium (by 2030)	More people can access timely, appropriate housing advice, resulting in reduced stigma, simpler pathways to help, and improved connections to support.	Quantitative	Proportion of emergency department attendees who are of no fixed abode	Gap - Data loch has been exploring the inclusion of a homelessness flag on electronic health records which is a necessary enabler for this indicator.
Building blocks of health	Housing and environment	Medium (by 2030)	LHCS is progressing locally tailored action on alcohol, tobacco, high fat salt and sugar foods and drinks, gambling, and the sexual entertainment industry	Narrative	Narrative summary of work undertaken across LHCS that is likely to have influenced the impact of commercial determinants of health on the local population	
Building blocks of health	Climate and sustainability	Medium (by 2030)	LHCS staff, patients and visitors rely less on private car travel, leading to lower vehicle emissions and a reduction in transport-related environmental impacts.	Quantitative	Percentage of a representative sample of staff, patients and visitors that use a range of transport methods (car, bus, cycle, walk/wheel, train, tram, taxi) to travel to NHS Lothian sites	Gap - potentially to be addressed via new data collection, possibly to be contrasted against smart mobility reports (which indicate feasibility of different transport methods, given home locations of staff).
Building blocks of health	Climate and sustainability	Medium (by 2030)	LHCS strengthens its ability to anticipate, withstand and adapt to emerging climate-related threats.	Narrative	Narrative summary, e.g., description of local progress against the "NHS and Social Care" actions of Scottish National Adaptation Plan (2024-2029)	<a href="https://www.scotland.nhs.uk/our-work/our-ambitions/our-ambitions-2024-2029">scottish-national-adaptation-plan-2024-2029</a>
Building blocks of health	Employment	Long (by 2035)	More people from under-represented groups experience the benefits of LHCS fair work policies and practices because the workforce reflects the Lothian population as closely as possible with respect to age, sex, ethnicity and disability.	Quantitative	Distribution of employees of NHS Lothian by protected characteristics (age, sex, disability status, ethnicity, religion, sexual orientation, transgender status) and SIMD, compared against Lothian's known distribution of these characteristics as per census estimates	TURAS data intelligence ( <a href="https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/?pageid=1243">https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/?pageid=1243</a> ), Scottish census ( <a href="https://www.scotlandscensus.gov.uk/">https://www.scotlandscensus.gov.uk/</a> )
Building blocks of health	Housing and environment	Long (by 2035)	LHCS land, assets and environments contribute to healthy places for local populations	Narrative	Narrative summary, e.g., drawing on land and asset metrics reported annually to Scottish Government	Annual Anchors report to Scottish Government
Maternal and Child Health	Preconception/Pre	Medium (by 2030)	The number of unplanned pregnancies and terminations decreases because of improved access to contraception, preconception support and reproductive health services.	Quantitative	Annual rate of pregnancy terminations (per 10,000 population)	PHS open data - <a href="https://www.opendata.nhs.scot/dataset/termination-of-pregnancy-in-scotland">https://www.opendata.nhs.scot/dataset/termination-of-pregnancy-in-scotland</a>
Maternal and Child Health	Preconception/Pre	Medium (by 2030)	The number of unplanned pregnancies and terminations decreases because of improved access to contraception, preconception support and reproductive health services.	Quantitative	Total annual rate (per 1,000 women aged 15-49) of LARC prescriptions (Implant, IUS, IUD)	<a href="https://publichealthscotland.scot/publications/long-acting-reversible-contraception-larc-key-clinical-indicator-kci/long-acting-reversible-methods-of-contraception-larc-in-scotland-year-ending-31-march-2025/">https://publichealthscotland.scot/publications/long-acting-reversible-contraception-larc-key-clinical-indicator-kci/long-acting-reversible-methods-of-contraception-larc-in-scotland-year-ending-31-march-2025/</a>
Maternal and Child Health	Preconception/Pre	Medium (by 2030)	Rates of smoking during pregnancy fall, contributing to improved maternal and infant health outcomes.	Quantitative	Percentage of people identified as smoking at antenatal booking appointment	Antenatal booking appointment data (available in Discovery)
Maternal and Child Health	Mental health	Medium (by 2030)	CAMHS waiting times are reduced to meet the national 18-week standard, ensuring children and young people access support more quickly.	Quantitative	Percentage of CAMHS patients waiting over 18 weeks	Child, Adolescent and Psychological Therapies National dataset (available in Discovery)
Maternal and Child Health	Infant feeding & he	Medium (by 2030)	Breastfeeding drop-off reduced to 18.1% by 2030 in line with the national target, with focused improvement in communities where early breastfeeding drop-off is currently highest.	Quantitative	Percentage drop-off in breastfeeding between initiation and 6-8 week follow up by SIMD quintile	Health visiting data (available in Discovery)
Maternal and Child Health	Infant feeding & he	Medium (by 2030)	Tier 2 and Tier 3 healthy weight interventions for children are effective, accessible and well-targeted, providing appropriate support for families who need it.	Narrative	Narrative summary of evidence based interventions in place locally to support child healthy weight (including information from ongoing evaluation of these programs locally)	
Maternal and Child Health	Child development	Medium (by 2030)	Developmental concerns at 27-30 months reduced to 13.5% by 2030, with targeted improvements in speech, language and communication and emotional and behavioural development.	Quantitative	Percentage of child health reviews at 27-30 months identifying a concern in speech/language developmental domain by SIMD	Child health review data (available in Discovery)
Maternal and Child Health	Corporate parentin	Medium (by 2030)	Improved engagement with healthcare services, resulting in fewer missed appointments for care experienced children.	Quantitative	"Was not brought" rate for care experienced children (aged under 18 years) in outpatient services.	TRAK-BI (bespoke analysis)
Maternal and Child Health	Preconception/Pre	Long (by 2035)	Rates of maternal obesity decrease, supporting healthier pregnancies and improved long-term health for mothers and babies.	Quantitative	Percentage of people that have a BMI of 30 or more at antenatal booking appointment	Antenatal booking appointment data (available in Discovery)

Maternal and Child Health	Children and young Long (by 2035)	Perinatal, infant, children and young people's mental health, wellbeing and resilience are improved	Quantitative	Percentage of people identifying depression and/or anhedonia during the past month at antenatal booking appointment	Antenatal booking appointment data (bespoke analysis)
Maternal and Child Health	Infant feeding & he: Long (by 2035)	A higher proportion of children achieve and maintain a healthy weight.	Quantitative	Percentage of children in primary 1 recorded as having a healthy weight	PHS Primary 1 BMI statistics - <a href="https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/">https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/</a>
Burden of Disease	Common non-com Medium (by 2030)	Reduced proportion of the population at elevated risk of CVD, type 2 diabetes, COPD, and selected cancers.	Quantitative	Percentage of local delivery plan annual smoking cessation target achieved	<a href="https://nhs.uk/stop-smoking-services-quarterly">nhs-stop-smoking-services-quarterly</a>
Burden of Disease	Common non-com Medium (by 2030)	Reduced proportion of the population at elevated risk of CVD, type 2 diabetes, COPD, and selected cancers.	Quantitative	Rate of newly diagnosed cases of type 2 diabetes annually (per 100,000 population)	SCI Diabetes (bespoke analysis)
Burden of Disease	Inequalities in acc Medium (by 2030)	Greater equity in access to care and continuity of care across population groups	Quantitative	Annual "did not attend" rate across all outpatient specialties	Outpatient activity trends dashboard ( <a href="https://wv-tableau.luht.scot.nhs.uk/#/site/nhs/workbooks/1425?origin=card_share_link">https://wv-tableau.luht.scot.nhs.uk/#/site/nhs/workbooks/1425?origin=card_share_link</a> )
Burden of Disease	Inequalities in acc Medium (by 2030)	Greater equity in access to care and continuity of care across population groups	Narrative	Narrative summary of policy and practice implemented by LHCS to identify and reduce missingness	
Burden of Disease	Immunisation Medium (by 2030)	All immunisation programmes achieve maximised uptake and equitable participation across population groups.	Quantitative	Percentage of eligible (18+) population uptaking influenza vaccination by SIMD quintile (as at end of influenza season)	SVIP COVID-19 and Flu programme (available in Discovery)
Burden of Disease	Immunisation Medium (by 2030)	All immunisation programmes achieve maximised uptake and equitable participation across population groups.	Quantitative	Percentage uptake of HPV vaccine for S1 pupils	<a href="https://publichealthscotland.scot/publications/hpv-immunisation-statistics-scotland/hpv-immunisation-statistics-scotland-school-year-20242025/">https://publichealthscotland.scot/publications/hpv-immunisation-statistics-scotland/hpv-immunisation-statistics-scotland-school-year-20242025/</a>
Burden of Disease	Immunisation Medium (by 2030)	All immunisation programmes achieve maximised uptake and equitable participation across population groups.	Quantitative	Percentage uptake of 6 in 1 vaccine for children aged 12 months	Childhood immunisation statistics (available in Discovery)
Burden of Disease	Screening Medium (by 2030)	All screening programmes achieve maximised uptake and equitable participation across population groups.	Quantitative	Percentage of eligible population who have been successfully screened for diabetic retinopathy (KPI 4)	NHS Lothian local data (bespoke analysis by PHIT/LAS)
Burden of Disease	Screening Medium (by 2030)	All screening programmes achieve maximised uptake and equitable participation across population groups.	Quantitative	Overall uptake of bowel screening within eligible population (KPI 1)	Scottish bowel screening programme statistics ( <a href="https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/">https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/</a> )
Burden of Disease	Screening Medium (by 2030)	All screening programmes achieve maximised uptake and equitable participation across population groups.	Quantitative	Coverage (%) of eligible women who have attended cervical screening (KPI 1.1)	Scottish cervical screening programme statistics ( <a href="https://publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/">https://publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/</a> )
Burden of Disease	Common non-com Long (by 2035)	Reduced inequity in non-communicable disease outcomes between the most and least deprived SIMD groups.	Quantitative	Inequalities in early deaths from cancer, aged <75 years (using RII)	ScotPHO profiles tool <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Burden of Disease	Common non-com Long (by 2035)	Reduced inequity in non-communicable disease outcomes between the most and least deprived SIMD groups.	Quantitative	Inequalities in coronary heart disease hospitalisations (using RII)	ScotPHO profiles tool <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Burden of Disease	Common non-com Long (by 2035)	Reduced inequity in non-communicable disease outcomes between the most and least deprived SIMD groups.	Quantitative	Inequalities in chronic obstructive pulmonary disease (COPD) hospitalisations (using RII)	ScotPHO profiles tool <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Burden of Disease	Inclusion Health (D) Long (by 2035)	Decreased rates of non-fatal overdoses, drug-related deaths, and alcohol-related morbidity and mortality.	Quantitative	Age-standardised rate (per 100,000 population) of drug deaths	NRS Drug-related deaths in Scotland data ( <a href="https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/">https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/</a> )
Burden of Disease	Inclusion Health (D) Long (by 2035)	Decreased rates of non-fatal overdoses, drug-related deaths, and alcohol-related morbidity and mortality.	Quantitative	Age/sex standardised rate (per 100,000 population) of alcohol-related hospital admissions	ScotPHO profiles tool <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Burden of Disease	Dental Health Long (by 2035)	Improvements in children's dental health (P1 and P7) and defined narrowing of gap in dental health outcomes between SIMD 1 – 10	Quantitative	Inequalities in the percentage of children in primary 1 with no obvious tooth decay (using RII)	ScotPHO profiles tool <a href="https://scotland.shinyapps.io/ScotPHO_profiles_tool/">https://scotland.shinyapps.io/ScotPHO_profiles_tool/</a>
Burden of Disease	Frailty and falls pre Long (by 2035)	Ongoing reduction in hospital attendance and admissions related to frailty, reflecting improved prevention and community-based management.	Quantitative	Rate per 1,000 population of A&E admissions due to falls	Lothian Falls Dashboard (LAS product) <a href="https://wv-tableau.luht.scot.nhs.uk/#/site/nhs/workbooks/4350/views">https://wv-tableau.luht.scot.nhs.uk/#/site/nhs/workbooks/4350/views</a>

**Meeting:** NHS Lothian Board

**Meeting date:** 24 June 2026

**Title:** People & Culture Strategy 2026-31

**Responsible Executive:** Tom Power, Director of People & Culture

**Report Author:** Tom Power, Director of People & Culture /  
Ruth Kelly, Deputy Director of People & Culture

## 2 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 checked="" 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 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 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

A corporate objective for culture was agreed for 2025/26 which includes development of a plan that sets out the leadership, culture and organisational development required for NHS Lothian to deliver on its strategic aims. The work undertaken has led to the production of a People and Culture Strategy, including a five year plus vision and strategic aims, and three-year outcomes aligned to ten key areas of focus. A range of Year 1-3 corporate actions have also been agreed. These are presented for awareness alongside the Strategy for approval by the Board as a document developed with and for colleagues that sets out our approach to being a healthy and high performing organisation.

## 2.2 Background

Culture is one of several enablers incorporated into the LSDF. This reflects the centrality of both people and 'how we do things round here' to delivery of our strategic aims. Because organisational culture, whilst significantly influenced by leadership, is essentially made up by the interactions between all people in an organisation, service, team or other settings, it was determined after initial engagement with the wider system leader cohort in March 2025 that a focus on people *and* culture, incorporating but not limited to leadership and organisational development, was most appropriate.

Following engagement sessions involving over 350 colleagues during 2025, an overarching vision of NHS Lothian being a 'healthy and high performing' organisation was developed, along with corresponding strategic aims for sustainable workforce, culture and staff experience and health, safety and wellbeing. These were presented to and agreed with CMT in December, along with initial three-year outcomes for ten key areas of activity.

During the first quarter of 2026 colleagues leading in and working closely with our specialist People and Culture teams have combined the engagement outputs with subject matter expertise and knowledge of the evolving policy landscape to developed a range of cross cutting Year 1-3 actions, both to inform and that will in subsequent years be shaped by LSDF Pillar and Programme Board planning. These are included as Annex 1 of the draft People & Culture Strategy accompanying this paper.

## 2.3 Assessment

Colleagues across a wide range of job families and settings have been able to input to the discovery phase through the engagement sessions. This highlighted a range of themes that are reflected in and supported by our existing plans and frameworks, notably:

- Staff Engagement and Experience Framework 2023-26
- Workforce Plan 2026-29
- Work Well Strategy 2024-27

This Strategy uses three strategic themes for People and Culture: Sustainable Workforce, Culture & Staff Experience, and Health, Safety & Wellbeing as a means of aligning these approaches moving forward, along with work towards the extant NHS Lothian Equality, Diversity and Human Rights and Employability Strategies as they relate to our workforce and organisational culture, and role as an anchor organisation in our local community.

Given their alignment to the Staff Governance Standard, the Staff Governance Committee has agreed to shape its agenda and assurance on a rolling basis around these three People & Culture strategic themes. They are also reflected in the initial KPIs for the emerging Board Assurance Framework relating to Staff Governance. Further work will be done during Year 1 to identify leading indicators and useful sources of qualitative impact to supplement the more traditional lagging indicators that the KPIs currently reflect, largely due to the availability of routinely reported workforce information.

Reflecting discussion on this point at the Staff Governance Committee on 27<sup>th</sup> May, where the Strategy was endorsed, one example of how progress can be measured with reference to what the Strategy indicates matters to staff is at Annex 2. This aligns the themed item form engagement on page three of the Strategy to the iMatter (national Health and Social Care Staff Experience Framework) component scores for NHS Lothian in 2025. This is one way in which we can track progress over time using a recognised national measure that is also aligned to the domains of the Staff Governance Standard.

### **2.3.1 Quality/ Patient Care**

There is evidence that all three aspects of the Strategy for people and culture have a direct relationship to quality and patient care:

- Sustainable Workforce is critical to meeting legislative and other requirements around workforce availability, skills and capacity
- Culture and Staff Experience have a direct impact on the safety and effectiveness of services, and outcomes for patients and services users
- Health, Safety and Wellbeing are fundamental to having safe systems of work and safe workplaces in which services can be delivered by staff who are at work well.

### **2.3.2 Workforce**

The work described in this paper is focussed on and prioritises the interests of the workforce as the key resource around which the organisation and our wider health and care system functions.

### **2.3.3 Financial**

The enabler sits alongside revenue, transformation and innovation, and digital as key cross cutting elements of business for each of the LSDF Pillars, as well as a focus for the corresponding corporate services. Given the range of demands on corporate functions from national programmes, it will be necessary for Pillars to commit resource and funding to delivery of the outcomes, including the provision of corporate support to Pillar specific elements of this that require this “internal externality”.

#### **2.3.4 Risk Assessment/Management**

As with any strategy or plan, the primary risk is that it sits on the shelf and has no meaningful impact.

To avoid this, it is expected that the existing Programme Boards for Workforce Planning & Development and Staff Engagement and Experience can continue as the cross-system vehicles for seeking assurance on work towards the three-year outcomes in this plan.

Provisional information on the role of the CMT, Programme Boards and Specialist People & Culture teams and others in overseeing and supporting work on these actions is included in blue font next to each. This will be further worked up during the first quarter of 2026/27 via CMT and the above Programme Boards as necessary.

However, this will also need to be supplemented by explicit actions and resourcing commitments within LSDF Pillar plans, identified by Strategic Programme Boards, that will focus efforts to progress activity that support these outcomes.

The Strategic Change Group will be a mechanism via which ongoing relevance can be tested, and in respect of which refinements can be made where necessary.

#### **2.3.5 Equality and Diversity, including health inequalities**

Whilst the Strategy has been developed with reference to both our staff networks and Equality and Human Rights team, it has not been subject to an ECRIA. This is because it is the implementing programmes of work described in the actions that will require to be developed in a way that is informed by ECRIAs specific to the intervention concerned.

On the advice of the Head of Equality and Human Rights, as well as an explicit focus on Diversity and Inclusion, we have sought to incorporate expectations around advancing equality and human rights in the different activity areas. This reflects our organisational aim of mainstreaming equality and human rights rather than treating it as a stand-alone activity.

An example of how the above will work in practice would be the ECRIA undertaken in respect of proposals to address the requirements of the recent Supreme Court ruling for the provision of toilet facilities, which is part of one of the Year 1 actions in the Safety Whilst Working activity area.

#### **2.3.7 Communication, involvement, engagement and consultation**

The engagement process is as described in the above sections. Recognising that the Strategy presented here is primarily written for a managerial audience, it is planned to develop an “easy read” shortened version for colleagues across our system and Corporate Communications are involved. This approach was endorsed by LPF as it reflects specific feedback received when the Strategy was presented on 20<sup>th</sup> April.

### 2.3.8 Route to the Meeting

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

- Staff Engagement & Experience Programme Board – 10<sup>th</sup> February and 14<sup>th</sup> April
- Workforce Planning & Development Programme Board – 2<sup>nd</sup> February and 27<sup>th</sup> April 2026
- Corporate Management Team – 16<sup>th</sup> December 2025, 7<sup>th</sup> May 2026
- Lothian Partnership Forum – 28<sup>th</sup> April and 8<sup>th</sup> December 2025, 9<sup>th</sup> February and 20<sup>th</sup> April 2026
- Strategic Planning & Performance Committee – 13<sup>th</sup> May 2026
- Staff Governance Committee – 27<sup>th</sup> May 2026

## 2.4 Recommendations

**Note** the process of development of the People & Culture Strategy 2026-31 via wide staff engagement and specialist inputs.

**Discuss** the content of the draft People & Culture Strategy 2026-31, and its relevance as an over-arching strategy that cross system plans such as the three year Workforce Plan and Advancing Equalities Action Plan can align to.

**Approve** the Strategy as the overall direction for work by leaders across NHS Lothian to enhance the contribution and experience of people and culture to the organisation's ongoing development.

## 3 List of appendices

Appendix A – Draft People & Culture Strategy 2026-31

# **Appendix 1**

**NHS Lothian**

## **People & Culture Strategy 2026 – 2031**

**May 2026**

## 1. Introduction

This strategy sets out our ambitions for NHS Lothian's workforce and workplaces over the next five years. It is intended to support the evolving Lothian Strategic Development Framework (LSDF) and reflect the changing environment, taking account of national policy direction set in 2025<sup>1</sup>, and related developments such as Subnational Planning for NHS Scotland.

It has been produced in response to the need to develop a plan which reflects the leadership, culture and organisational development required for NHS Lothian to play its part in the reform and transformation required for a sustainable, high-quality health and care system in Scotland.

The Strategy has been developed through engagement with a wide range of colleagues, reflecting our commitment to Partnership working. This showed that we require not only to focus on leadership, and organisational development, but also activities that shape how people working for and with NHS Lothian contribute to and are impacted by our role as a major employer (Anchor Organisation) and service provider (for Lothian and Scotland).

The actions described in this first iteration have been developed by those leading and working with our specialist People & Culture teams, with reference to the outputs of colleague engagement, knowledge of the policy landscape, and best practice in people and organisational development. They complement and reinforce our three-year Workforce Plan, Advancing Equalities Action Plan, and build on the progress made in respect of our Employability Strategy, Staff Engagement & Experience Framework, Leadership Development Framework and Work Well Strategy.

In the same way that delivery against these Frameworks and Plans has been a shared responsibility of the Corporate and Directorate Senior Management Teams across NHS Lothian and the HSCPs, this principle of subsidiarity also applies here. Whilst the Vision, Strategic Aims and three-year Outcomes are intended to be relatively fixed, supporting the longer-term focus required to make positive progress, it is expected that actions will be updated annually as stepping stones towards the future we are seeking to create.

The Strategy is to be considered an approach for all Services, not only the People & Culture Directorate, reflecting the vital contribution all colleagues and a range of specialisms can make to enabling our vision and aims. Nonetheless, it will also inform the evolution of our people services operating model as the basis for the specialist inputs required.

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<sup>1</sup> Scottish Government (2005) Public Sector Reform Strategy; Health & Social Care Renewal Framework; Population Health Strategy

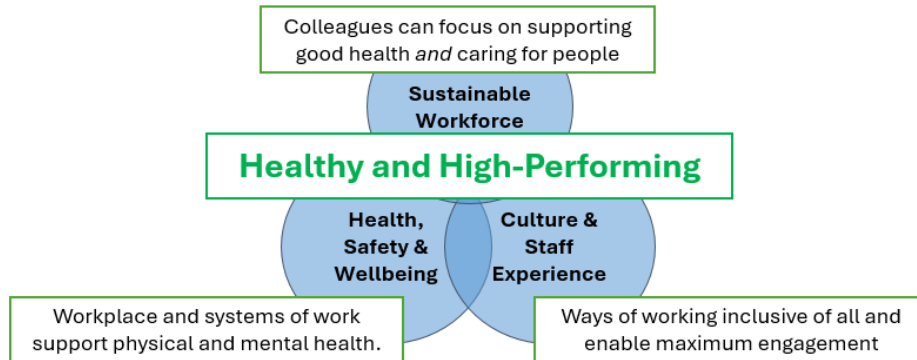
## 2. What matters to our people

To understand what could be done to support culture development, we explored what could help people to thrive whilst delivering what we aspire to. A range of engagement opportunities gathered the views of colleagues from a broad range of job families, services and sites on what conditions needed to be in place for colleagues to thrive in delivering for the people of Lothian and Scotland. Namely:

<b>How We Work Together</b>	
Kindness and respect	Treating colleagues with civility, kindness and appreciation to build trust and strengthen teamwork.
Safe to share ideas	People feel confident to speak up, ask questions, and share concerns without fear.
Feeling included	Ensuring that everyone's background and perspective matters. Inclusion helps teams learn and grow.
Being honest and caring	Being genuine and showing care to build strong relationships and support better communication.
<b>Accessing Help and Support</b>	
Systems and processes	Clear and helpful systems and processes that make it easier to do job well, support others and reduce stress.
Helping when needed	People have access to the right tools, colleagues, and support when things get busy or change.
Making decisions together	Being able to share ideas and get involved in decisions helps colleagues feel valued and confident.
Innovation and consistency	Recognising that trying new ways of working can improve things, but consistency helps us feel secure.
<b>Goals, Learning and Wellbeing</b>	
Clear and shared aims	Knowing what the team is working toward to help people focus and feel part of something important.
Teamwork across Services	Recognition that working well with other teams helps patients and makes everyone's job easier.
Learning and growing	People have time and support to learn new skills and celebrate progress.
Support for wellbeing	Ensuring colleagues wellbeing matters. When people feel good, they can give better care.

These themes have informed the development of our strategic vision, aims and three-year outcomes.

### 3. Strategic Vision and Aims



Our vision is to be a **healthy and high performing organisation**: an anchor in our community where staff can thrive in delivering health and care services for and improving the population health of the people of the Lothians and Scotland.

This may appear simple, but evidence suggests that achieving the rightly expected high levels of performance *and* delivering working environments and practices which support good workforce health is elusive for many organisations. In health and care systems seeking to be sustainable whilst subject to significant demand pressure, this is a very real challenge.

In terms of the people who work for and with NHS Lothian, and the culture that we create together in teams and services across the system through our daily interactions, 'healthy and high performing' will require three strategic aims to be fulfilled:

**Sustainable Workforce:** Having a workforce with skill and capacity levels that ensure colleagues can focus on supporting good health and caring for people, both in terms of responding to illness and supporting prevention of ill health.

**Culture & Staff Experience:** ensuring that ways of working that shape people's experience in Lothian are inclusive of all backgrounds and enable maximum positive engagement of people in shaping and transforming our health and care services.

**Health, Safety & Wellbeing:** ensuring our workplaces and systems of work protect and support both physical and mental health is essential to addressing the risks arising from a volatile, uncertain, complex and ambiguous world.

These aims are not mutually exclusive. Each is reliant on the other for successful delivery. This strategy has been developed, and will be updated as we make progress, with this in mind.

#### 4. Key Activity Areas and Three-Year Outcomes

Ten key areas of focus will serve as the basis for the planning framework that supports delivery. To guide the initial phases of work in each, three-year outcomes have been developed, with reference to the strategic aims, progress in respect of our existing plans and frameworks referenced in the introduction, and our transformation approach: *doing things well, doing things better and doing better things*:

Area of Focus	Draft 3 Year Outcome
Reshaping Workforce	More of our roles and structures will support prevention, integrated care pathways, collaboration across hospital and community, flexibility, service resilience and financial sustainability.
Attraction & Resourcing	We attract and keep staff who demonstrate NHS Lothian values, empathy, and adaptability, supported by career development and fit-for-purpose working environments and practices.
How We Work	More collaboration across teams and services, with greater use of technology and modern workspaces enabling smarter ways of working and innovation in service delivery.
Diversity & Inclusion	Equality, diversity, and human rights will be embedded in our workplace practices, ensuring all voices are valued, and staff are appropriately supported in to and throughout their employment.
Embedding Our Values	NHSL values are consistently demonstrated in leadership behaviours, management practice, decision-making, and daily interactions between people, promoting kindness and empathy
Leadership & Management	More managers are equipped to manage people and resources effectively while fostering a positive culture, and lead change collaboratively, providing clarity and support for staff.
Speaking Up	Staff at all levels feel confident to raise concerns, share ideas, and learn from mistakes without fear of blame, and recognise the value that supporting services play.
Health & Wellbeing	Work environments and practices actively support wellbeing, balancing organisational and individual responsibility for health and enabling staff to thrive.
Safety Whilst Working	Safe, fit-for-purpose working environments and systems of work that protect staff physical and psychological safety and enable effective health care delivery.
Employability & Skills	Local people and our staff have access to work and development opportunities that build skills for digital tools and evolving roles across professional boundaries.

A further area of focus that impacts all the above activities will be Systems, Data, and Intelligence. It is likely that the primary focus over the next three years for this area will be the preparation for and adoption of new enterprise level business

systems for HR, Finance, Payroll and Procurement functions, linked to national business services programme deliverables and timescales. This will be progressed on a Subnational and local basis, informing future operating model design for the four participating services.

Annex 1 sets out the initial Year 1-3 actions for each activity area, which will be updated annually through the Lothian Planning Cycle. They are deliberately structured to be more detailed for Year 1 and Year 2, reflecting the principle of this being a living strategy and the challenge of planning with certainty even over the medium term in our current changeable and uncertain operating context.

## 5. Measuring Our Progress and Impact

Our progress will be measured with reference to the achievement of the annual deliverables and the three year outcomes, for which metrics will be developed during Year 1 based on the availability of appropriate data and what best practice indicates should be measured.

Over time, we will measure the impact of these interventions through a range of quarterly reported Key Performance Indicators, as follows:

Sustainable Workforce	Establishment Gap (%)	S1	The difference between the funded establishments within our Finance system and the actual wte worked in a given month.
	Turnover (%)	S2	The number of leavers as a % of the in-post workforce in a given month.
	Sickness Absence (%)	S3	The percentage of hours lost as a proportion of the total hours available in a given month.
	Staffing red flags (Number)	S4	The number of red flag staffing events (Nursing only at present) where staffing levels or skill mix may be unsafe, potentially compromising patient care and staff wellbeing
Health, Safety, Wellbeing	RIDDOR incidents (Number)	HSW1	The number of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) that have been reported to the Health and Safety Executive.
	DATIX Adverse Events (Number)	HSW2	The number of DATIX adverse events, near misses, and significant safety concerns that could affect patients, staff, or visitors.
	Mandatory Compliance %	HSW3	The percentage of staff that have completed mandatory training in line with applicable requirements of their role.
	OHS Referrals (Number)	HSW4	The number of employer referrals to the Occupational Health Service in a given month.
Culture & Staff Experience	Appraisal %	CSE1	The percentage of staff that have had an annual appraisal discussion and PDP completed.
	Whistleblowing (Number)	CSE2	The number of whistleblowing cases have been lodged within a given month.
	Speakup cases (Number)	CSE3	The number of speakup contacts that have been logged within a given month.
	I-matter action completion %	CSE4	The % percentage of I-matter action plans completed as at a given month.

These are better understood over time, both because of the frequency with which some measurements are available and the effort that is involved in making meaningful and sustainable change. As part of the Board Assurance Framework, they also offer a means of aligning the contribution of this strategy to our work on maintaining high standards of Staff Governance in NHS Lothian.

We will also measure our progress against the things that colleagues said mattered to them during the engagement process, as described earlier. This will be done via alignment with the components in the national Staff Experience Framework for Health and Social Care, as shown in Annex 2, which enables both a baseline and annual measurement within existing arrangements as a starting point.

Both sets of metrics can be viewed at both organisation and directorate, service and team level, subject to the need to balance utility and confidentiality. This will enable an understanding of how People & Culture activities identified and progressed by LSDF Pillar Programme Boards and Professional Leads as part of their plans are impacting within specific parts of the organisation.

## 6. Governance Arrangements

Consistent with the intent that the Strategy builds on existing frameworks and helps to reinforce complimentary plans, the existing Programme Boards for Staff Engagement & Experience and Workforce Planning & Development, plus the Occupational Health and Safety Committee will be used as the primary means of seeking assurance that Directorates and Services are contributing towards delivery of the aims set out in the Plan.

This will be through the alignment of the key activity areas as follows.



Work will be progressed with the Staff Governance Committee during Year 1 to introduce arrangements that enable a systematic approach to receiving assurance from different parts of the organisation on their meeting the requirements of the Staff Governance Standard.

This will be developed so that it incorporates a clear sense of how different NHS Lothian Directorates are contributing to delivery of the People & Culture Plan and using outputs in local settings, enabling the Committee to seek assurance on progress on behalf of the Board.

**ANNEX 1**

**People & Culture Actions  
Year 1 - 3**

**May 2026**

## Reshaping Workforce

**By 2029** more of our roles and structures will support prevention, integrated care pathways, collaboration across hospital and community teams, flexibility, service resilience, and financial sustainability.

### Year 1 (2026-27)

- Develop alternatives to reduce the reliance on backfill funding for Agenda for Change staffing in response to Reduction in the Working Week. ([HR / Agenda for Change \(AfC\) Reform Programme Board](#))
- Identify enablers of and levers for the workforce versatility required to support different types of Subnational cross boundary working. ([Workforce Planning & Development PB / HR](#))
- Agree and begin to implement an approach to reducing workforce costs over the next five years in ways that balance national policy and legislative requirements ([CMT / Workforce Planning & Development PB / HR](#))

### Year 2 (2027-28)

- Integrate insights from equality-gap reporting into each LSDF Pillar and Professional Group Workforce Action Plans. ([LSDF Pillar Leads / Equalities & Human Rights \(E&HR\) / Workforce Planning & Development PB](#))
- Review pilots of digital innovations across pathways to develop a “maximum enablement” blueprint that informs future workforce design. ([Digital / WP Workforce Planning & Development PB](#))

### Year 3 (2028-29)

- Develop rotational programmes for Medical, Nursing and AHP job families across acute, community and primary care settings for new registrants. ([Workforce Planning & Development PB](#))

(Cross cutting actions additional to LSDF Pillar and Profession Specific aspects of our 3 Year **Workforce Plan**)

## **Attraction, Resourcing and Retention**

**By 2029** we will attract and keep staff who demonstrate NHS Lothian values, empathy, and adaptability, supported by career development and working practices.

### **Year 1 (2026-27)**

- Complete recruitment to capacity gaps in areas provided with backfill funding support for Reduced Working Week. [\(HR / AfC Reform PB\)](#)
- Review and evaluate values-based selection processes, ensuring they are aligned to NHS Lothian values and Once for Scotland Workforce policy expectations. [\(HR / East Region Recruitment Service \(ERRS\) / Staff Engagement & Experience PB\)](#)
- Analyse exit interview trends and evaluate impact of “stay and grow conversations” where in use, to inform areas where retention support is most required. [\(HR / Staff Engagement & Experience PB\)](#)

### **Year 2 (2027-28)**

- Ensure all new and refreshed Job Descriptions and Criteria emphasise the importance of values, adaptability, and future skills. [\(HR / Staff Engagement & Experience PB\)](#)
- Review and update career pathway marketing in NHS Lothian as necessary to reflect community diversity. [\(ERRS / Learning, Skills, Innovation & Wellbeing \(LSIW\) / Staff Engagement & Experience PB\)](#)

### **Year 3 (2028-29)**

- Develop shadowing and succession planning arrangements for key skills areas in support of staff development and retention [\(LSIW / Workforce Planning & Development PB\)](#)

## How We Work

**By 2029** we will enable increased collaboration across teams and services through greater use of technology, enabling smarter ways of working and innovation in delivery.

### Year 1 (2026-27)

- Develop the infrastructure required for and engage directly affected staff in the introduction and development of Subnational East Planning & Delivery arrangements **(SPDC East, Planning, HR, Comms)**
- Prepare HR/Finance/Payroll/Procurement services for the new National Employee Resourcing Platform (ERP). **(HR / HR Systems / Finance Business Systems PB - TBC)**
- Introduce arrangements for ensuring compliance with requirement to provide Protected Learning Time for all staff. **(LSI&W / AfC Reform PB)**

### Year 2 (2027-28)

- Complete business process harmonisation, data cleansing and prepare wider NHS Lothian workforce for adoption of new ERP. **(HR / HR Systems / Finance / Business Systems PB - TBC)**
- Implement Human Factors and Ergonomics Policy to support development of Quality Management and Planning approach, and our development as a learning organisation. **(Occupational Health & Safety (OH&S) / quality Improvement (QI) / H&S Committee)**

### Year 3 (2028-29)

- Implement and stabilise use of National ERP, embedding self-service, workflow improvements and implementing related Subnational operating model. **(HR / HR Sys / LSI&W / Business Systems PB - TBC)**

## Skills and Employability

**By 2029** more local people and our staff will have access to work and development opportunities that build skills for evolving workplace requirements.

### Year 1 (2026-27)

- Complete baseline assessments against the NES Digital & Data Capability Framework to support digital skills development planning. ([LSI&W / Digital / Workforce Planning & Development PB](#))
- Increase volume and variety of Apprenticeships and Graduate schemes to support workforce upskilling, ensuring service managers recognise our responsibility to widen access ([LSI&W / Education and Employability PB](#))
- Work with local HEIs to ensure that digital-skills standards have been incorporated into all pre-registration programmes. ([LSI&W / Digital / Education and Employability PB](#))

### Year 2 (2027-28)

- Begin core future-skills learning programmes for digital fluency and cross-boundary working to help staff adapt to future workplace change. ([LSI&W / Digital / Workforce Planning & Development PB](#))
- Develop targeted employability initiatives for hard-to-reach groups furthest from the labour market. ([LSI&W / Anchors PB](#))

### Year 3 (2028-29)

- Advance 60% of staff to NES Digital & Data Capability Framework Level 2 and develop Level 3 “digital champions”. ([LSI&W / Digital / Workforce Planning & Development PB](#))

## Diversity & Inclusion

**By 2029** Equality, diversity, and human rights will be embedded in our workplace practices, ensuring all voices are valued, and staff are appropriately supported in to and throughout their employment.

### Year 1 (2026-27)

- Clarify and publish NHS Lothian's EDI definition & expectations of all staff, and those in leadership roles. **(E&HR / CMT / Staff Engagement & Experience PB)**
- Introduce enhanced Public Engagement infrastructure to ensure inclusion and participation of communities in service reform. **(CMT)**
- Ensure there is clarity for managers about how flexible working and reasonable adjustments are to be assessed and implemented in line with policy. **(HR / ER / Staff Engagement & Experience PB)**

### Year 2 (2027-28)

- Enhance consistency of staff network contributions, advocacy & peer-support structures. **(E&HR / HR / Staff Engagement & experience PB)**
- Assess effectiveness of support for flexible working and reasonable adjustments and whether improvements have followed Year 1 actions **(HR / ER / Staff Engagement & Experience PB)**

### Year 3 (2028-29)

- Integrate evaluation of contribution to EDI into annual delivery planning and appraisals for all line managers. **(E&HR / LSI&W / Staff Engagement & experience PB)**

(Cross cutting activities additional to our 3 Year **Advancing Equalities Action Plan**)

## **Embedding Our Values**

**By 2029** NHSL values are more consistently demonstrated in leadership behaviours, management practice, decision-making, and daily interactions, creating a culture of kindness.

### **Year 1 (2026-27)**

- Agree in Partnership whether to refresh or relaunch NHS Lothian's values in support of culture development. **(OD / LPF / Staff Engagement & experience PB)**
- Establish how Turas or other 360 feedback tool can be introduced safely and effectively for all senior line managers. **(OD / Staff Engagement & Experience PB)**
- All Directorate and Service management teams to articulate their purpose and agree behaviours that support or detract from demonstrating our values in practice. **(OD / Staff Engagement & Experience PB)**

### **Year 2 (2027-28)**

- Implement a mechanism for measuring experience of values in practice in teams and establish a baseline for each service. **(OD / WP&I / Staff Engagement & Experience PB)**
- Launch 360-degree feedback for all senior line managers; integrate results into appraisal cycles. **(OD / CMT / Staff Engagement & Experience PB)**

### **Year 3 (2028-29)**

- Demonstrate organisational values are embedded in recruitment, leadership development, organisational decision-making and behaviours. **(ERRS / OD / CMT / Staff Engagement & Experience PB)**

## Management and Leadership

**By 2029** More managers are equipped to manage people and resources effectively while fostering a positive culture, and lead change collaboratively, providing clarity, and support for staff that inspires hearts and minds.

### Year 1 (2026-27)

- Implement new Manager Induction (all new and priority existing people managers) and Clinical Director/AMD induction packages. **(LSI&W / OD / Staff Engagement & Experience PB)**
- Mobilise Talent Management Programme Alumni as mentors of others in support of service change and cultural development. **(OD / CMT / Staff Engagement & Experience PB)**
- Strengthen systems-thinking, strengths-based leadership and collaborative capability of senior system leader cohorts in support of system reform and change. **(OD / CMT / Staff Engagement & Experience PB)**

### Year 2 (2027-28)

- Introduce succession planning approach for Aspiring Directors to inform local and national talent management arrangements. **(OD / CMT / Staff Engagement & Experience PB)**
- Through Talent Management Alumni, develop succession planning and strengths-based approaches beyond executive roles that supports organisational as well as leadership development **(OD / Staff Engagement & Experience PB)**

### Year 3 (2028-29)

- Map progression and support development routes for leaders from under-represented backgrounds. **(E&HR / OD / Staff Engagement & Experience PB)**

## **Speaking Up**

**By 2029** an increased proportion of staff at all levels will feel confident to raise concerns, share ideas, and learn from mistakes without fear of blame.

### **Year 1 (2026-27)**

- Promote and strengthen Speak Up routes across sites and services, ensuring data informs consideration of where early intervention may be required. **(WB / Speak Up / Staff Engagement & Experience PB)**
- Increase employee relations and whistleblowing investigation capacity, to reduce timescales and shift ER expertise upstream to early resolution. **(HR / ER / Staff Engagement & Experience PB)**
- Complete a pause and reflect learning review of how the national Whistleblowing Standards have been applied five years on. **(WB / Speak Up)**

### **Year 2 (2027-28)**

- Ensure facilitation-skills training for managers to help them handle conflict and team issues is consistent across all those delivering in NHS Lothian. **(OD / ER/ Staff Engagement & Experience Programme Board)**
- Strengthen reporting and publication of themes from Employee Relations and Whistleblowing processes, and associated learning and improvements. **(WB / ER / Staff Engagement & Experience PB)**

### **Year 3 (2028-29)**

- Ensure learning resources on Psychological Safety – what it is and how to support it – are available for all staff **(OD / Staff Engagement & Experience PB)**

## Health and Wellbeing

**By 2029** our working practices will actively support wellbeing, balancing organisational and individual responsibility for health and enabling staff to thrive.

### Year 1 (2026-27)

- Review impact of Work Well Strategy 2024-27 and develop proposals for continued Charitable investment in enhanced provision. **(LSI&W / Staff Engagement & Experience Programme Board)**
- Increase understanding and visibility of existing health and wellbeing supports, streamlining access. **(LSI&W / OHS / Staff Engagement & Experience Programme Board)**
- Determine the viability of expanding the Work Support Service as part of supporting reduced absenteeism and staff to remain at work. **(LSI&W / OHS / Staff Engagement & Experience PB)**

### Year 2 (2027-28)

- With other Boards, implement changes required for sustainable model of Occupational Health & Safety provision across NHS Scotland. **(Occupational Health (OHS) / Health & Safety Committee)**
- Implement targeted interventions supporting employee health based on population health workforce dashboards. **(OHS / WP&I / Staff Engagement & Experience PB)**

### Year 3 (2028-29)

- Ensure all managers are equipped to deliver high-quality wellbeing conversations with their teams. **(LSI&W / OHS / Staff Engagement & Experience PB)**

## **Safety Whilst Working**

**By 2029** safe, fit-for-purpose working environments and systems of work will protect staff physical and psychological safety and enable effective health care delivery.

### **Year 1 (2026-27)**

- Develop and test digital Violence & Aggression risk-assessment tools and training needs analysis in high-risk services and locations. **(H&S / Health & Safety Committee)**
- Continue to deliver distributed V&A training in line with agreed programme (de-escalation, early warning cues, post-incident support). **(Clin Ed / H&S / Health & Safety Committee)**
- Complete review of changes required to ensure legal compliance of facilities and agree priorities for capital investment. **(E&HR / Workplace Facilities SLWG / CMT)**

### **Year 2 (2027-28)**

- Partner with Police Scotland and HSCPs to deliver broader community-level V&A reduction. **(H&S / Health & Safety Committee)**
- Strengthen mechanisms for staff participation in safety improvements and ensure IOSH Managing Safely has been delivered to all line managers. **(H&S / LSI&W / Health & Safety Committee)**

### **Year 3 (2028-29)**

- Expand upward communication systems that enable safe escalation and learning. **(H&S / Health & Safety Committee)**

## **ANNEX 2**

# **People & Culture Themes Framework for Measuring Progress**

**May 2026**

Theme	Summary	What Matters	National Staff Experience Framework Question	2025	Baseline
A. How We Work Together	A1. Kindness and respect	Treating colleagues with civility, kindness and appreciation to build trust and strengthen teamwork.	I am treated with dignity and respect as an individual	86	84.7
			I am treated fairly and consistently	84	
			My team works well together	84	
	A2. Safe to share ideas	People feel confident to speak up, ask questions, and share concerns without fear.	I am confident my ideas and suggestions are listened to	78	78.5
			I am confident my ideas and suggestion are acted upon	75	
			I am confident I can safely raise issues about concerns in my workplace	82	
			I am confident that my concerns will be followed up and responded to	79	
	A3. Feeling included	Ensuring that everyone's background and perspective matters. Inclusion helps teams learn and grow.	I feel involved in decisions relating to my job	74	71.7
			I feel involved in decisions relating to my team	78	
			I feel sufficiently involved in decisions relating to my organisation	63	
	A4. Being honest and caring	Being genuine and showing care to build strong relationships and support better communication.	I feel my direct line manager cares about my health and well-being	87	86.0
			I have confidence and trust in my direct line manager	86	
I would recommend my team as a good one to be a part of			85		
B. Accessing Help and Support	B1. Systems and processes	Clear and helpful systems and processes that make it easier to do job well, support others and reduce stress.	I get the information I need to do my job well	83	83.5
			I get enough helpful feedback on how well I do my work	77	
			I am clear about my duties and responsibilities	89	
	B2. Helping when needed	People have access to the right tools, colleagues, and support when things get busy or change.	I have sufficient support to do my job well	82	81.0
			My direct line manager is sufficiently approachable	89	
			I get the help and support I need from other teams and services within the organisation to do my job	72	
	B3. Making decisions together	Being able to share ideas and get involved in decisions helps colleagues feel valued and confident.	I feel involved in decisions relating to my job	74	69.3
			I feel involved in decisions relating to my team	78	
			I feel sufficiently involved in decisions relating to my organisation	56	
	B4. Innovation and consistency	Recognising that trying new ways of working can improve things, but consistency helps us feel secure.	I am confident performance is managed well within my team	79	77.8
			I am given the time and resurces to support my learning and growth	76	
			I am confident performance is managed well within my organisation	63	
C. Goals, Learning and Wellbeing	C1. Clear and shared aims	Knowing what the team is working toward to help people focus and feel part of something important.	I understand how my role contributes to the goals of my organisation	84	84.0
	C2. Teamwork across Services	Recognition that working well with other teams helps patients and makes everyone's job easier.	I get the help and support I need from other teams and services within the organisation to do my job	77	77.0
	C3. Learning and growing	People have time and support to learn new skills and celebrate progress.	I am given the time and resources to support my learning growth	77	77.0
			I get enough helpful feedback on how well I do my work	76	
C4. Support for wellbeing	Ensuring colleagues wellbeing matters. When people feel good, they can give better care.	I feel my organisation cares about my health and wellbeing	71	79.0	
		I feel my direct line manager cares about my health and well-being	87		

**Meeting:** NHS Lothian Board

**Meeting date:** 24 June 2026

**Title:** LSDF Annual Report 2025-26

**Responsible Executive:** Colin Briggs, Director of Strategic Planning

**Report Author:** Rebecca Miller, Deputy Director of Strategic Planning

**1 Purpose**

The purpose of this report is to present the LSDF Annual Report for 2025-26.

**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 type="checkbox"/>	Other	<input type="checkbox"/>

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

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

**This aligns to the following 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 purpose of this report is to present the LSDF Annual Report for 2025-26 to the Board for approval.

### **2.2 Background**

NHS Lothian is a key partner in the Lothian Strategic Development Framework (LSDF), first published in 2022. The publication of an Annual Report to illustrate progress towards the vision of the Lothian Health & Care System is a key reference point within the Lothian Planning Cycle.

Since the agreement of the LSDF, the Corporate Management Team (CMT) has worked to ensure alignment between the LSDF and Corporate Objectives. Simply, these should be mutually reinforcing with the organisation following a recognisable and understandable path towards delivering the long-term vision

Following an internal review of the LSDF, NHS Lothian remains committed to the delivery of the LSDF, ensuring that our plans reflect Scottish Government policy publications.

### **2.3 Assessment**

As mentioned above, the publication of an LSDF Annual Report is a key reference point within the Lothian Planning Cycle.

The LSDF Annual Report for 2025-26 follows the narrated slide deck format presented in previous years. The content of the Annual Report draws upon the output of the LSDF Review and a review of progress against the Corporate Objectives agreed for 2025-26 to highlight progress and challenges within each Pillar, outline the position in terms of each parameter and indicate our initial plans moving forward into 2026-27 and beyond. The Annual Report is attached at Appendix 1.

#### **2.3.1 Quality/ Patient Care**

The LSDF and Corporate Objectives are intended to support our strategic aim to improve the way we work with people, including providing high-quality patient care.

#### **2.3.2 Workforce**

The LSDF seeks to consider workforce availability and our goal to support our people to be healthy and high-performing in the development and implementation of our plans.

#### **2.3.3 Financial**

The LSDF seeks to consider capital and revenue availability in our plans.

#### **2.3.4 Risk Assessment/Management**

The LSDF is intended to be a tool for managing the key strategic risks facing the organisation and the system. The forthcoming development of the Strategic Risk Assurance Report as part of the emerging Board Assurance Framework should clarify this further.

#### **2.3.5 Equality and Diversity, including health inequalities**

As part of the initial development of the Lothian Strategic Development Framework, an Integrated Impact Assessment (IIA) was carried out and is recorded on the NHS Lothian website.

This paper provides an update on progress via the LSDF Annual Report for 2025-26. It does not refer to new or revised policy or practice.

#### **2.3.6 Other impacts**

N/A.

#### **2.3.7 Communication, involvement, engagement and consultation**

The original iteration of the LSDF was subject to significant engagement, as reported to the Board in June 2022. The LSDF Annual Report remains a key element of our commitment to continuous engagement.

#### **2.3.8 Route to the Meeting**

The draft LSDF Annual Report was reviewed by both the Corporate Management Team and the Strategy, Planning & Performance Committee before finalising.

### **2.4 Recommendation**

- **Decision** – The Board is recommended to approve the LSDF Annual Report for 2025-26.

### **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, LSDF Annual Report 2025-26



# Lothian Strategic Development Framework

Annual Report 2025-26

June 2026

1



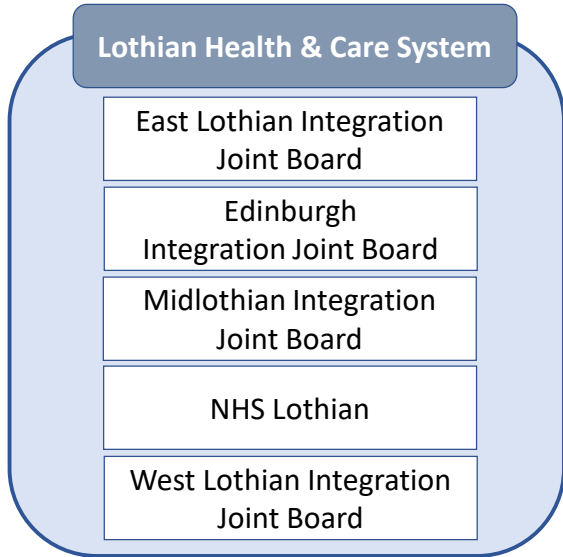
# Contents

- LSDF Vision & Structure
- Progress & Challenges in 2025-26
- Parameter Development
- Looking ahead: 2026-27 & beyond

2

2

# Lothian Health & Care System Vision



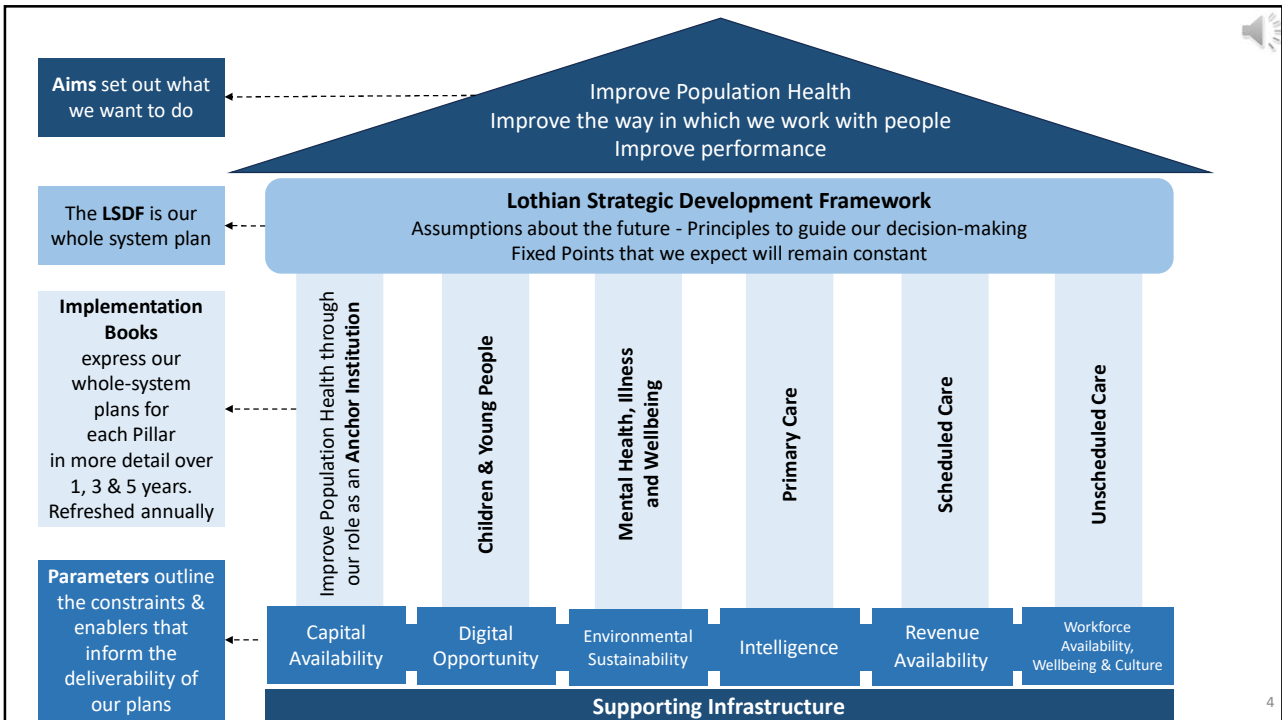
**System Vision**

People in Lothian lead longer, healthier lives, with better outcomes from the care & treatment we provide

We connect health and social care services seamlessly, wrapping around the person in their home

We improve performance across our system, with better experiences for those who live in Lothian, and those who work for and with us

3



4



5

## Corporate Objectives 2025-26

Becoming an Anchor Institution	Revenue
Children & Young People	Capital
Primary Care	People & Culture
Mental Health, Illness & Wellbeing	Prevention
Scheduled Care	Transformation
Unscheduled Care	Increase safety at the RIE
	Integrated Assurance Framework

6



## Progress & Challenges in 2025-26

Key:

- Good progress/on track
- Challenges/behind schedule

7

## Becoming an Anchor Institution

**2025-26** *Progress our addressing of inequalities through delivery of the 2025-26 LSDF Anchor Institution pillar, with a specific focus on meeting and demonstrating outcomes related to workforce, expenditure and land and assets*

**Objective:** *specific focus on meeting and demonstrating outcomes related to workforce, expenditure and land and assets*

- ✓ Three catering outlets established with local social enterprises
- ✓ Community Asset Transfer policy updated and applied
- ✓ Continued work with Lothian Employability Partnerships to provide NHS Gateway paid placements
- ✓ Tender opportunities made available to local businesses

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## Valuing our work with Children & Young People as the ultimate investment in prevention

**2025-26 Objective:** *Advance LSDF priorities by strengthening neurodevelopmental and transition supports, improving digital tools, and embedding shared performance measures. We will identify and scale effective practices, deepen strategic partnerships through children's plans to lay the groundwork for a more resilient, person-centred system that delivers better outcomes for children & young people*

- ↓ Fewer children and young people waiting for Child and Adolescent Mental Health Services
- ↓ Fewer waits over 52 weeks in Children's scheduled outpatient and inpatient care
- ↑ breastfeeding initiation rates; ↓ in breastfeeding drop-off at 6-8 weeks pan-Lothian
- ✓ UNCRC framework approved & action plan agreed; growing network of children's rights champions
- ✓ All actions following the HIS inspection of maternity services are complete or on schedule to be completed by December 2027
- ✓ Preconception needs assessment completed
- Strengthening neurodevelopmental support
- Strengthen transitional support and improve digital tools

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## Continuing to develop the provision of services for Mental Health, Illness & Wellbeing

**2025-26 Objective:** *Improve flow through the Royal Edinburgh Hospital to bring occupancy sustainably below 98% in acute adult mental health; deliver CAMHS and Psychological Therapies performance improvements as agreed with Scottish Government*

- ✓ Establishment of improvement programme; strengthened focus on demand, capacity, flow and intelligence
- Continuing work to sustainably achieve occupancy below 98% in acute adult mental health
- ✓ Successful major recruitment drive, reducing agency spend and enhancing quality of care
- ✓ Additional capacity to support intelligence-led planning and real-time reporting
- Limited progress in terms of Psychological Therapies waiting times standard

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## Ensuring our **Primary** Care system remains robust and delivering high quality care

**2025-26** *Sustain and improve Primary Care access including supporting national initiatives such as Pharmacy First, Community Glaucoma Services, and others*  
**Objective:** *Community Glaucoma Services, and others*

✓ **Delivery of first walk-in pilot in Scotland achieved and progressing well**

↑ Increase in referrals under "Digital Dermatology" with positive feedback

✓ Introduction of Local Enhanced Services for Frailty and Prediabetes

✓ Programme support and establishment of the Primary Care Programme Board

→ Rollout of Community Glaucoma Service progressing

→ Small number of practices unable to fulfil the digital dermatology pathway

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## Recovery of our **Scheduled** Care Services

**2025-26** *Develop and implement plans to deliver agreed performance levels in scheduled care, with a focus on improving cancer waiting times performance, minimising the number of people waiting for diagnostic tests for more than 6 weeks, and the number waiting over 52 weeks for appointments and treatment*  
**Objective:** *more than 6 weeks, and the number waiting over 52 weeks for appointments and treatment*

✓ **Agreed additional activity achieved through additional investment + targeted efficiency/productivity**

↓ 15,600 fewer patients waiting over 52 weeks for treatment

↑ 7.8% increase in the number of outpatients seen, compared to 2024/25

✓ **Over-delivered Inpatient/Daycase activity trajectories by 2% in 2026-27**

→ **Trajectories for cancer and radiology not met (95% of patients to be treated within 62 days of referral)**

↑ **Cancer treatment activity increased by 4% overall compared to 2025-26**

✓ **Impact of Outpatient redesign**

✓ **Commenced Digital Pathway Blueprint development**

→ **Digital delays**

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## A more effective **Unscheduled Care** system, prioritising the delivery of care and support close to home

**2025-26 Objective:** *Deliver the plan set out by the Programme Board to meet 90% performance against the 4-hour standard and a bed occupancy of 90%, with no 12-hour waits and no more than 60 delayed discharges in acute sites by 31<sup>st</sup> March 2026*

### ✓ Performance improvement

↑ +3.5% improvement in Emergency Access Standard (7.8% at RIE)

↓ Reduction in 8 hour (24%) and 12 hour (34%) breaches (32% and 44% at the RIE)

✓ Significant improvements to site flow

### ↑ Increase in attendance (5.4% at the RIE)

→ Performance improvement less than expected; focus on other levers

✓ Whole system approach to tackling flow-related issues

→ Impact of changes elsewhere

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## Working towards **financial sustainability**

**2025-26 Objective:** Deliver financial balance as at 31<sup>st</sup> March 2026, with a 3% efficiency programme



### Highlights:

- ✓ On track to deliver a breakeven outturn position
- ✓ 86% of efficiencies delivered on a recurring basis

### Challenges:

- Efficiency delivery of 2.6% against 3% target
- Reduction in non-recurrent sustainability funding

### Next Steps:

- Ongoing focus on delivering financial balance
- Making use of the Medium-Term Financial Framework

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## Capital

**2025-26 Objective:** Develop contingency plans for all physical infrastructure recorded as high-risk through the BCP process and progress the OBC for PAEP



### Highlights:

- ✓ Delivery of BCP equipment, sustainability & digital projects
- ✓ A good understand of challenges with the current estate
- ✓ PAEP project gaining traction

### Challenges:

- Delivery of some projects challenging
- PAEP land purchase completed later than expected

### Next Steps:

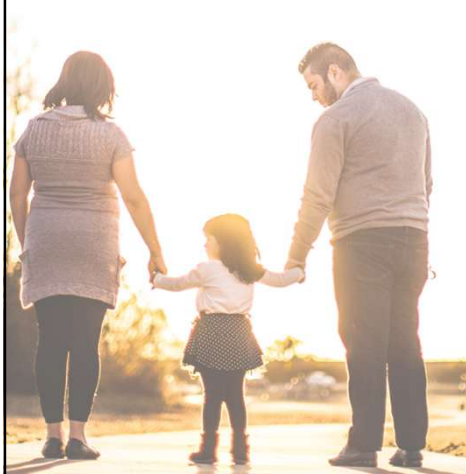
- Continued focus

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## People & Culture

**2025-26 Objective:** Develop a plan by March 2026 that sets out the leadership & organisational development required for NHS Lothian's role in system-wide reform and transformation and continue to provide targeted support for services that maintains quality & safety.



### Highlights:

- ✓ People & Culture Vision, Strategic Aims & 3-year outcomes
- ✓ QI, OD and ER support to maternity services
- ✓ Focus on RIE and acute leadership in Unscheduled Care System performance improvement
- ✓ Risk-based allocation of RWW backfill funding

### Challenges:

- Accommodating Disclosure Scotland changes
- Increased complexity in Whistleblowing
- Demand for QI support in response to inspections

### Next Steps:

- People & Culture Strategy 2026-31

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## Transformation

**2025-26 Objective:** Develop & implement a practical transformation approach for NHS Lothian, focused on improving care outcomes, enhancing experiences for those who use our services and work for and with us, and ensuring long-term financial sustainability. Using data-driven insights and digital innovation, we will optimise decision-making, improve care pathways and maximise resources.

### Highlights:

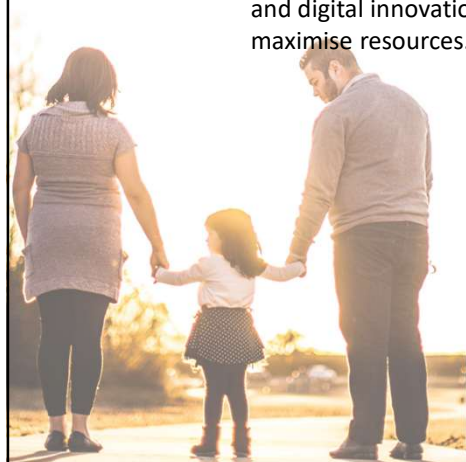
- ✓ Shared understanding of our purpose and principles in pursuing transformation
- ✓ Establishment of the Strategic Change group
- ✓ Tangible progress in priority clinical pathways
- ✓ Establishment of the Intelligence Parameter Programme Board

### Challenges

- Pace: system change requires time and persistence

### Next Steps:

- Continued strong, collective leadership



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## Prevention

**2025-26 Objective:** Develop a system-wide strategic prevention plan by summer 2025, which articulates how we will deliver & demonstrate the impact of a renewed focus on prevention activity to address the building blocks of health, improve early years health outcomes and tackle the burden of disease through an inequalities lens.

### Highlights:

- ✓ Definitions for primary, secondary and tertiary prevention agreed
- ✓ Collaborative development of a prevention logic model
- ✓ National preventative spend pilot progressing
- ✓ Alignment with national policy priorities

### Next steps:

- Present system-wide prevention plan to NHSL Board



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## Moving forward...

- Refreshed Principles
- Role of the Programme Boards
- Implementation Book Format  
(Strategic Aims; Needs focus; Clarity)
- Approach to Strategic Risks

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**Meeting:** NHS Lothian Board

**Meeting date:** 24<sup>th</sup> June 2026

**Title:** Corporate Objectives and Annual Operating Planning

**Responsible Executive:** Colin Briggs, Director of Strategic Planning

**Report Author:** Rebecca Miller, Deputy Director of Strategic Planning

## 1 Purpose

To ask the Board to agree the Corporate Objectives for 2026/27 and note the work undertaking to support operational planning.

### 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 checked="" type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input checked="" type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other [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 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 checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

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

## 2 Report summary

### 2.1 Situation

As a matter of good governance, the Board sets Corporate Objectives, creates an Annual Plan, and reviews progress against both throughout the year. These feed into the Annual Report, which is covered elsewhere on this agenda.

### 2.2 Background

Board members are well-versed in the process the Board uses for the construction of its Corporate Objectives each year, with these reflecting the organisation's commitment to the delivery of the *Lothian Strategic Development Framework*. In part years this work has fed the commission from the Scottish Government for an Annual Delivery Plan (sometimes known as the Annual Operating Plan).

For the 2026/27 financial year, there are three commissioned sets of priorities, reflecting the work commenced by the Scottish Government during the 2025/26 financial year and the priorities of the new government elected in the Scottish Parliamentary election of May 2026. These are;

- The ministerial direction and associated activities laid out in DL (2025) 25, regarding subnational planning
- The operating priorities laid out in the letter from the NHS Scotland Chief Operating Officer in her letter of 24<sup>th</sup> February
- The 100-day commitments for Health, Care, and Sport, as laid out by the new Scottish Government

These are summarised in table 1, below.

The work internal to the organisation is therefore to meet the requirements associated with the above and continue to progress the organisational goals set out in the LSDF;

- Improve the way we work with people
- Improve the health of the population
- Improve our performance

Board members are well-versed in the process used by the Board and its Integration Authority partners to progress the LSDF, with Programme Boards producing an Implementation Book each year to guide priorities and delivery in the 1-, 3-, and 5-year horizons.

Programme Board chairs have been asked to ensure that Implementation Books and operational priorities planning are appropriately taken forward and that corporate objectives against their name are specific, measurable, achievable, relevant, and time-bound.

### 2.3 Assessment

As discussed at the Strategy, Planning, and Performance Committee and with non-executive members, the expectation is that the Scottish Government will have additional priorities and commissions it brings forward over the balance of this financial year. Public Sector Reform will likely be a significant focus, and it is likely that NHSL will be expected to work closely with other Boards within the Subnational Planning and Delivery Committee construct on these elements. An example of this is the letter to the Chief Executive from the Chief Operating Officer of NHS Scotland seeking a common approach to delivering further reductions in waiting times for scheduled care, which was issued 18<sup>th</sup> May.

Members will further note that while there is some overlap between DL (2025) 25, the operational priorities, and the 100-day plan, there are also significant variations. This not unexpected. Previous Scottish Governments have brought forward a Programme for Government each autumn, ahead of the Budget, and it seems unlikely that this pattern would not continue. Further, messaging through strategic documents such as the *Service Renewal Framework* and *Public Sector Reform Strategy*, if carried through into the new government, suggests a belief in the benefits of longer-term planning and clarity on the outcomes being sought. It would therefore not be surprising if there was a longer-term set of commissions, rather than a single-year cycle. This would chime with the longer-term approach inherent to the LSDF.

Members are asked to note that the detail on expectations around the 100-day plan is not, at time of writing, fully confirmed. It is expected that this will be provided in commissions from the Scottish Government, as required.

Members have rightly asked that prevention and transformation have a higher profile in the organisation, and there is therefore a well-understood expectation that Programme Boards taking forward the Corporate Objectives are able to demonstrate their taking forward of these priorities in their work. In sum, this means;

#### On Prevention

Our plans for 2026-27 are mindful of our intent to become a Population Health Organisation. A Population Health Organisation is one that has a focus on prevention embedded in all aspects of delivery. In 2026-27, we have sought to increase the focus of the population health context throughout the Pillars of the LSDF, to create space to focus on long-term plans. This will be a work in progress for the year but is a clear commitment for the organisation.

#### On Transformation:

As we move forward, we have also sought to embed Lothian's transformation approach within the Pillars of the LSDF, by:

- Ensuring that Programme Boards and related Operational Business Units can work together to identify iterative improvement opportunities to do things better on a tactical basis, driven by our performance and quality measures

·Supporting Programme Board focus on our longer-term intent to do better or different things by developing and planning for future models and approaches, overseeing implementation of change and managing programme risks

A summary of the key actions being taken across the organisation to deliver the LSDF priorities is provided at appendix 1, with appendices 2-7 providing a high-level overview of the work of each programme board.

Table 1, below, shows the proposed corporate objectives and their read-across to DL (2025) 25, operational priorities, and the 100-day plan. Members will recall the expectation that executive and senior manager personal objectives are expected to demonstrate support to the delivery of the corporate objectives.

Table 1 – Corporate Objectives mapping

Corporate Objective	Owner	DL (2025) 25	Operational Priorities	100-day plan
<p>Work with Subnational Planning and Delivery Committee East partners to bring forward a clear plan for closer work and more effective delivery</p>	<p>Caroline Hiscox</p>	<p>All aspects</p>	<p>Reducing longest waits for elective care</p> <p>Increase productivity across elective and diagnostic services</p> <p>Expand Hospital at Home as a mainstream model of care</p> <p>Improve flow and performance in unscheduled care</p> <p>Expand Hospital at Home as a mainstream model of care</p> <p>Accelerate digital access and modernisation</p>	<p>Emergency access flow plan</p> <p>50,000 operations</p> <p>Develop a new national plan for hospital flow to ease pressures in A&amp;E and address delays in discharge.</p>

<b>Corporate Objective</b>	<b>Owner</b>	<b>DL (2025) 25</b>	<b>Operational Priorities</b>	<b>100-day plan</b>
Bring forward a case for redesign and reinvestment to deliver a 6-week wait for access to children's services	Colin Briggs	Not noted	Improve support and services around mental health, neurodiversity, and learning disability	Bring together stakeholders to establish a timeline and route map for adoption and integration of the Royal College of Psychiatrists' 4-tiered national pathway for neurodevelopmental conditions and a new National Staged Intervention approach for Additional Support Needs in education.
To deliver high quality Primary and Community Care services that are accessible and equitable for people living in Lothian: <ul style="list-style-type: none"> <li>• Advancing Primary Care estate case</li> <li>• Develop and deploy performance framework</li> <li>• Strengthen preventative element of primary care</li> </ul>	Morag Barrow	Not noted	Not noted	<p>Convene government, NHS Heads of Service, community audiology providers and stakeholders to set out an agreed plan to enhance community audiology services.</p> <p>Introduce first heart and lung MOTs</p> <p>Opening at least an additional five GP walk-in centres and setting out the locations of a further 14 centres</p>

<b>Corporate Objective</b>	<b>Owner</b>	<b>DL (2025) 25</b>	<b>Operational Priorities</b>	<b>100-day plan</b>
Deliver Financial Breakeven including 3% recurrent efficiencies	Craig Marriott	Bring forward a plan for financial balance	Not explicitly noted	Not noted
Develop and implement new models of unscheduled care to improve whole-system flow and performance, aligning NHS Lothian with emerging subnational arrangements across the East of Scotland. This will include strengthening pathway-based flow, expanding Flow Centre and digital command capabilities, and developing virtual and community alternatives (to be facilitated through HSCP SPOCs) to reduce admissions and prolonged stays	Fiona Wilson	Emergency Healthcare Services	Improve flow and performance in unscheduled care  Expand Hospital at Home as a mainstream model of care	Develop a new national plan for hospital flow to ease pressures in A&E and address delays in discharge
Bring forward proposals and implementation plan for Lothian Alliance	Caroline Hiscox	Not noted	Not noted	Not noted

Corporate Objective	Owner	DL (2025) 25	Operational Priorities	100-day plan
<p>Improve access to and experience of scheduled care services by:</p> <ul style="list-style-type: none"> <li>• Strengthening prevention and supporting equity of access</li> <li>• Optimising patient wellbeing in preparation for treatment</li> <li>• Maximising the use of digital technology and redesigning pathways to enable efficient and effective use of clinical space and workforce across the system</li> <li>• Reducing waiting times through increased productivity and efficiency and by maximising opportunities to secure additional funding</li> </ul>	Michelle Carr	Orthopaedics	<p>Reducing longest waits for elective care</p> <p>Increase productivity across elective and diagnostic services</p>	<p>Additional investment to reduce waiting times and waiting lists and deliver at least 50,000 operations and procedures within the first 100 days</p>

<ul style="list-style-type: none"><li>Identifying and planning for future capacity requirements to ensure sustainable deliver and compliance with national performance standards</li></ul>				
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Corporate Objective	Owner	DL (2025) 25	Operational Priorities	100-day plan
<p>Improve the safety, sustainability and accessibility of mental health services across Lothian</p> <ul style="list-style-type: none"> <li>• by sustaining and building on occupancy improvements of psychiatric services</li> <li>• specific focus on reducing delayed discharges</li> <li>• strengthening community-based mental health pathways to provide alternatives to admission where appropriate</li> <li>• delivering Psychological Therapies access improvements as agreed with Scottish Government</li> </ul>	Christine Laverty and Alison White	Not noted	Improve support and services around mental health, neurodiversity, and learning disability	Not noted

Corporate Objective	Owner	DL (2025) 25	Operational Priorities	100-day plan
<p>Lead the Lothian Health and Care System transition to becoming a Population Health Organisation with prevention, reducing inequalities and population health planning embedded across all aspects of our work – from leadership and governance to finance, strategy and planning, workforce, data and digital innovation</p>	<p>Susan Webb</p>	<p>Not noted</p>	<p>Become a population health organisation</p>	<p>Submit a proposal to the UK National Screening Committee on reviewing the age for bowel cancer screening</p> <p>Launch a public consultation on a display ban on vapes and nicotine pouches, preventing colourful packaging from enticing children, using new regulatory powers.</p> <p>Launch public health campaign on online harms to help protect young people in particular from the harms that can stem from bad faith actors online</p>

Corporate Objective	Owner	DL (2025) 25	Operational Priorities	100-day plan
Bring forward a prioritised digital investment plan which clarifies where we will utilise digital opportunities to improve performance, improve working with others, and improve prevention	David Stibbards	Digital front door/MyCare	Accelerate digital access and modernisation	

### 2.3.1 Quality/ Patient Care

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

### 2.3.2 Workforce

No implications at this point.

### 2.3.3 Financial

As noted in the summary, the organisation is in a relatively strong position financially, compared to the rest of NHS Scotland.

### 2.3.4 Risk Assessment/Management

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

### 2.3.5 Equality and Diversity, including health inequalities

ECRIAs are undertaken for each initiative and decision-making process, but not for monitoring in this way.

### 2.3.6 Other impacts

None noted.

### 2.3.7 Communication, involvement, engagement and consultation

Not applicable.

### 2.3.8 Route to the Meeting

Discussed with SPPC and formally supported at CMT, 18<sup>th</sup> June.

## 2.4 Recommendation

The Board is recommended to **agree** the corporate objectives, **note** the work which is ongoing to deliver these, **note** the read-across to key government publications, and to offer any feedback on approach.

## 3 List of appendices

Appendix 1 – summary of LSDF workstream actions

Appendices 2-7 – summaries of pillar workstreams

# NHS Lothian — Delivery Plan 2026/27

Six programme pillars · Key priorities · Measures of progress

## 01

Scheduled Care

### Key priorities

15,600 fewer patients waiting >52 weeks in 2025/26

- Lung cancer screening scoping · smoking cessation pilot (vascular & maxillofacial)
- Digital pre-op assessment · virtual attendances · Digital Dermatology & Pathology
- Sub-national orthopaedic plan (Scotland East) · same-day arthroplasty
- Princess Alexandra Eye Pavilion OBC · additional radiotherapy MRI
- Bridge Builders & Waiting Well toolkit · Prehabilitation into cancer services

### Measures

52-wk OP & IPDC · 31 & 62-day cancer · 6-wk diagnostics · DNA rate · SIMD inequalities gap

## 02

Unscheduled Care

### Key priorities

£14.4m SG investment; social delayed discharges lowest since 2017/18

- Pathway-based flow across three adult acute sites · WGH rehabilitation model review
- Edinburgh SPOC delivery · frailty model review across HSCPs
- RIE command centre completion · predictive analytics · live capacity visualisation
- RACU & ambulatory care review · Hospital at Home aspirational criteria
- Flow Centre escalation framework · NHS24 triage test of change

### Measures

4-hour ED standard · hospital occupancy · delayed discharges · RACU redirection rate

## 03

Primary Care

### Key priorities

First GP walk-in pilot in Scotland launched; Community Glaucoma pathway initiated

- Primary Care Masterplanning Group established · Strategic Assessment 2026/27
- GP walk-in pilot evaluation · CTAC framework · Practice Nurse development
- LUCS / Flow Navigation Centre integration to reduce avoidable ED attendances
- Community Pharmacy: Pharmacy First Plus · substance use · GLP-1 / LARC
- Pharmacotherapy resilience: hospices, community hospitals, Hospital at Home

### Measures

Walk-in pilot outcomes · pharmacy uptake · LUCS redirection · dental registration

## 04

Population Health

### Key priorities

Prevention Framework (April 2024) · Prevention Plan to Board June 2026

- SG population health maturity matrix completed · action plan produced
- Obesity treatment pathways incl. digital routes & weight loss medication
- Population mental health needs assessment · BBV testing in vulnerable groups
- Anchors → Population Health Programme Board · Good Food plan · Child Poverty Plan
- Preventive spend baseline · Commercial Determinants of Health position statement

### Measures

Annual prevention report · spend baseline · screening uptake in underserved groups

# 05

## Mental Health

### Key priorities

REH occupancy >100%; Divert Suite open; contingency beds closed 2025/26

- Discharge Without Delay embedded across all REH acute wards
- Edinburgh CMHT & Intensive Home Treatment Team redesign
- Dementia: post-diagnostic support mapping · admission review · care home liaison
- Psychological Therapies trajectory toward 90% 18-week RTT
- Coming Home (LD) · MAT standards · neurodevelopmental redesign · POA campaign

### Measures

REH occupancy <100% · delayed discharges -33% · Psych Therapies 18wk RTT 90% · Dynamic Support Register

# 06

## Children, Young People & Maternal Health

### Key priorities

CAMHS list reduced 2025/26 · 18-week RTT target March 2027

- Case for investment: 6-week wait across children's services
- HIS Maternity Care Standards · UNICEF Baby Friendly Gold status
- CAMHS 18-week RTT by March 2027 · programme structure & sustainability
- Melville Unit review · enhanced community service model · neurodevelopmental redesign
- Corporate Parenting Plan 2026-30 · trauma-informed & co-design capability

### Measures

CAMHS 18wk RTT · children's services 6-wk wait · LARC rate · antenatal health indicators

### Cross-cutting themes

Digital enablement · Health inequalities · Sub-national collaboration (NHS Scotland East) · Prevention as sustainability · Workforce development · Person-centred & community-first care

## Children, Young People and Maternal Health

Reflecting the strategic aims of the LSDF, the aims of the Children, Young People and Maternal Health Pillar are:

- To enable safer pregnancies and healthier births
- To ensure every child has the best possible start in life, maximising wellbeing across all stages of development and shrinking disease burden
- To work towards a maximum wait time of six weeks for treatment, procedures and surgeries for children and young people

In 2026-27, the Programme Board will primarily:

- Bring forward a case for investment to deliver a 6-week wait for access to children's services
- Build on progress from Maternity Services improvement work by developing key strategies to enhance services as defined in new HIS Maternity Care Standards
- Explore the implementation of a transition coordination team for young people with exceptional needs to help young people transition smoothly from children's to adult services

Additionally, the Programme Board will support the following ongoing work in 2026-2027.

To support improvement in population health amongst children and young people, we will:

- Build on the preconception needs assessment completed in 2025-26, co-produce an action plan which responds to the recommendations arising from the assessment
- Maintain UNICEF Baby Friendly Accreditation in Maternity and Neonatal Services, Health Visting, and Family Nurse Partnership and work towards UNICEF Baby Friendly Gold status to sustain and embed good practice.
- Define opportunities to improve development outcomes at 27-30 months
- Propose options to improve immunisation services for children and young people through digital innovation, and explore other digital innovation opportunities to enhance patient accessibility, personalisation and efficiency
- Launch a refreshed Corporate Parenting Plan for 2026-30 to continue to deliver against our statutory duty to be a good Corporate Parent

To improve the way we work with children and young people, and with our partners in support of children and young people, we will;

- Continue to work with partners to strengthen data sharing strategies and processes

- Seek to build staff capability in co-design and trauma-informed engagement
- Seek to expand reflective and relational training for our staff

To improve performance across services for children and young people we will:

- Building on reductions in the size of the CAMHS waiting list in 2025-26, agree programme structure and ownership to ensure CAMHS waiting list sustainability
- Achieve the 18 Weeks RTT standard within CAMHS by March 2027
- Complete the Melville Unit Options review
- Scope an enhanced specialist community service model
- Progress analysis and redesign of Neurodevelopmental services

We will measure our progress through:

- Percentage of Children's Services patients waiting over 6 weeks
- Percentage of CAMHS patients waiting over 6 weeks
- Annual rate of pregnancy terminations (per 10,000 population)
- Total annual rate (per 1,000 women aged 15-49) of LARC prescriptions (Implant, IUS, IUD)
- Percentage of people identified as smoking at antenatal booking appointment
- Percentage of people that have a BMI of 30 or more at antenatal booking appointment
- Percentage of people identifying depression and/or anhedonia during the past month at antenatal booking appointment
- Uptake of folic acid supplements prior to pregnancy
- Reported access to translation services for non-English speakers and those with ESL
- Percentage of staff trained in trauma-informed and culturally competent care
- Percentage drop-off in breastfeeding between initiation and 6-8 week follow up by SIMD quintile
- Narrative summary of evidence-based interventions in place locally to support child healthy weight (including information from ongoing evaluation of these programs locally)
- Percentage of child health reviews at 27-30 months identifying a concern in speech/language developmental domain by SIMD
- 'Was not brought' rate for care experienced children (aged under 18 years) in outpatient services.
- Percentage of children in primary 1 recorded as having a healthy weight
- Percentage uptake of HPV vaccine for S1 pupils
- Percentage of eligible (18+) population uptaking influenza vaccination by SIMD quintile (as at end of influenza season)

- Percentage uptake of 6 in 1 vaccine for children aged 12 months
- Inequalities in the percentage of children in primary 1 with no obvious tooth decay
- Percent of school leavers with positive destinations

## Mental Health

During 2025-26, a downward trend in occupancy at the Royal Edinburgh Hospital was achieved and contingency beds in use across the site were closed. This has been significant as providing good patient care in these areas was both challenging and high-risk, presenting additional pressures for clinical staff. At the time of writing, occupancy remains consistently above 100%, with the “Divert Suite” regularly open to ensure sufficient capacity to provide timely access to a specialist mental health assessment, treatment and care. Moving into 2026-27, we will continue to focus on a range of whole-system actions across both adult and older adult mental health services, to improve the safety and sustainability of our inpatient services.

During 2026-27, work will continue to focus on **Adult Mental Health** services, to support both ongoing system-wide operational effectiveness and longer-term redesign, with a view to closing the Divert Suite. We will seek to:

- Embed Discharge Without Delay (DWD) across all acute wards at the Royal Edinburgh Hospital, supporting people to return home at the earliest opportunity.
- Strengthen the interface between community, liaison and inpatient services, to reduce avoidable delays
- Redesign the Community Mental Health Team and Intensive Home Treatment Team models in Edinburgh to improve responsiveness and reduce both avoidable admissions and lengths of stay
- Implement standard operating procedures for transitions and standardise referral processes across Lothian
- Work to improve our mental health assessment service

During 2025-26, we agreed our system intent to ensure that **Adult Rehabilitation** services can effectively support individuals with severe and enduring mental illness to develop self-management skills and resilience to maximise their potential and to live as independently as possible, through structured, formulation-led multidisciplinary team intervention. Last year, we were able to successfully move 19 patients who had lived in the Royal Edinburgh Hospital for up to ten years to supported accommodation, supporting our thinking about developing a new Rehabilitation model for Lothian. Average length of stay in our Rehabilitation wards remains 7.5 years. We anticipate that the future Adult Rehabilitation model will be firmly rooted in supporting people to live in the community, recognising that this will present a significant culture shift for patients, their families, and our staff.

As we move into 2026-27 we will seek to:

- Review and refresh extant plans for both inpatient rehabilitation services and the wider system model, including the development of community rehabilitation settings and services across Lothian
- Undertake patient journey mapping, working with the Quality team
- Standardise the clinical pathway for Rehabilitation, agreeing and adopting standard definitions, referral criteria and required referral information

We intend to continue to develop **Older People’s Mental Health** Services across Lothian, moving towards anticipatory and community-based preventive models of support, championing care in the least restrictive setting and a “home-first” approach wherever safe and appropriate. In 2026-27, work will include:

- Mapping post-diagnostic dementia support available across the four Health and Social Care Partnership areas, to identify any gaps in support
- Work with the four HSCPs to develop a model that provides additional support to help maintain people with dementia in their own homes or in residential care or nursing homes.
- Improve waiting times for Dementia Diagnosis and timely access to treatment (cognitive enhancers)
- A review of all OPMH admission drivers, to develop our understanding of the proportion of admissions that are clinically necessary and the care that could be delivered differently in future
- Establishing the profile of delayed discharges and the development of a cross-agency reduction plan
- Developing an evidence-based care home liaison model
- Embark on a POA campaign

During 2025-26, the proportion of those waiting less than 18 weeks for **Psychological Therapies** treatment has ranged from 76-88% and has remained below the 90% standard, with the number of patients waiting remaining broadly consistent across the year at approximately 4,200 patients. During 2026-27 we will continue work to deliver the Psychological Therapies access trajectory agreed with Scottish Government and improve our RTT performance.

Across services for those with **Learning Disabilities**, we will seek to deliver annual health checks for all eligible individuals aged 16 and over; develop community supports; and progress individual discharge plans for all of those who have been cared

for in a hospital setting for longer than expected, progressing the Coming Home commitment to support every person with learning disabilities and complex care needs in Scotland to be well-supported to live in their community, close to their families and friends.

Finally, we will seek to deliver the **Medically-Assisted Treatment (MAT) standards** across Lothian with a focus on equalities and progress work to review and redesign adult **Neurodevelopmental services**, standardising clinical practice across Lothian.

We will measure our progress by:

- Continuing to monitor occupancy at the Royal Edinburgh Hospital, with a view to bringing occupancy sustainably below 100%
- Continuing to measure the number and length of delayed discharges within mental health services, with a view to delivering a reduction of 33%
- Monitoring the number of avoidable admissions and total lengths of stay
- Monitoring performance in the delivery of the 18 Weeks Referral to Treatment standard for Psychological Therapies.
- Monitoring the update of PDS and POA
- Monitoring progress in the implementation of the Dynamic Support Register
- Six-monthly review of MAT standards delivery

## Becoming a Population Health Organisation

The demands on health and care provision are ever increasing due to changing population demographics, increasing multi-morbidity, widening health inequalities and increasing expectations of what the health and care system can and should provide. However, public sector resource is finite. Both the Population Health Framework and the Health and Social Care Renewal framework set out the requirement to focus on population health and a whole-system approach to prevention.

A **Population Health Organisation** is one that has a focus on prevention embedded in all aspects of business and delivery, including leadership and strategic partnerships, across finance, planning and performance and the use of data and digital technologies.

The Lothian Health and Care System has reinforced its commitment to improving population health and tackling inequalities through the Lothian Strategic Development Framework (LSDF) and through the Prevention Framework approved by the NHS Lothian Board in April 2024.

During 2025/26, NHS Lothian undertook initial work to consider our role as a Population Health Organisation and develop a framework for future development. While the Lothian Health and Care System is already doing work which aligns to the principles of a Population Health Organisation, the challenge is achieving what is required at scale, systematically throughout the organisation, with quantifiable and visible impact. Opportunities to strengthen the organisation's approach have been highlighted to start cementing the change required for greatest population health and sustainability of health and care services.

Specific actions for 2026/27 include:

- Increasing the focus of the population health context and outcomes through the LSDF
- Completing the Scottish Government population health maturity matrix and producing an action plan
- Creating dedicated space to focus on long-term plans and goals in workplans and meetings
- Continuing to work across the whole system to orientate the focus towards primary and community health and care, ensuring decision making is alert to opportunities to maximise care in the community

During 2025/26, work progressed to collaboratively develop the **Lothian Health & Care System Prevention Plan**, which identifies the key outcomes and actions required to embed the Prevention Framework across the System. This Plan aims to build a prevention-focused health and care system that improves population health, reduces

health inequalities and secures sustainable services for the future, by lowering premature mortality (under 75 years) and narrowing the gap in life expectancy between the most and least deprived communities. The Plan focuses on five key objectives:

1. Make prevention a system-wide priority
2. Support local partners to embed prevention in strategic planning and service delivery
3. Embed prevention within performance frameworks
4. Maximise investment in prevention
5. Establish a robust learning and accountability system

Specific Prevention Plan actions for 2026/27 include:

- Continue work to define baseline preventative spend within NHS Lothian, working with the Scottish Government Prevention Project team and Health Board Directors of Finance
- Agree a LHCS position statement around Commercial Determinants of Health
- Strengthen the consistency of offer and improve uptake of blood borne virus testing in vulnerable populations
- Explore ways to increase flexibility of vaccination service delivery and explore Making Every Contact Count in vaccination appointments
- Apply data-driven demand forecasting and continuous monitoring of screening uptake to identify underserved populations and guide targeted interventions

It is anticipated that the Prevention Plan will be reviewed and agreed by the NHS Board in June 2026, with progress reported both through existing LSDF reporting mechanisms, and through an annual system-level prevention report to Corporate Management Team and the NHS Board, which will monitor progress towards medium- and longer-term outcomes.

Alongside the work above, the Lothian Health and Care System will continue to take an **Anchors approach** – in simple terms to be a good neighbour, a good consumer and a good employer - deploying the organisation's influence in purchasing and procurement, its assets and facilities and its significance as the region's largest employer to impact positively the health and wellbeing of the local population.

Specific actions for 2026/27 include:

- Continue focused work on co-ordinated recruitment, flexible working; improving access to recruitment; and with Local Employability Partnerships to deliver on the NHS commitments in the Parental Employability Framework.
- Building on funding provided by the Lothian Charity, investigate options for sustainable income maximisation service funding for hospitals and early years.

- Develop the Good Food National Local Plan
- Deliver the updated Child Poverty Prevention Plan
- Support the Board Community Asset Transfer work including investigating a Community Uses policy

### **Population Health Programme Board**

To support all of the above work, we will transition the existing Anchors Programme Board into a Population Health Programme Board. The Programme Board will oversee a series of workstreams to ensure coordination and accountability of population health work across the Lothian Health and Care System. It is envisaged that the Population Health Programme Board will work collaboratively with relevant LSDF programme and parameter programme boards and other system-wide groups.

A revised **Population Health Implementation Book**, bringing together the above workstreams, will be finalised during Quarter 1 2026/27.

## Primary Care

During 2025-26, a number of developments took place within primary care, including the commencement of the first GP walk-in pilot in Scotland, initial implementation of the Digital Dermatology pathway, which allow GPs to capture and send high-quality images of skin conditions to specialists for remote triage and diagnosis and the launch of a new enhanced service for Diabetes, to support both identification of those at risk of developing Diabetes and access to the Let's Prevent Service. The introduction of the Community Glaucoma pathway saw the first 8 Optometrists trained to carry out this work and the first cohort of patients started to register for care in the community. This will help support reduction of patients in the Hospital Eye Service. We also began work to establish a specific Primary Care Programme Board to provide collective leadership for primary care services across Lothian and support collaborative planning and delivery against our strategic aims. We anticipate that this Board and its Programme of Work will continue to develop during 2026-27, including clarification of actions related to the Lothian Prevention Plan.

During 2026-27, we will establish a **Primary Care Masterplanning** Group, with representation from the four Lothian Health & Social Care partnerships, to:

- Identify, prioritise, and manage primary care capital proposals
- Oversee master planning across localities or neighbourhoods
- Ensure a consistent, evidence-led approach to primary care estate development
- Advise the Primary Care Programme Board of high-level condition risks, business continuity concerns and priority capital projects affecting primary care facilities.

The group will bring forward a Strategic Assessment for Primary and Community Care in 2026-27.

Within **General Practice**, we will:

- Continue to deliver the GP walk-in pilot, and evaluate the impact of the service with a view to considering how best to take this work forward
- Work with colleagues to understand anticipated General Medical Services (GMS) funding changes to support more and better care in community settings, with a view to maximising the benefit of this funding
- Seek to develop a Lothian wide Community Treatment and Assessment Centre (CTAC) Framework
- Roll out the ICON Child Protection programme at six-week infant health checks, which aims to support parents and carers with young babies to cope with infant crying
- Work with independent contractor colleagues to consider how best to develop and utilise the role of the Practice Nurse, taking the anticipated publication of the Long Term Conditions framework and emerging digital opportunities into account, as well as scoping areas for improvement.

Within the **Out of Hours service** we will:

- Seek to enhance collaboration between the Lothian Unscheduled Care Service (LUCS) and the Flow Navigation centre, to ensure appropriate calls to NHS 24 are streamed to LUCS to avoid unnecessary attendances at hospital Emergency Departments
- Provide support to patients cared-for in community settings, with a specific focus on frailty
- Collaborate with Scottish Government and NES to develop national Unscheduled Care competencies
- Undertake a review of the LUCS service model considering options for further service innovation and development, including to support environmental sustainability

Within **Ophthalmic Services**, we will continue to develop the Community Glaucoma Service, creating capacity within hospital eye services and establish ongoing monitoring of registration in comparison with practice activity.

We will continue to ensure that people in Lothian can register with a dentist, updating our website monthly to clarify which practices are open to new NHS registrations.

Within **Community Pharmacy Services**, we will:

- Continue to work with Community Pharmacy colleagues to better define when and where Pharmacy First Plus is offered and the range of conditions treated. We will also explore how the service could be developed further
- Continue to build on the existing role of Community Pharmacy in relation to substance use by considering further initiatives to reduce drug-related harms and deaths
- Explore options to further support public health initiatives through Pharmacy, including access to Long-Acting Reversible Contraception, provision of preconception care, healthy weight services and GLP-1 access

We will continue to develop our **Pharmacotherapy** services, determining how to provide a more equitable service to practices and seeking to develop services and service resilience for hospices, community hospitals and Hospital at Home.

## Scheduled Care

Scheduled Care services continue to operate under significant pressure. During 2025/26, additional investment, supported by targeted productivity and efficiency efforts, ensured that significant additional activity could be delivered, and overall outpatient waiting lists have fallen - 15,600 fewer patients are waiting over 52 weeks for outpatient, inpatient or day case treatment.

The Scheduled Care programme introduced two key changes last year:

- A performance management framework, providing weekly monitoring, escalation and oversight of activity trajectories
- A quarterly strategic meeting, to increase focus on strategic themes including maximising Digital opportunities and delivering pathway transformation. This is in line with our intentions to become a Population Health Organisation.

As we move into 2026/27, we will maintain this dual focus, with our high-level delivery plan aligned against the three strategic aims of the Lothian Strategic Delivery Framework.

To improve population health, we will:

- Undertake a smoking cessation pilot within vascular and maxillofacial services, with a view to improving surgical outcomes for patients
- Continue to undertake quantitative and qualitative analysis of those who miss appointments, building on initiatives such as Bridge Builders, whereby volunteers accompany people who may need extra support to attend appointments. This programme intends to reduce barriers to accessing care and improve the patient experience
- Implement the actions arising from an Equalities and Children's Rights Impact Assessment of revised waiting times guidance, to ensure that implementation of the guidance is as fair and inclusive as possible
- Develop an intelligence-led approach to forecasting and monitoring screening in underserved groups, to inform targeted action
- Work with the national advisory team to scope and assess the clinical model for lung cancer screening, with a view to identifying cancers earlier and reducing late stage diagnoses
- Support the development and introduction of a "Waiting Well" toolkit, to support individuals to prepare for procedures, and maximise recovery outcomes
- Evaluate the impact of Prehabilitation implemented within Orthopaedics, and take forward implementation of Prehabilitation within cancer services
- Seek to progress patient support improvement work within cancer services

To improve the way we work with people, we will:

- Seek to develop a whole-system monitoring service, to avoid unnecessary trips to hospital.
- Increase the volume of virtual attendances across all of our Acute sites, allowing more people to avoid travelling to appointments unless there is a clinical need to be seen in person.
- Continue to progress the Digital Dermatology pathway and introduce Digital pre-operative assessment to avoid unnecessary trips to hospital
- Develop a business case for Digital Pathology
- Increase the scope and delivery of “cluster interface clinics”, whereby secondary care clinicians work with General Practice clusters to support optimal advice and referral pathways, plus delivery of care closer to home where possible
- Increase Prehabilitation and Enhanced Recovery After Surgery (ERAS) pathways
- Review the delivery model for Planned Obstetrics
- Develop the AHP Pelvic Floor Pathway
- Increase the Clinical Exercise Physiologist workforce across Acute services
- Review Single Point of Contact, Improving the Cancer Journey, MacMillan and the Maggie’s workforce to improve support for those with cancer
- Progress the design of SCORE operating model
- Progress NMP pharmacy posts within pre-operative pathways

To improve performance we will:

- Identify services which are sustainable and have adequate capacity to meet demand, and target intervention where services remain out of balance or have a backlog of patients waiting over 52 weeks, or more than six weeks for diagnostic tests
- Engage in the development of subnational planning, to maximise available capacity across the East of Scotland
- Continue work with cancer services to map pathways and agree and implement improvement actions, to transform care for the future
- Scope additional diagnostic capacity required to support performance improvement
- Utilise identified sub-national orthopaedic capacity and participate in the development of the Scotland East orthopaedic plan
- Commence the Outline Business Case for the new Princess Alexandra Eye Pavilion
- Bring additional Radiotherapy MRI online
- Continue to coordinate work to maximise available clinical space across the acute system

- Subject to funding, commission external or in source additional capacity
- Undertake pathway redesign, including to deliver same day arthroplasty, deliver focal therapy prostate pathways, review robotic assisted surgery casemix

We will measure our progress by:

- Performance against waiting times trajectories
  - 31-day cancer
  - 62-day cancer
  - 6- week – 8 key tests Radiology & Endoscopy
  - 52-week OP
  - 52- week IPDC
- Performance against Delivery Group KPIs
- Increase number of people receiving targeted / specialist cancer Prehab
- % of patients completing digital preoperative assessment once in place
- Reduction in annual "did not attend" rate across all outpatient specialties
- A measurable narrowing of the gap in 'did not attend' and 'was not brought' rates between SIMD 1–10 groups and people with protected characteristics
- Reduced inequalities in early deaths from cancer, aged <75 years (using RII)

## Unscheduled Care

In early 2025 NHS Lothian was allocated £14.4m from SG with a view to improving Unscheduled Care performance. The majority of this funding was targeted at increasing community capacity, in order to improve flow out of the hospital. Around two thirds of the target capacity has been delivered, and work continues to fully deliver the associated bed capacity targets.

An increase in demand (attendances & admissions) alongside a reduction in Rapid Assessment and Care Unit (RACU) activity (a key alternative to the Emergency Department), and private care home beds in Edinburgh were unforeseen variables that impacted overall trajectories.

Improved flow has significantly reduced the number of long waits in the emergency department. However the correlation between improving flow and the 4 hour Emergency Access Standard is weaker than expected, with a similar trend noticed nationally. Work is underway to address this.

Social delayed discharges are now at the lowest levels since 2017/18 - excluding covid - with NHS Lothian HSCPs benchmarking favourably nationally.

The Flow Navigation Centre implemented a new consultant led model with improved performance in redirection, despite the access to alternatives shrinking during the same period.

One of the key areas of focus and success of the programme has been the data driven approach.

Our strategic aims for Unscheduled Care are:

### **Improve Population Health:**

Reduce avoidable demand on unscheduled care by strengthening prevention, anticipatory care and rapid community response, ensuring people receive the right care in the right place, first time

### **Improve The Way We Work With People:**

Deliver person-centred, timely and coordinated unscheduled care that is easy to access and navigate, with clear pathways and consistent decision-making across all entry points

### **Improve Performance:**

Improve flow and outcomes across unscheduled care by overall hospital occupancy, achieving the 4-hour standard, and ensuring safe, timely admission, transfer and discharge

The emergence of the sub-national landscape offers the opportunity to redesign the unscheduled care system at a scale unlikely to be achieved only at board level. The 26/27 priority objectives for unscheduled care in NHS Lothian align with the proposed direction of travel within the subnational landscape, enabling NHS Lothian to take a key role in shaping and delivering the future unscheduled care national model.

During 2026/27, we will:

### **Acute flow & system reconfiguration**

- Move from postcode to pathway-based flow arrangements across the three adult acute hospital sites
- Review Edinburgh Health & Social Care Partnership's use, staffing, pathways and footprint of the Western General Hospital as a rehabilitation function, to maximise the efficiency of the model
- Review and maximise the front door footprint at the RIE, once flow reconfigurations enabled

### **HSCPs and Single Points of Contact**

- Develop a specification setting out what each HSCP SPOC should be able to deliver, to enable transfer of care management from Flow Centre and acute sites back to Community services
- Deliver the Edinburgh SPOC within 26/27
- Review frailty models, with a view to maximising screening, prevention and continuity and minimising hospital stays

### **Alternatives to attendance and admission**

- Review and maximise RACU & ambulatory care models within current staffing constraints and additional investment into SJH.
- Review and develop aspirational clinical criteria for Hospital at Home, as well as exploring linkages with HSCP SPOCs
- Improve data quality and presentation of alternative community capacity with a view to clarifying "virtual" capacity levels and ambition within Lothian
- Continue to explore pathways that could be best delivered within community settings rather than acute settings

### **Intelligence-led flow navigation and care management**

- Complete the RIE command centre, and roll out to other acute sites
- Visualisation of live acute and community service capacity levels
- Develop initial predictive analytics products that can be trialled
- Utilise data gathered via the Primary Care Frailty Local Enhanced Service (LES) to design preventative interventions within communities

### **Flow Centre Development**

- Move towards the Flow Centre taking ownership of flow into and between sites
- Develop a consistent escalation framework designed to enable the Flow Navigation Centre to dynamically move flow based on pathways between sites to optimise system safety
- Undertake a test of change with NHS24 to understand opportunities to improve triage for those triaged as "attend ED within 60min & 4hr" categories
- Embed call before convey as standard practice between Scottish Ambulance Service and the Flow Navigation Centre

We will continue to monitor progress via the Unscheduled Care measurement framework.