NHS Lothian Board

Wednesday 12 August 2026, 09:30 - 11:50

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

Agenda

09:30 - 09:33
3 min

1. Welcome

Verbal *Andrew Fleming*

09:33 - 09:34
1 min

2. Apologies for Absence

Verbal *Andrew Fleming*

09:34 - 09:35
1 min

3. Declaration of Interests

Verbal *Andrew Fleming*

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

Please notify changes to loth.corporategovernanceteam@nhs.scot

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

Items for Approval or Noting

09:35 - 09:40
5 min

4. Items proposed for Approval or Noting without further discussion

Decision *Andrew Fleming*

4.1. Minutes of Previous Board Meeting - 24 June 2026

For Approval *Andrew Fleming*

2026-08-12-Board-Paper-Item-4-1-2026-06-24-Board-Minutes-Draft-to-Meeting.pdf (7 pages)

4.2. Staff Governance Committee Minutes - 27 May 2026

For Noting *Val de Souza*

2026-08-12-Board-Paper-Item-4-2-Staff-Governance-Minutes-2026-05-27.pdf (10 pages)

4.3. Healthcare Governance Committee Minutes - 19 May 2026

For Noting *Andrew Cogan*

2026-08-12-Board-Paper-Item-4-3-Healthcare-Governance-Committee-Minutes-260519.pdf (9 pages)

4.4. Midlothian Integration Joint Board Minutes - 02 April 2026

For Noting *Val de Souza*

2026-08-12-Board-Paper-Item-4-4-Midlothian-IJB-Minutes-2026-03-26.pdf (9 pages)

4.5. West Lothian Integration Joint Board Minutes - 30 June 2026

For Noting *Alison White*

2026-08-12-Board-Paper-Item-4-5-West-Lothian-IJB-Minutes-2026-06-30.pdf (5 pages)

4.6. Edinburgh Integration Joint Board Minutes - 19 May 2026

For Noting *Christine Laverty*

2026-08-12-Board-Paper-Item-4-6-Edinburgh-IJB-Minutes-2026-05-19.pdf (8 pages)

4.7. East Lothian Integration Joint Board Minutes - 28 May 2026

For Noting *Andrew Cogan*

2026-08-12-Board-Paper-Item-4-7-East-Lothian-IJB-Minutes-2026-05-28.pdf (8 pages)

4.8. Q1 Whistleblowing Performance Report 2026/27

For Noting *Tom Power*

2026-08-12-Board-Paper-Item-4-8-Board-Whistleblowing-Performance-Report.pdf (17 pages)

4.9. Health and Care (Staffing) (Scotland) Act - Quarter 1 Board Compliance Report

For Noting *Alison Macdonald*

2026-08-12-Board-Paper-Item-4-9-Health-and-Care(Staffing)(Scotland)-Act-2019-Qtr1-Compliance-Report.pdf (24 pages)

4.10. Declaration of Surplus Status –Camus Tigh

For Approval *Craig Marriott*

2026-08-12-Board-Paper-Item-4-10-Declaration-of-Surplus-Camus-Tigh.pdf (5 pages)

4.11. Pharmacy Practices Committee Outcomes - Q1 2026/27

For Noting *Tracey Mckigen*

2026-08-12-Board-Paper-Item-4-11-PPC-Outcomes-Q1-26-27-Final.pdf (4 pages)

4.12. Area Clinical Forum Report

For Noting *Eddie Balfour*

2026-08-12-Board-Paper-Item-4-12-ACF-Report-To-Board-Final.pdf (3 pages)

4.13. Board Appointments - August 2026

For Approval *Andrew Fleming*

2026-08-12-Board-Paper-Item-4-13-Appointments-August-2026.pdf (4 pages)

Items for Discussion

09:40 - 09:55
15 min

5. Board Chair's Report - August 2026

Verbal *Andrew Fleming*

09:55 - 10:15
20 min

6. Chief Executive's Report - August 2026

Discussion *Caroline Hiscox*

2026-08-12-Board-Paper-Item-06-Board-Chief-Executive-Report-Aug26-Final.pdf (9 pages)

10:15 - 10:25
10 min

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

Verbal *Andrew Fleming*

10:25 - 10:40
15 min

8. Escalation Update Maternity Services & CAMHS (Standing Item)

8.1. Maternity Services

Verbal Update *Tracey Gillies*

8.2. CAMHS

Verbal Update *Jim Crombie & Jillian Torrens*

10:40 - 10:50
10 min

Comfort Break

10:50 - 11:10
20 min

9. NHS Lothian Integrated Performance and Quality Report

Discussion *Jenny Long*

2026-08-12-Board-Paper-Item-09-Board-Integrated-Performance-and-Quality-Report.pdf (52 pages)

11:10 - 11:25
15 min

10. Corporate Risk Register

Discussion *Tracey Gillies*

2026-08-12-Board-Paper-Item-10-Corporate-Risk-Register.pdf (15 pages)

11:25 - 11:35
10 min

11. June 2026 Financial Update

Discussion *Craig Marriott*

2026-08-12-Board-Paper-Item-11-Finance-Update-M3-Final.pdf (9 pages)

11:35 - 11:37
2 min

12. Any Other Business

Verbal *Andrew Fleming*

11:37 - 11:39
2 min

13. Reflections on the Meeting

Verbal *Andrew Fleming*

11:39 - 11:40
1 min

14. Future Meeting Dates

For Noting *Andrew Fleming*

- 07 October 2026
- 02 December 2026

DRAFT **4.1**

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 1030hrs on Wednesday 24 June 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 P. Allenby; Cllr S. Akhtar; Mr E. Balfour; Ms H. Campbell; Dr P. Cantley; Mr A. Cogan; Ms E. Gordon; Mr G. Gordon; Cllr J. Griffiths; Prof J. Innes; Mr P. Knight; Prof. L. Marson; Cllr D. Milligan; Mr R. Roberts and Ms V. de Souza.

Executive Board Members: Prof. C. Hiscox (Chief Executive); Miss T. Gillies (Executive Medical Director); 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 G. Archibald (Union Branch Sec / REAS Partnership Lead, deputising for Ms Miller); 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); 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 C. Laverty (Chief Officer, Edinburgh IJB); Ms L. Cameron, General Manager, Cancer Services (for Item 19); Dr V. Campbell, Consultant Haematologist (for Item 19); Dr N. Storrar, Clinical Director for Haematology (for Item 19); Mr C. Stirling, Hospital Director – WGH(for Item 19); Ms A. Goodfellow, Deputy Director of Public Health (for Item 29); Mr D. Thompson (Board Secretary) and Miss L. Baird (Corporate Governance Team, minutes).

Apologies for Absence: Mr J. Blazeby (Non-Executive Director); Cllr H. Cartmill (Non-Executive Director)**;** Prof. A. Khan (Non-Executive Director); Ms T. A. Miller (Non-Executive Director); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Director of Primary Care) and Ms M. Barrow (Chief Officer, Midlothian IJB).

18. Welcome & Declaration of Interests

18.1 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.

19. CAR-T Presentation

19.1 The Board received a presentation on the development of CAR-T therapy within NHS Lothian and its role in transforming care for patients with complex conditions. Members noted the significant progress made in establishing the service, supported by the Southeast Scotland Stem Cell Transplant Service and SNBTS, and the opportunities this created for improved patient pathways, ambulatory care, clinical research and future service growth.

19.2 The Board discussed the future development of CAR-T services, including aspirations to move towards Scottish-based cell manufacturing in partnership with SNBTS, the University of Edinburgh and national partners. Members also noted NHS Scotland's strong position in CAR-T delivery, the importance of clinical research and trials in informing future adoption of innovative therapies, and the value of considering wider patient and system benefits when assessing new treatments.

19.3 Members welcomed the presentation as an example of the innovation taking place within NHS Lothian and recognised the importance of maintaining visibility of emerging high-impact services to support future investment and service planning. The Board thanked those involved for an informative presentation and requested that similar innovation-focused presentations be considered at future Board meetings.

ITEMS FOR APPROVAL OR NOTING

20. Items proposed for Approval or Noting without further discussion

20.1 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.

20.2 Minutes of Previous Board Meeting held on 22 April 2026 – Minutes were approved.

20.3 Staff Governance Committee Minutes – 11 March 2026 – Minutes were noted.

20.4 Finance and Resources Committee Minutes – 25 March 2026 – Minutes were noted.

20.5 Healthcare Governance Committee Minutes – 17 March 2026 – Minutes were noted.

20.6 Audit and Risk Committee Minutes – 13 April 2026 – Minutes were noted.

20.7 Midlothian IJB Minutes – 19 February 2026 – Minutes were noted.

20.8 West Lothian IJB Minutes – 24 March 2026 – Minutes were noted.

20.9 Edinburgh IJB Minutes – 24 March 2026 – Minutes were noted.

20.10 East Lothian IJB Minutes – 26 March 2026 – Minutes were noted.

20.11 Q4 and Annual Whistleblowing Performance Report 2025/26 – The Board briefly discussed the report, noting that the format reflected national reporting requirements. Based on the evidence provided, the Board accepted moderate assurance on whistleblowing systems and limited assurance on performance due to investigation delays, capacity pressures and case complexity. Members noted that a planned development session in August 2026 would provide an opportunity for a more detailed review and assessment of the current whistleblowing practices and that the outputs of this would be reported back to the Board.

20.12 NHS Lothian Area Clinical Forum Report – The report was noted.

20.13 Appointments – April 2026 - The Board approved the appointment of Ms Heather Campbell, non-Executive Director, as a Voting Member of the City of Edinburgh Integration Joint Board from 4 August 2026 to 4 February 2029, enabling completion of a full three-year term following her initial interim appointment. The Board also approved the re-appointment of Dr Douglas McGown as a non-voting member of the West Lothian Integration Joint Board, specifically as the "registered medical practitioner on the primary medical services performers list," for a further three-year term from 20 June 2026.

ITEMS FOR DISCUSSION

21. Board Chair's Report – June 2026

21.1 The Chair updated the Board on recent national and local engagement activities, including ministerial visits to NHS Lothian services. The Board noted post-election arrangements, forthcoming Scottish Government work on public sector reform, and plans to gather Board feedback ahead of a national Chairs and Chief Executives session. It was reported that the draft sub-national waiting times plans should be considered at the August Board meeting. The Board noted further updates on NRAC, the Annual NHS Conference and arrangements underway to address non-executive vacancies. It was acknowledged that the Vice-Chair would chair the August Board meeting in the Chair's absence.

22. Chief Executive's Report – June 2026

22.1 The Chief Executive presented her report, drawing attention to staff achievements recognised through the Celebrating Success Awards and to national media coverage showcasing specialist services delivered within NHS Lothian.

22.2 The Board sought to understand how NHS Lothian was responding to ongoing national and local work to improve support for people experiencing mental health crisis and distress, particularly in light of Police Scotland's recent review of its response to mental health-related calls. Members noted that a joint national commission involving NHS boards and Police Scotland was expected to be established, alongside wider work being taken forward through the Police Scotland Mental Health Taskforce, public health partners and the Lothian Stress Collaborative.

22.3 The Board also considered examples of innovative approaches to mental health crisis response, including mental health response cars operated by the Scottish Ambulance Service. Members welcomed efforts to secure additional capacity for Lothian and highlighted the potential benefits for patients. The Board noted the update and the work underway to strengthen partnership arrangements and support for vulnerable people in crisis.

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

23.1 The Chair of the Staff Governance Committee reported on a recent development session reviewing NHS Lothian's reporting arrangements under the Health and Care Staffing Act. While discussions had been positive overall, some governance issues were identified, which would be progressed through the Staff Governance and Healthcare Governance Committees.

23.2 The Board noted the significant increase in staffing levels since the COVID-19 pandemic, including growth in medical, nursing and overall workforce numbers, and recognised the contribution this had made to supporting safe staffing across NHS Lothian.

23.3 Members also noted the Committee's positive discussion on the emerging People and Culture Strategy and the planned further consideration of the strategy and development session outputs at the Committee's July meeting.

23.4 In addition, the Board discussed and acknowledged the benefits of face-to-face governance meetings and agreed that Committee Chairs should consider whether a greater number of in-person meetings would add value alongside existing virtual arrangements.

24. NHS Lothian Board Performance Paper

24.1 The Board received an update on NHS Lothian's operational performance, noting that while some progress had been made in reducing the longest waits, overall performance remained fragile and dependent on addressing wider system constraints. Members agreed that future reporting should provide greater visibility of backlog reduction and its impact on performance. It was also noted that the current performance report would be replaced by the new Integrated Performance and Quality Report (IPQR) from August 2026.

24.2 The Board discussed the extensive work underway to improve planned and unscheduled care performance, including sub-national programmes across the east of Scotland. Members noted the continued focus on reducing long waits and improving compliance with Treatment Time Guarantees, supported by a non-recurring Scottish Government investment of £90 million for planned care across NHS Scotland, to be allocated between the east and west regions. NHS Lothian was reported to be on track to eliminate waits of over 104 weeks and 78 weeks, with plans in place to meet the national ambition of no waits over 52 weeks by March 2027.

24.3 Members recognised that improving performance would require more than additional funding, with equal emphasis needed on recruitment, productivity, service redesign, efficiencies and making best use of available capacity across Lothian and the wider region. The Board noted ongoing work to redesign unscheduled care, improve patient flow and reduce delayed access to services, alongside targeted public communications to support appropriate service use.

24.4 Updates were also provided on cancer services, palliative care redesign, CAMHS capacity planning and partnership working to improve mental health support for children and young people. The Board noted the current performance position, supported the planned transition to the new reporting framework, and agreed that further discussion of transformation and the route to balance should be considered through the Strategy, Planning and Performance Committee.

25. Escalation Update Maternity Services & CAMHS (Standing Item)

25.1 Maternity Services

25.1.1 The Board received a verbal update on maternity services and noted the continued national focus on maternity care following the publication of several high-profile reviews and inspections across the UK. Members recognised the impact this heightened scrutiny could have on services, staff and families.

25.1.2 The Board noted that the Healthcare Governance Committee had accepted limited assurance in May, while recognising the significant progress made in implementing the Healthcare Improvement Scotland action plan. Most actions had now been completed, with remaining lifecycle work due to conclude in 2027. Ongoing improvement activity continued through a weekly Short Life Working Group focused on staffing, training and culture, including a repeat culture survey.

25.1.3 Members were advised that NHS Lothian continued to work with Scottish Government on a route to de-escalation, while ensuring improvements were implemented consistently across maternity services. The Board also noted that the 2026/27 workplan remained focused on reducing avoidable harm, with no new themes identified from recent serious adverse event reviews. Arrangements remained in place to monitor the effectiveness and sustainability of improvement actions through regular oversight and reporting.

25.2 Child and Adolescent Mental Health Services (CAMHS)

25.2.1 The Board received a verbal update on CAMHS and noted that the service remained at Level 3 escalation despite having met the criteria for de-escalation and submitted the required evidence to Scottish Government. Members were advised that delays in agreeing de-escalation reflected changes in Scottish Government personnel, with a decision now expected in September 2026.

25.2.2 The Board noted that NHS Lothian continued to engage with Scottish Government to secure clarity on the de-escalation process while maintaining focus on developing a sustainable service model and delivering referral-to-treatment targets. Members requested a further update on progress towards de-escalation at the Strategic Planning and Performance Committee in September 2026.

26. Corporate Risk Register

26.1 The Board considered the Corporate Risk Register and noted that the overall risk profile remained stable, supported by regular review and oversight through established governance arrangements.

26.2 Members discussed a number of significant strategic risks, including pressures within unscheduled care, bed capacity and delayed discharge, alongside continuing challenges in scheduled care performance and financial sustainability. The Board noted the very high financial risk position, including a projected budget gap and reliance on non-recurring funding, and recognised the need for continued focus on waiting times, productivity and service redesign.

26.3 The Board also considered a newly emerging risk relating to nationally procured digital systems. Discussion about the ongoing national business systems replacement project highlighted the importance of the Board's effective engagement with national programmes, clear escalation routes and appropriate investment in critical infrastructure. Existing infrastructure, workforce and quality risks remained under close review, including fire safety at the Royal Infirmary of Edinburgh, HSDU capacity and the requirement to evidence sustained improvement in maternity services.

26.4 Members noted ongoing work to improve system flow and reduce pressures on acute services, including analysis of rising demand, delayed discharge and unscheduled care pathways. The Board was advised of emerging proposals for a sub-national redesign of unscheduled care and noted that these would be considered with partners across Scotland. The report was approved, with the Board recognising the need for continued oversight and delivery of mitigation plans across the corporate risk portfolio.

27. February 2026 Financial Position and Latest Year-End Forecast

27.1 The Board considered the year-end financial position for 2025/26 and noted that financial balance had been achieved, with a small underspend realised, subject to external audit. Members recognised, however, that significant underlying financial pressures remained, particularly within Acute Services and REAS, driven by increasing demand, prescribing costs and workforce pressures.

27.2 The Board noted that delivery of Financial Recovery Plan savings had fallen below target, contributing to an ongoing recurring deficit position. While all Integration Joint Boards had achieved financial balance through additional non-recurring support from NHS Lothian, the early 2026/27 forecast anticipated continued financial pressures and reliance on savings delivery and mitigation measures.

27.3 Members discussed the importance of maintaining long-term financial sustainability, recognising that reserves were now at historically low levels and could not be relied upon to support future financial performance. It was important that all public resources received were allocated to support the intended service delivery outcomes. The Board also noted the requirement to deliver 3% efficiency savings and reaffirmed its commitment to achieving a sustainable financial balance through delivery of recovery plans, efficiency measures and careful management of resources.

28. 5 Year Financial Plan 2026/27-2030/31

28.1 The Board received and noted the five-year Financial Plan. It was acknowledged that this had already been formally considered and approved by the Board in private session in April 2026, necessitated by the restrictions in place during the pre-election period.

29. Prevention-Focused Lothian Health and Care System

29.1 The Board considered a report which detailed progress towards developing a prevention-focused health and care system. Members noted the continued strategic focus on improving population health, reducing inequalities and embedding prevention and anticipatory care as core components of service delivery across NHS Lothian.

29.2 The Board recognised that delivery of the plan would require a whole-system approach, involving health, social care, Integration Joint Boards, Community Planning Partnerships and wider community partners. Members noted progress in establishing clear objectives, outcome measures and governance arrangements, with prevention to be increasingly embedded within planning, performance management and resource allocation. Alignment with the Integrated Board Assurance Framework and the introduction of annual prevention reporting were also highlighted.

29.3 Members agreed that prevention should become a central consideration in all programmes of work across the organisation and requested that future iterations of the delivery plan provide greater clarity on accountability for delivering value-based and preventative services, as well as the contribution of partnerships and IJBs. The Board approved the Prevention Plan and noted that a detailed delivery plan would be developed, with progress reported through the Strategy, Planning and Performance Committee and subsequently to the Board. The timeline for reporting would be proposed by the Director of Public Health & Health Policy and agreed with the Chair. **ACTION: SW**

30. People & Culture Strategy 2026-31

30.1 The Board considered the People & Culture Strategy 2026–31 and approved it as the overarching framework for workforce and culture development across NHS Lothian. Members noted that the Strategy had been developed through extensive staff engagement and was aligned with wider workforce, wellbeing and organisational development priorities.

30.2 The Strategy was structured around three key themes: developing a sustainable workforce, improving culture and staff experience, and promoting health, safety and wellbeing. Members recognised the importance of these priorities in supporting staff, improving organisational performance and delivering high-quality patient care.

30.3 The Board received assurance that partnership representatives had been closely involved in developing the Strategy and that they supported its proposed direction. Members also noted the proposed governance and delivery arrangements and recognised the importance of sustained implementation and appropriate resourcing to achieve the intended benefits. The Board welcomed plans to communicate the Strategy widely through accessible summary materials for staff and the public.

31. LSDF Annual Report 2025/26

31.1 The Board considered and approved the LSDF Annual Report for 2025/26.

32. Corporate Objectives and Annual Operating Planning

32.1 The Board considered and approved the Corporate Objectives for 2026/27 and noted the supporting annual operational planning work. Members agreed that the objectives and operating plan should be revisited later in the year following further discussions with Scottish Government to ensure continued alignment with national priorities.

32.2 In reviewing the proposed approach, the Board highlighted a number of areas requiring further development. These included providing greater clarity on the intended outcomes and ambition of each objective, strengthening the alignment between corporate objectives and corporate risks, and ensuring that appropriate mitigations were identified and monitored. Members also emphasised the importance of further consideration of the organisation's digital strategy, including its direction, timescales and key challenges.

32.3 The Board discussed proposals to extend walk-in GP services and sought assurance regarding the effectiveness of existing arrangements before further expansion was progressed. Members agreed that the corporate objectives should be kept under regular review throughout the year to ensure they remained relevant, supported delivery of organisational priorities and reflected the changing operating environment.

32. Any Other Business

32.1 There was no other business.

33. Reflections on the Meeting

33.1 The Chair noted the quality of the questions posed and reminded Board members that they could contact colleagues out with the meeting if they wished to discuss any items further.

34. Date of Next Board Meeting

- Wednesday 12 August 2026,**9:30am**

NHS LOTHIAN

4.2

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 27 May 2026, West Port, Meeting Room 10 and 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)

In Attendance: Mr T. Power (Director of People and Culture, Human Resources); **Mrs R. Kelly** (Deputy HR Director); **Mr D. Thompson** (Board Secretary); **Ms C. McDowell** (Work Well Specialist Lead) **Mr D. Collins** (Head of Health and Safety – Item 6.2) **Mr G. Archibald** (Partnership); **Ms Amanda Langsley** (Associate Director - People & Culture) and **Mr G. Ormerod** (Corporate Governance Team -Minute).

Apologies for absence was received from: Mr J. Crombie (Deputy Chief Executive), **Ms H. Johnstone** (Partnership); **Ms A. MacDonald** (Executive Nurse Director, Nursing); **Ms L. Cunningham** (Partnership Representative); **Ms T. Gillies** (Executive Medical Director); **Ms M Campbell** (Director of Facilities); **Prof C. Hiscox** (Chief Executive) and **Ms T. Miller** (Employee Director)

Observing (Talent Management): Ms K. Moffatt (Lead Nurse - Palliative Care)

CHAIR'S WELCOME AND INTRODUCTIONS

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

1. Declaration of Conflicts of Interest

1.1 None

2 Minutes and Action Note of the Previous Meeting held on 11 March 2026

2.1 The minutes from the meeting on 11 March were confirmed as an accurate record with the following corrections:

- 55.4: The wording has been revised from "healthy and sustainable" to "healthy and high performing."
- 58.2.1: The workforce plan is now aligned with the performance schedule, addressing prior challenges related to the reduced working week.

2.2 Updates have been made to the individual actions.

3 Matters Arising

3.1 None

4. STAFF EXPERIENCE

4.1 Whistleblowing Report

4.1.1 The Director of People & Culture provided an update on the Whistleblowing Report, including the annual position and Q4 data. It was reported that the number of cases had reduced from seven to five compared with the previous year. Four cases closed in 2025/26 had commenced in 2024/25. The average number of days to close cases remained a concern, reflecting the complexity of cases, investigator capacity and other factors including sickness absence. Time lost to whistleblowing reduced from 242 to 203 days.

4.1.2 The Committee heard that plans are in place to strengthen investigator capacity, as the available pool has reduced from 12 to 7. Work is underway to identify experienced staff from the staff bank and recently retired staff who could undertake investigator roles, with a clearer position expected by July. **TP/RK**

4.1.3 It was noted that a pause and reflect exercise will be taken forward in August to review the Board's experience and effectiveness in implementing the national Whistleblowing Standards, five years having passed since their introduction. Key stakeholders involved in considering what is working well and where improvement is required. Future reports to the Committee will include more information on the factors contributing to delays and case duration.

4.1.4 Members welcomed the pause and reflect approach but noted that the Board report remained difficult to interpret in terms of overall performance. Questions were raised about whether the reduction in reported cases reflected fewer concerns being raised or lower levels of reporting, and about the timescale for strengthening the investigator pool.

4.1.5 The Committee discussed the need for appropriate administrative support for investigators, feedback from investigators and previous whistleblowers, and clearer communication to staff on the purpose and impact of whistleblowing.

4.1.6. It was noted that communication regarding raising concerns has improved, that staff are increasingly being directed to the appropriate channels, and that further work is needed to present the available data in a clearer and more accessible way.

4.1.7 The Chair highlighted concerns regarding the length of investigations, the impact on staff and teams, and overall confidence in the whistleblowing process.

4.1.8 The Board Secretary advised that, applying an internal audit approach to the design and effectiveness of controls, the current position would equate to limited assurance. The Chair noted that the assurance level had been discussed and should be considered further through the summer pause and reflect exercise.

4.1.9 The recommendations were approved and limited assurance was accepted.

4.1.10 An emerging pattern of cases in Edinburgh HSCP and the need for assurance on how these are being managed was noted. The Director of People & Culture advised that these are being considered with reference to the INWO. They have relevance to matters being looked in to through wider professional oversight arrangements.

4.2 <u>Speak Up Report</u>

4.2.1 The Work Well Specialist Lead presented the Speak Up Report for awareness. The programme has operated for seven years and is supported by 14 advocates. During the year

there were 137 contacts, with average quarterly contacts increasing from around 20 to 35. The main themes remained bullying and harassment and safety concerns, with staff signposted to the most appropriate support, including trade unions where relevant.

4.2.2 The Committee noted that eight new whistleblowing cases had been reported and that 14 individuals continue to be supported through ongoing investigations and previous cases. Medical, midwifery and acute services remained the highest reporting areas, although this may reflect workforce size. Members heard that the main concerns continue to be bullying and harassment, often already raised through line management, with no significant change in the overall pattern.

4.2.3 Capacity challenges within the advocate team were highlighted, together with some misunderstanding among staff about the role of the service, which provides signposting and support rather than case management. The Director of People & Culture advised that a resource proposal is being taken forward to CMT and that, given the limited assurance position, there is a need to strengthen the Speak Up Ambassador Role and wider organisational support. The Work Well Specialist Lead added that dedicated administrative support would improve confidentiality and user experience.

4.2.4 The Chair commented on the recurring themes within the report and referred to the statement on page 40 concerning organisational integrity and whether staff feel leaders are fulfilling their stated commitments. Members noted that limited assurance is closely linked to staff confidence and awareness, and that clearer feedback at each stage of the process is needed. The Board Secretary advised that the statement sits within the risk assessment section and should be understood as a live risk statement.

4.2.5 The Director of People & Culture confirmed that both the risk and the controls remain relevant to Whistleblowing and Speak Up.

4.3 Staff Engagement and Experience Framework 2023-26 – Final update

4.3.1 The Associate Director of Learning, Skills, Workplace Innovation & Wellbeing presented the final update on the Staff Engagement and Experience Framework 2023–26, including a summary of the Staff Engagement and Experience Programme Board's work during 2025/26.

4.3.2 The Committee heard that the Staff Engagement Framework and Programme Board had overseen the development of local improvement plans and had previously received significant assurance in relation to progress made, including the support provided through corporate enablers.

4.3.3 The Committee was asked to take significant assurance from the update and to endorse the Programme Board's work as it transitions into the People and Culture Plan.

4.3.4 The Chair referred to section 2.3.3 of the report and sought clarification on the financial position and the decision-making process in relation to the continued charitable funding currently supporting the Work Well programme. The Associate Director advised that funding is in place until March 2027, but that there is no guarantee beyond that date. She confirmed that further discussion would take place with the Director of People & Culture and with the charity regarding future options and what may be possible.

4.3.5 The Director of People & Culture advised that an impact assessment of the Work Well programme is being supported by colleagues in Public Health. The first step would be to evaluate the effectiveness of the strategy, to inform further discussions with the charity

4.3.6 The Work Well Specialist Lead reported that work is now underway with Public Health, who have provided initial feedback.

4.3.7 The recommendations were approved.

5. SUSTIANABLE WORKFORCE

5.1 Workforce Report

5.1.1 The Deputy Director of People & Culture advised that the report is light on data as the team is transitioning to the new HR system.

5.1.2 Sickness absence and the reasons for absence featured in the report, along with mandatory training. Sickness absence remains at 5.71%, and an internal audit on sickness absence is ongoing, with findings expected in the autumn. Services have been advised to engage with areas of high sickness absence to better understand the position.

5.1.3 Mandatory training compliance remains at 62% and has been at this level for some time. Whistleblowing cases and Speak Up cases also featured within the report.

5.1.4 A Non-Executive Board Member queried the midwifery absence figures, noting the high number of hours and percentage, and asked whether this was expected to reduce as work on culture progresses. The Deputy Director of People & Culture advised that this figure relates to the nursing workforce as a whole and is not broken down by individual area.

5.1.5 The Director of People & Culture advised that absence levels within the midwifery team are in line with the rest of the organisation and have been slightly better as a result of new staffing.

5.1.6 The Chair commented that appraisal and mandatory training performance appeared to be deteriorating, with Edinburgh Health and Social Care figures decreasing. Appraisal rates remain static at 55%. It was noted that some of the modules are newer and remain open for completion until September.

5.1.7 The Board Secretary advised that specific measures for inclusion within integrated quality and improvement are being developed. The Director of Innovation and Transformation is leading this work, and relevant aspects will be incorporated into the format, with elements also to be presented to the Board.

5.2 Agenda for Change Reform – Update

5.2.1 The Deputy Director of People & Culture advised that the 36 hour reduced working week had been implemented from 1 April and had transitioned smoothly. While some issues had arisen in relation to on-call arrangements, feedback to date indicated that these had been managed flexibly. No issues had been reported in relation to April pay, and there was confidence among colleagues that implementation had been successful.

5.2.2 It was noted that backfill funding for higher-risk areas is in place on a fixed-term basis. Arrangements are now moving from the reduced working week programme into a Monitoring and Improvement Group, with Terms of Reference and membership being finalised and a first meeting scheduled for the end of June. The Group will consider service transformation as fixed-term funding comes to an end, with senior directors involved in that work. An initial assessment from services, together with feedback, had been included within the report. It was recognised that the future requirement for backfill funding would need to be explored further through the Monitoring and Improvement Group.

5.2.3 The Committee also heard that the Band 5 review process is being changed. Rather than reviewing each application individually, applications from the same area demonstrating the same or very similar characteristics will be batched, with one application from the batch considered by the panel and the outcome then applied across the batch where appropriate. Staff side representatives will be involved in this revised process. It was anticipated that this approach would help address the current backlog by the end of the year.

5.2.4 There remains no confirmed deadline for completion of the nursing review. However, applications that were previously rejected will be reviewed again, which is expected to help speed up the overall process. A 93% conversion rate for Band 5/Band 6 review applications submitted to date was reported, and further progress is expected as applications move forward into October.

5.2.5 The Chair commented on the excellent work that Mr Chris Drake had undertaken in this area and asked that feedback be provided.

5.2.6 The Chair asked whether the government was aware of the progress being made. The Director of People & Culture advised that the approach had been demonstrated at system level and that discussions remain live and ongoing, with a streamlined process now in place.

5.2.7 The Director of People & Culture confirmed that he had nominated his team for a national Healthcare People Management Award for partnership working.

5.2.8 The recommendations were accepted.

6. Assurance and Scrutiny

6.1 Corporate Risk Register

6.1.1 <u>Traffic Management</u>

6.1.1.1 The Director of People & Culture provided a summary update on the Traffic Management Risk provided by the Head of Estates who had sent apologies:

- No Significant Adverse Events reported relating to Traffic Management from the time of last update to the Committee.
- Significant progress on the RIE 'Long Zebra Crossing' which has now been largely approved for BLM funding. This will now progress next week to commence with having works planned.
- TRO fully in place for REH however continued blocking of the 'turning circle' area outside of the REB means risk remains. This area has been further scoped by me and the local Area Manager, and we are exploring further a barrier solution.
- Project on converting Hospital Main Drive on the grounds of the WGH is now complete with snagging work being finalised now.
- Dedicated risk register now in place which specifically supports traffic management risk(s). This has oversight, ultimately, via the Pan Lothian Traffic Management Group.

6.1.1.2 The Committee accepted the report.

6.1.1.3 Members highlighted that future attendance would be required to provide updates on reports.

6.1.2 RIE Fire Safety

6.1.2.1 The Director of People & Culture provided a summary update on the RIE Fire Safety Risk provided by the Head of Estates who had sent apologies:

- SFRS have carried out a further visit of the RIE, to inspect works outlined in Schedule 2, of the Enforcement Notice. Following the visit SFRS have confirmed to NHS Lothian they are satisfied that Schedule 2 (Part 2) has been complied with.
- Continued progress around dedicated Fire Safety Training for the site – however more to be done here and further uptake, from staff, required.
- Fire Incident Response Team continue to function and provide continued fire safety patrols.
- Waste Movement Team in the Basement now in place.
- A formal review of this risk profile has now begun, following note in the paper on ARUP reduction of level of risk relating to possible 'overwhelming of the fire service', and also wider progress on risk mitigation activities.

6.1.2.2 A Non-Executive Board Member reported substantial progress at RIE and the ongoing training of staff. He emphasised the critical importance of compliance and effective collaboration with public partners, as well as the necessity of developing a clear plan that ensures certainty and close cooperation with the Scottish Fire and Rescue Service. **JC/MC**

6.1.2.3 The Committee approved the report. Members again reiterated the expectation of future attendance to deliver updates on subsequent reports.

6.1.3 RWW Corporate Risk

6.1.3.1 The Director of People & Culture confirmed that a further paper will be presented in July. The Reduced Working Week (RWW) has been implemented with no short-term impacts identified. Any financial implications will be tracked through the Monitoring and Improvement Group, which will commence in June. The approach remains aligned with national work, with parameters for evaluation expected to be agreed towards the end of the year.

6.1.3.2 It was noted that the financial aspects will be reviewed over the next 12–24 months, with a focus on reducing the level of backfill funding required to support service changes.

6.1.4 Safe Delivery of Maternity Services

6.1.4.1 The Director of People & Culture provided an general update on the Safe Delivery of Maternity Services in the absence of the Executive Medical Director, asking the Committee to note the work that remains ongoing and the line of sight for the Executive Team through the Performance Support Oversight Board.

6.1.4.2 It was noted that discussions are ongoing with Scottish Government in relation to de-escalation and, in the meantime, positive progress is being made against the actions, with a significant number now closed.

6.1.4.3 PSOB had received a presentation the previous Friday which had included an impact measurement matrix that was considered helpful in understanding what effect all the work

done is having. Planning is also underway for a repeat of the culture survey conducted in early 2025 in July, which will help to measure impact.

6.1.4.4 The Committee noted the work in this area, the ongoing focus, and the feedback from teams.

6.1.4.5 Members noted that the Healthcare Governance Committee and that a paper would be presented at the July meeting Staff Governance Committee. The impact matrix would be circulated to members for information. **TP**

6.2 Health and Safety Assurance Report

6.2.1 The Head of Health & Safety presented the Health and Safety Assurance Report and advised that the overall assurance rating for Quarter 4 was moderate. The report focused on three key areas.

6.2.2 In relation to nitrous oxide, the Committee heard that a risk-based schedule is now in place across all 48 sites, with risks determined by levels of exposure and set out within the report. Work on Gas Scavenging Masks remains ongoing and implementation still to be completed. Site Directors are making further enquiries regarding the reasons for the delay.

6.2.3 At St John's Hospital, Heriot-Watt University has been involved in work relating to labour ward maternity data, and the Women and Children's Director has requested further work with hygienists and labour ward teams, alongside occupational hygienists, to progress this area.

6.2.4 The Committee was advised that, following Health and Safety Executive action in relation to exposure at the Royal Infirmary of Edinburgh site, two actions had been identified, one of which has now been closed while the second remains in progress. The Health and Safety Executive had visited the site and met with local representatives, and a three-month extension has been agreed. The remaining action relates to the TRAK and microbiology function, for which staff training is required. The deadline for completion is 31 August.

6.2.5 The Committee also noted that, following Health and Safety Executive findings and the publication of a report on Violence and Aggression, an audit had been undertaken and individual service reports had been issued. Findings from this work will be presented in Quarter 1. It was reported that 678 risk assessments have now been completed, representing significant progress from the position 12 months ago, when between 60 and 70 had been completed. Work is continuing to provide greater organisational oversight of the findings.

6.2.6 The Director of People & Culture advised that Violence and Aggression is a Corporate Risk from an education and training perspective, with work being led by nursing to support prevention in this area. A formal update will be provided to the next Committee meeting.

6.2.7 The Director of People & Culture also advised that the Health and Safety Committee had considered issues relating to waste management and segregation, including the impact on third parties who process the waste. A number of Boards have been challenged in this area, and it was acknowledged that there is scope for further improvement.

6.2.8 A Non-Executive Board Member referred to Entonox and asked whether expenditure for Gas Scavenging Masks had been approved and whether only installation remained outstanding. The Head of Health & Safety advised that the issue is one of procurement and implementation and further advised that delay had arisen as a result of a staffing change and delays involving Heriot-Watt University. A Non-Executive Board Member also raised reports of nurses taking legal action in relation to the Entonox issue and exposure and commented that this matter should be brought to the forefront.

6.2.9 A further Non-Executive Board Member asked for a comprehensive list of risks and clarification on when these were likely to be resolved. The Head of Health & Safety advised that the Nitrous Oxide risk s currently focused on St John's Hospital and the Royal Infirmary of Edinburgh, particularly within labour and maternity wards and dental areas, including Sighthill, which is scheduled for June. He further advised that he would provide information to the Committee on Nitrous Oxide risks categorised as high and medium. **DC**

6.2.10 The Committee accepted moderate assurance.

6.3. Staff Governance Annual Report 2025/26

6.3.1 The Deputy Director of People & Culture presented an update on the Annual Report, confirming that the template is used across all Board committees. The first section of the report provides the assurance statement for the year, outlining the levels of assurance across various aspects of governance. The second section contains the member survey and the feedback received, with no significant points to highlight to members.

6.3.2 The Board Secretary confirmed that the completed reports will be submitted to the Audit and Risk Committee, and that feedback discussions will take place between committee chairs.

6.3.3 The Deputy Director of People & Culture further confirmed that the report has been presented to the Committee to provide assurance that the required process has been followed.

6.3.4 The Committee approved the Staff Governance Annual Report

6.4 Internal Audit Report - Mandatory Training

6.4.1 The Director of People & Culture confirmed that this matter had previously been considered by the Audit and Risk Committee as part of the internal audit process in April.

6.4.2 The Committee noted that the audit findings were linked in part to the introduction of the Once for Scotland modules agreed in response to the Protected Learning Time element of Agenda for Change Reform and updated reporting arrangements, which are significantly influenced by Public Services Delivery Scotland as the provider of the Turas platform. It was reported that the control environment had improved and that the position was expected to move to moderate assurance. Mandatory training now forms part of the key performance indicators within the People and Culture Strategy arrangements.

6.4.3 An improvement in mandatory training compliance since December 2025 and April 2026 was reported, supported by the work on protected learning time, a new suite of modules and revised reporting arrangements. The Director of People & Culture advised that the current completion window or the new modules runs until 1 September and confirmed that updates on the management actions would return to the Audit and Risk Committee as part of its limited assurance process.

6.4.4 The Chair asked that the Committee continue to receive updates once the position is more settled. Members also raised issues relating to facilities, digital exclusion and cyber security. It was noted that Director of Digital & IT is working with Physical Sciences Data Science Service (PSDS) to identify an alternative approach in relation to emails and digital inclusion and will report into Corporate Management Team (CMT).

6.4.5 The Audit and Risk Report will be circulated to the Committee. **AL**

6.4.6 Members suggested that the mandatory training report should be further developed to better identify areas of concern and trends against the 80% target. **AL**

6.4.7 The Committee noted the Internal Audit Report on Mandatory Training.

7. FOR INFORMATION AND NOTING

7.1 Staff Governance Assurance Statement

7.1.1 The paper was noted for information. It has been pulled out from the annual report, and from July it will commence reporting on the 2026/27 period.

7.2 Staff Governance Work Plan – 2026/27

7.2.1 The paper was noted for information, along with the proposed workplan for 2026/27.

7.3 Health and Care (Staffing) Act – Quarter 4 Report

7.3.1 The paper was noted for information.

7.3.2 The Chair referred to the meeting held on 18 May and to questions raised by the wider Board regarding Health and Care Staffing returns to the Scottish Government submitted to the Scottish Government, including how matters had been escalated. It was noted that Executive Nurse Director had devoted significant effort to this work and that her service leads had attended the meeting.

7.3.3 A discussion took place regarding the information presented at the meeting. The Chair asked members to reflect on expectations of the work, the Board's perspective, and the experience of attending the Committee. The Chair confirmed that she would meet with Executive Nurse Director separately to discuss feedback.

7.3.4 Members noted that the meeting had been helpful, but that further assurance was required regarding the links to escalation, the matters that should come through Staff Governance, and the alignment with information submitted to the Scottish Government. It was noted that annual returns would continue to be provided to the Scottish Government.

7.3.5 The Chair commented that this may indicate a wider governance issue and noted that matters raised included assurance that issues were brought to committees through timely updates, and the importance of the emerging integrated assurance approach

7.3.6 The Director of People & Culture confirmed that the Health and Care Staffing Act reporting would move to an annual reporting cycle. The focus would be on ensuring that matters identified through this work are appropriately translated into items for discussion at Committees.

7.3.7 A Non-Executive Board Member highlighted the need for communication across Committees and input from each relevant area.

7.4 Remuneration Committee Meeting Agendas – 1/12/25, 23/2/26 and 27/4/26

7.4.1 The paper was noted for information.

7.4.2 The Director of People & Culture highlighted the key points from the last Remuneration meeting:

- Ensuring the quality of Executive Team objectives in the evolving context of sub-national work.
- The need for clarity around sub-national work, remuneration and grading, including backfill.
- Application of, and learning from, Employment Tribunals, including overpayments and support in relation to disability and equality.

7.4.3 A Non-Executive Board Member advised that he was keen to understand the tasks being set for the Executive Team and the key trends emerging from the Scottish Government.

7.4.4 The Deputy Director of People & Culture confirmed that the Remuneration Committee annual report is presented in December and provides an overview of discussions held throughout the year.

7.4.5 Members recognised the confidentiality of information discussed at the Remuneration Committee and asked consideration be given to whether there would be an opportunity for a one-page note from the Remuneration Committee to be submitted to the Staff Governance Committee. **TP**

8. REFLECTIONS ON THE MEETING

8.1 Matters to be highlighted at the next Board meeting - The Staff Governance NXD meeting on 18 May will be discussed at the next meeting, and the whistleblowing report will also be included on the agenda under consent.

8.2 Matters to be highlighted to another Board Committee – None

9. Any Other Competent Business

9.1 Members discussed the overall attendance at today's face to face meeting.

9.2 The Director of People & Culture confirmed forthcoming press coverage regarding the Nursing and Midwifery Council (NMC). It has been reported that the NMC has failed to consistently assess health and character concerns in the fitness to practice process for individuals on its register, including those with serious criminal convictions or unmanaged health conditions. National figures indicate approximately 430 cases, with an estimated 20–25 expected in Scotland. The NMC has emailed staff today, and Employee Relations have been informed.

9.3 The Director of People & Culture confirmed that these are not the only checks undertaken when individuals take up employment, as PVG checks are also carried out with Disclosure Scotland providing a mechanism for updating employers on changes to status where employees fail to do so. However, NHS Lothian has expressed concern about the lack of a breakdown from the NMC for each Board.

10. Date of Next Meeting

10.1 Date of Next meeting: Wednesday 29 July 2026, 9.30 - 13:00, MS Teams

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 19 May 2026 via MS Teams.

Present: Mr A. Cogan, Non-Executive Board Member (Chair); Mr A. Fleming, Non-Executive Board Member; Professor A. Khan, Non-Executive Board Member; Ms E. Gordon, Non-Executive Board Member.

In attendance: Miss L. Baird, Committee Administrator; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms J. Browning, Associate Director of Pharmacy; Ms M. Carr, Chief Officer Acute Services; Mr D. Collins, Head of Health and Safety; Ms J. Craig, Director of Midwifery; Mr M. Gillies, Medical Director Acute Services; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health and Health Policy; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Professor A. Gray, Director of Research and Development; Ms K. Hood, Deputy Chief Nurse, Clinical Education and Training; Dr C. Love, Consultant Obstetrician, Simpson Centre; Ms J. Johnson, Lead Health and Safety Advisor; Ms L. McIlreavy, Public Involvement and Engagement Manager; Ms A. MacDonald, Executive Nurse Director; Ms A. Mezzomo, Patient Experience Officer; Ms J. Morrison, Associate Nurse Director, Patient Experience; Ms C. Palmer, Nurse Director, Acute Services; Ms L. Rumbles, Partnership Representative; Ms K. Smith, Head of Nursing Quality Improvement and Standards; Ms F. Stratton, Chief Nurse; Mr D. Thompson, Board Secretary; Mr A. Tyrothoulakis, Director; Mr P. Wynne, Nurse Director Community Nursing; Ms L. Yule, Chief Nurse West Lothian.

Talent Management Attendee: Ms K. Paterson.

Apologies: Mr S. Garden, Director of Pharmacy; Mr E. Balfour, Non-Executive Board Member; Mr T. Power, Director of People and Culture; Ms A White, Director, West Lothian HSCP; Ms J. Irwin, Chief Nurse and Head of Quality Health and Social Care; Mr J. Crombie, Deputy Chief Executive.

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.

The Committee agreed to move future patient stories to immediately before featured service updates on the agenda for convenience and timing of presentation by attendees.

1. Committee Business

1.1 Healthcare Governance Committee Annual Report and Assurance Need – Miss J. Gillies presented the previously circulated report drawing attention to key highlights and data within the report.

1.1.1 The Committee accepted the report and recommended that the report is submitted to Audit and Risk Committee in June 2026.

1.2 HGC Workshop: Outputs – Miss J Gillies presented the previously circulated report drawing specific attention to the implementation of the Clinical Assurance Framework (CAF), strengthening of Board level assurance via the Board Assurance Framework (BAF) and the importance of distinguishing between data for improvement and data for assurance and the review of LACAS.

1.2.1 In response to a question regarding the detail of the proposed measures, Miss J. Gillies advised that she would take into consideration feedback from non-executive colleagues and consider how she and colleagues could improve the presentation of information, ensuring that it is explicit in terms of why the data is important, what the data shows, whether the organisation is seeking a reduction or an increase, and whether it is moving in the right direction.

1.2.2 Specific attention was drawn to the slide referencing special cause variation data, including upper and lower control limits. The proposal to include a further level of statistical analysis was welcomed by Miss J. Gillies.

1.2.3 The Committee accepted the recommendations laid out and indicators described within the report.

1.3 Committee Cumulative Action Note and Minutes from Previous Meeting (17 March 2026)

1.3.1 The minutes of the meeting held on 17th March 2026 were approved as a correct record.

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

2. Matters Arising

2.1 Pressure Ulcer Ombudsman Report – Mr Wynne presented the previously circulated report drawing attention to key highlights and data therein.

2.1.1 Specific attention was drawn to the spreadsheet within the report, which would be transferred to a dashboard within three weeks. This would provide the service with oversight of all areas within the organisation, cross-reference the number of incidents and training undertaken in individual areas, and support mitigating action as required.

2.1.2 The service highlighted the significant increase in reporting of grade two and three incidents within the system because of improvement work undertaken, and the benefits this provided in establishing an accurate baseline from which to work.

2.1.3 In response to feedback from staff regarding DATIX and its use as a learning tool, the service has made improvements to streamline processes, including changes to the drop-down menu, clearer feedback mechanisms and alignment with education strategies and the new dashboard.

2.1.4 Key weaknesses related to documentation, incident reporting, and learning systems. The service would continue to address these through the education programmes in place, while remaining mindful of the daily pressures faced by staff.

2.1.5 NHS Lothian was working closely with Healthcare Improvement Scotland (HIS) on the National Collaborative and had received commendation for the work undertaken to date, with some tools developed being shared with colleagues in other Boards.

2.1.6 In response to a question regarding IT separate from the DATIX system, Mr Wynne recognised the challenges associated with existing equipment and the limitations of Trak and the changes that could be made. The service continued to collaborate with digital colleagues to mitigate these issues.

2.1.7 In addition to the scope of the current digital work, there would be a separate programme dedicated to implementing a complete IT system, including handheld devices for staff.

2.1.8 In response to a question regarding the 30% reduction in pressure ulcers over 18 months, Mr Wynne confirmed that the 18-month programme of work had commenced in November 2025, noting that further work was required to break down individuals into grades.

2.1.9 Mr Wynne explained that 10% of staff had completed training. He anticipated that all staff would be compliant by January 2027. The service continued to collaborate closely with staff to achieve this deadline.

2.1.10 Pressure ulcer training modules had also been added to the standard induction process for all nursing staff. It was hoped that the inclusion of the modules in the induction and train the trainer processes would drive forward compliance to training.

2.1.11 The Committee accepted the recommendations set out and accepted moderate assurance on the progress of the Education and Reporting sub-groups and limited assurance on the progress of the overall Pressure Ulcer Improvement Plan governed by PCAEG. A further update on the mechanisms and improvement work would be presented to the Committee in September 2026, with a full paper outlining the programme of work implemented to address concerns raised by the Ombudsman, the impact of work to date, and the actions still required with supporting data, to follow in November 2026.

2.2 There were no other matters from the previous minute.

3. Emerging Issues

3.1 Paediatric Audiology – Ms Carr and Mr Tyrothoulakis presented the previously circulated report drawing attention to the key issues and data therein.

3.1.1 In response to a complaint upheld by the Scottish Public Services Ombudsman (SPSO), an independent audit of paediatric audiology had been commissioned and a number of concerns were identified through that process. To mitigate these concerns, the service implemented a detailed action plan, including the introduction of new protocols, accredited training for staff, peer reviews and strengthened quality assurance systems. Since the initial audit, there had been a further Scottish Government review of adult and paediatric audiology, considering standards across services, which identified a number of recommendations presented to the Committee in May 2024.

3.1.2 In 2025, the Scottish Government commissioned the United Kingdom Accreditation Service (UKAS) to conduct a further review of adult and paediatric audiology against the 2023 standards for improving quality within services. A number of findings were identified and shared with the corporate Patient Safety Executive Assurance Group (PSEAG) and were brought to the Healthcare Governance Committee for awareness.

3.1.3 It was noted that no unsafe clinical practices had been identified to date as part of the latest clinical audit process, and there was no evidence that the historical issues identified remained evident in NHS Lothian.

3.1.4 In response to a question regarding length of wait and the impact on individuals, Mr Tyrothoulakis assured the Committee that patients waiting for urgent assessment would be seen within a maximum of six weeks, with the majority of urgent patients being seen within two to three weeks. He explained that, for long-waiting patients, clinical audits would reassess and prioritise individuals based on need. Work on this continued.

3.1.5 It was noted that, as of 18 May 2026, there would be a full establishment of staff within paediatric audiology. Although the service was at full complement, the position remained fragile, with no paediatric audiology development programme within NHS Scotland. Work continued at a national level to create a pipeline of professionals into the paediatric audiology service.

3.1.6 Mr Tyrothoulakis explained that, with the full complement of staff, the service was close to balancing demand and capacity. He noted that the waiting list for paediatric audiology had increased by only two hundred patients since 2024. In addition to recruitment work, the service continued to explore other initiatives to increase capacity within existing resources.

3.1.7 The team would continue to meet on a weekly basis, focusing on clinical governance elements, while also considering an action plan for additional short-term capacity. The team noted that an unintended consequence of this work was improved engagement with colleagues in adult audiology and ENT, enabling them to streamline processes and maximise service efficiencies.

3.1.8 In response to a question regarding the additional funding required and the trajectory for the service to achieve a position where NHS Lothian was no longer an outlier in long waits, Mr Tyrothoulakis confirmed that the recovery pathway was in progress and would be presented to the Committee when available.

3.1.9 The Committee noted the scope and early findings of the internal clinical audit of paediatric audiology waiting lists and noted the work underway to complete phases 2 and 3 of the clinical audit programmes. A full update would be provided as part of the annual assurance report for children's services in July 2026. **AT/MC**

3.2 Hospital Standardised Mortality Rates (HSMR) – Miss T. Gillies gave a brief verbal overview of the position with HSMR across the organisation, drawing specific attention to the variances across the three adult acute sites.

3.2.1 The HSMR for Lothian was 1.0 and 1.08 for the Royal Infirmary of Edinburgh site, both well within the accepted control limits for the period covering up to December 2025, a reduction to the previous quarter. Considering this no specific action was required at this time, service would continue to actively monitor the position and provide further updates as required.

3.2.2 The Committee welcomed the verbal updated on HSMR for awareness and anticipated further updates.

4. Patient Story

4.1 A video was played providing patient feedback on their experience of the Neonatal Infant Care Unit (NICU) at the Royal Infirmary of Edinburgh (RIE).

5. Women's Services Assurance Report

5.1 Mr Tyrothoulakis, Dr Love and Ms Craig presented the previously circulated report drawing specific attention to the key highlights and data described therein.

5.1.1 In response to question around third and fourth degree tears at the RIE and St. John's Hospital (SJH), Dr Love explained that despite 65% of staff completed the theoretical training, further work was required around practical application of these skills through champion programme before significant improvement would be seen.

5.1.2 It was noted that the increased length of time patients were waiting for routine surgery had not contributed the gynaecology mortality rates with the majority of deaths recorded relating to cancer. Key learning had focused on bowel obstruction and improving gynaecology mortality rates in conjunction with colorectal surgeons.

5.1.3 The Committee recognised that despite the significant work undertaken by the service there was no clear timeline from Scottish Governance around the route to de-escalation. Considering this it was difficult for the service provide a trajectory for moving from a position of limited assurance to moderate. Scottish Government recognise that they need to be clearer on providing guidance around what data that they ware wishing to see from Lothian to provide assurance on the work ongoing as a route to de-escalation. Further meetings would take place over the summer will provide clarify on the route to escalation and in turn allow the Committee to consider the assurance levels for Women's services based on work undertaken and evidence presented to Scottish Government. The Committee noted the position and awaited further information.

5.1.4 Improvement Scotland (HIS) and areas highlighted for improvement within their report and assess the impact of closed actions and the quantitative and qualitative measures that would allow the service to identify gaps where further work is required.

5.1.5 The Committee acknowledged that follow-up HIS inspections on both the RIE and SJH hospitals sites would be forthcoming and would also play a part in determining NHS Lothians ability to move to a position of moderate assurance. Work to replicate the work undertake at RIE at SJH continues.

5.1.6 Members discussed and agreed that a visit to St. John's Hospital Maternity Unit would be arranged for the non-executive members of the Committee. **AT/MC**

5.1.7 Attention was drawn to the publication of the Maternity Care Standards which all future inspections will be based upon, the team continues to assess the position within the service and how performance compares to the new standards to prepare for future visits.

5.1.8 Maternity Assurance Risk – Mr Tyrothoulakis reported on the open risk relating to the safety of Maternity services in Lothian, drawing attention to progress against the four workstreams.

5.1.9 It was noted that as of 19th May 2026 the majority of the action and recommendations identified by the HIS report were closed off with the exception of lifecycle works in Labour Wards due by the end of December 2026.

5.1.10 The Committee were mindful of the forthcoming staff survey in June that would provide the organisation with insight into the success of mitigating action to improve the culture within the department.

5.1.11 The Committee accepted the recommendations laid out and accepted a limited level of assurance acknowledging that there is an assurance framework embedded within the service in respect of Maternity and Neonatal Services and significant, sustained improvements in respect of identifying and action upon maternal deterioration and fetal wellbeing. Noting that there is further improvement work required both within maternity and neonatal services as well as a need to embed the newly agreed assurance framework within Gynaecology service in the coming year.

5.2 MBRACE – the previously circulated report was discussed as part of the main Women's services annual assurance report. Going forward the service would not submit a separate report from MBRACE. Considering this the Committee Administrator would update this Healthcare Governance Committee workplan to reflect this change. **LB**

5.2.1 The Committee accepted the recommendations laid out in the report and accepted a limited level of assurance based on the evidence presented.

6. Safe Care

6.1 Public Protection Report - Deferred to November 2026.

6.2 Management of Adverse Events – Miss J. Gillies presented the previously circulated report drawing attention to the key highlights and data therein.

6.2.1 In response to a question about the human factors and the ergonomics and the impact of systems that influence outcomes, Miss J. Gillies explained that the organisation was changing the progress in which they identify where solutions will be placed though the categorisation of the issues and assigning a local solution i.e. Business case or risk mitigation plan etc.

6.2.2 The Committee noted that the organisation did not conduct any adverse event reviews that focused on individual blame to ensure that they draw out from staff where there is gap in policy or where there had been a miscommunication of process and address it to achieve better outcomes.

6.2.3 In response to a question around performance, Miss T. Gillies confirmed that further work was required to improve performance against the timely completion of adverse event reviews through streamlining existing processes.

6.2. The Committee accepted the recommendations laid out and accepted:

- Significant assurance that local processes are in place to identify events that require to be reported to healthcare improvement Scotland (HIS) to comply with the national notification process and note the number of types of events reported.
- Moderate assurance in the progress made in improving processes for the management of significant adverse events (SAEs) with further improvements being processed under the adverse event improvement programme.
- Moderate assurance on the process for safety alerts and the associated report up to 31 March 2026.

6.3 Involving People Report - Deferred to July 2026.

6.4 Health and Safety Assurance – Mr Collins and Ms Johnson presented the previously circulated report that described the patient facing risks that the organisation was facing, drawing specific attention to the key highlights and data therein.

6.4.1 in response to a question around nitrous oxide use at Sighthill Dental Clinic, Miss Gillies explained that it was the duration of the exposure along the amount of nitrous oxide that is significant and in patient care the patient exposure to is minimal, therefore this is a staff based risk that would be considered by the Staff Governance Committee.

6.4.2 It was noted that the Sighthill Dental Practice was deemed high risk in terms of nitrous oxide exposure along with another four practices. Following further investigation it was determined that there was an issue with the survey equipment at that times and subsequent surveys have all come back well below the accepted thresholds.

6.4.3 In the hospital setting the team were working to implement robust measures to limit the expose of nitrous oxide on the RIE site by the introduction of scavenging mask and have been proven to be highly effective. SJH does not currently have the necessary infrastructure to support the mask, therefore they would look to implement

a catalytic destruction unit. Testing continues whilst approval for these proposals is awaited from the Capital Steering Group.

6.4.4 It was noted that the limited level of assurance within the report reflected level of assurance based on the regular reports and risk assessments provided to the Health and Safety Committees from individual areas. Services continue to work on improving compliance to training, risk assessment, communications with teams etc annually.

6.4.5 It was noted that the definition of limited assurance described by the Health and Safety Committee are no comparable to the levels of assurance described within the Healthcare Governance Committee therefore it was difficult to reconcile the two. Considering that REAS are coming to the Committee in January 2027 the Committee would ask them to include any health and safety risk that pertain to patient care where there is not enough local traction in the report for the Committees awareness. **REAS**

6.4.6 The Committee accepted the recommendations laid out and accepted assurance on the effectiveness of organisational arrangements for managing risk based on the evidence presented.

6.5 Acute- Access to Treatment – Risk ID 5185 – Ms Carr presented the previously circulated report drawing attention to the key points and data therein.

6.5.1 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented, noting that mitigating action are ongoing via the Scheduled Care Delivery Board and Acute performance network.

7. Effective Care

7.1 Academic and Clinical Central Office for Research and Development (ACCORD) Annual Brochure – Professor Gray presented the previously circulated report drawing attention to the key points and data therein.

7.1.1 The Committee welcomed the report and thanked and wished Professor Gray and Ms Ardle who were both stepping down from their roles within Research and Development well for their future.

7.1.2 The Committee accepted the recommendation laid out and accepted a significant level of assurance based on the evidence provided.

8. Exception Reporting Only

8.1 Palliative Care Managed Clinical Network Annual Report - Deferred to October 2026.

9. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

9.1 Area and Drug Therapeutic Committee, 6 February 2026.
9.2 Health and Safety Committee, 12 November 2025.
9.3 Policy Approval Group, 27 January 2026.
9.4 Clinical Management Group, 10 March, and 14 April 2026.
9.5 Public Protection Action Group, 27 November 2025.

10. Corporate Risk Register (CRR)

10.1 Ms T. Gillies presented the previously circulated paper.

10.1.1 The Committee reviewed the March and April updates provided by the executive leads concerning risk mitigation, as set out in the assurance table.

10.1.2 The Committee noted:

- The overview of the changes in the CRR over the past two years.
- That the Board has agreed to accept a new risk on to the CRR, relating to national procured systems.
- That the Corporate Management Team (CMT) has reviewed the divisional high and very high risk in April 2026.
- That the Board has agreed to postpone review of the risk management policy and procedure due April 2026.

11. Reflections on the meeting

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

12. Date of Next Meeting

12.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 21st July 2026** via MS Teams.

13. Further Meeting Dates

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

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board Special Meeting	Thursday 26 March 2026	14.00	Normandy Court / MS Teams

Present (voting members):		
Val de Souza, NHS Lothian, (CHAIR)	Councillor Connor McManus (Virtual)	Councillor Kelly Parry (Virtual)
Councillor Derek Milligan	Councillor Pauline Winchester	Dr Amjad Khan, NHS Lothian (Virtual)
Heather Campbell, NHS Lothian (Virtual)	George Gordon, NHS Lothian (Virtual)	

Present (non-voting members):		
Morag Barrow, Director of Health and Social Care Partnership and Chief Officer to the Midlothian Integration Joint Board	Nick Clater, Head of Adult Services and Chief Social Work Officer	Chris King, Midlothian Integration Joint Board Chief Finance Officer
Fiona Stratton, Chief Nurse (NHS)	Claire Ross, Chief Allied Health Professional, (NHS)	Dr Paul Bailey, GP Representative (NHS) (Virtual)
Grace Chalmers, Partnership Representative (Midlothian Council)	Sheree Muir, Lived Experience Member	Magda Clark (Virtual), Third Sector Representative Member

In attendance:		
Gill Main, Midlothian Health, and Social Care Partnership Integration Manager	Fiona Kennedy, Group Service Manager	Grace Cowan, Head of Primary Care and Older People
Sandra Bagnall, Executive Business Manager	Dr Anna Beaglehole, Clinical Director (HSCP)	
Hannah Forbes, Democratic Services Officers	Maria Perez, Democratic Services Officer	

1. Welcome, Introductions and apologies

The Chair welcomed everyone to the special meeting of the Midlothian Integration Joint Board (IJB).

The Chair welcomed Paul Bailey, GP Representative, who is joining the IJB for the first time, as well as the attendees joining virtually.

There were no apologies submitted to Democratic Services ahead of this special meeting.

2. Public Reports

5.1 Midlothian Integration Joint Board Financial Budget Setting and Financial Recovery Actions 2026/2027, Report presented by Chris King, Midlothian IJB Chief Finance Officer.

The Midlothian IJB Chief Finance Officer presented the report for decision. The purpose of this paper is to outline the budget offers received from Midlothian IJB's partners, update members on the 2026/27 financial position, and propose financial recovery actions for 2026/27 in the context of

Midlothian Health and Social Care Partnership's ongoing transformation plans and operational delivery. It is a requirement for Midlothian IJB to set a balanced budget before the start of each financial year.

This report outlines the proposed 2026/27 budget contributions delegated to Midlothian IJB by Midlothian Council and National Health Service (NHS) Lothian. Sufficient resources are essential for the Board to deliver the three strategic aims of the Midlothian IJB Strategic Plan 2025-2035: The report also presents the 2026/27 budget plan, highlighting the projected budget shortfall. Midlothian faces unprecedented challenges to the financial and operational sustainability of the health and care system. These challenges stem from increasing demand due to a growing and ageing population, a rise in the complexity of care required, and resource constraints in both workforce and finances.

Members are asked to:

- Accept Midlothian Council's formal budget offer for 2026/27.
- Note NHS Lothian's indicative budget offer for 2026/27.
- Note the development of the 2026/27 budget setting process.
- Consider the proposals that support the development of a balanced budget for 2026/27.
- Agree to set a balanced budget for 2026/27 on the presumption of the delivery of the recovery programmes including working with the other IJBs and NHS Lothian to deliver a balanced position for the Set Aside budget.
- Note the risks outlined in the paper, including the financial risk associated with the Council's charging proposal, noting that the final decision will be taken by the Council after the IJB is required to set a balanced budget.

The Chief Finance Officer advised that Midlothian's Council Base Budget was approved on 24 February 2026, and under this budget Midlothian IJB's funding offer was confirmed as £75.122 million. As well as this, the Council agreed to the use of Scottish Government funding for policy commitments:

- £2.523 million to fund the increased in the real living wage in adult social care workers,
- £0.111 million free personal nursing

As well as the above, Midlothian Council also agreed to provide additional funding to fund a 3.5% pay increase (£0.999 million), a share of the £20 million national funding (£0.310 million) and recurring support for transition pressures (£0.803 million)

The Chief Finance Officer advised the budget offer from NHS Lothian is yet to be approved as the meeting to agree budget offer is to take place on 22 April 2026. NHS Lothian's contribution to Midlothian IJB therefore remains indicative, but it is based on the latest NHS Lothian budget assumptions, and it amounts to £110.786 million.

The Chief Finance Officer advised both funding offers meet the Scottish Government criteria of being fair, reflective of national commitments and pressures. Nevertheless, the financial position remains challenging. Midlothian IJB is facing a revised financial gap of £6.9 million. While considerable, this is better than initial projections which forecast a gap of over £8 million. To address this gap, there has been a financial recovery program with two strands, operational recovery actions, and strategic redesign recovery actions. Operational recovery actions do not require approval, but strategic redesign recovery actions will need to obtain approval from Midlothian IJB Members. These strategic redesign recovery actions have been developed with strategic teams and target three areas: Care at home, Learning Disabilities, and Midlothian Community Hospital.

The Chief Finance Officer stressed that while at this scale it is not possible to identify recovery actions without impact, the options proposed were identified as the least impactful, leading to the best solution available to deliver a balanced budget. Work is ongoing to explore other options leading to reduce the gap even further, and the numbers presented show a continued commitment towards integration. A Care Charges proposal will be considered for approval at Midlothian Council's meeting of 31 March 2026, and although this has been included in the plan with approval from Midlothian Council, the Chief Finance Officer cautioned it has not been approved yet.

The Chief Finance Officer reiterated the challenging financial position and noted Health Boards across Scotland are finding themselves in a similar position but advised it is now possible to present a balanced budget for approval and invited questions from the IJB Members.

Councillor Milligan expressed appreciation to the Chief Financial Officer and all staff involved in preparing the budget, acknowledging the significant challenges of balancing the current financial pressures with the need to continue delivering essential services to the most vulnerable members of the community. Councillor Milligan cautioned that approving the budget would also mean accepting its associated impacts, some of which they described as potentially severe.

Councillor Milligan noted concerns that several proposals described as transformational changes may, in practice, represent reductions in service provision. In particular, they highlighted that the proposed savings relating to Midlothian Community Hospital would lead to the closure of

a ward and a reduction in palliative and complex care beds, affecting individuals with the highest level of need. Councillor Milligan emphasised that patients are only retained in hospital when clinically necessary.

They further raised concerns that proposals involving the removal of paid travel time for care workers could reduce the time available for direct care and may result in private providers passing on the financial impact to their staff. Councillor Milligan suggested this could create additional challenges in recruiting and retaining care workers.

Councillor Milligan stated that, given these implications, they could not support the budget as presented and encouraged IJB Members to consider carefully the potential consequences of the proposed savings. They advised that it may be possible for the Council to revisit its funding position and identify additional resources to mitigate some of the impacts. Councillor Milligan confirmed they would not be voting in favour of approving the budget.

Councillor Winchester indicated her agreement with the points raised by Councillor Milligan, stating that the potential impact of the proposed budget was, in her view, unacceptable. She expressed concern that the budget had been presented as the least detrimental option, noting that this suggested even more challenging alternatives had been considered.

Councillor Winchester seconded Councillor Milligan's position not to approve the budget and supported the suggestion that the matter be referred back to Midlothian Council to explore whether additional funding could be identified for Midlothian IJB.

Councillor Parry acknowledged the concerns raised by other Elected Members, however advised that the budget presented represents the least detrimental option available. Councillor Parry highlighted that the recent development session provided Elected Members with an opportunity to consider the budget in detail and engage with officers. Reassurance was drawn from officers' detailed understanding of the potential impacts of the proposals. It was further noted that Midlothian IJB is not in as severe a financial position as some other IJBs across Scotland, and on this basis, it would be preferable to approve the budget rather than defer consideration.

IJB Member George Gordon expressed his confidence on the work undertaken by the officers who had set the budget and noted that there may be funding forthcoming from the Scottish Government. While there are clear financial pressures across the board it is necessary to move forward and approve the budget rather than get involved in protracted negotiations.

Councillor McManus advised that pausing the discussion at this stage would not be appropriate and confirmed their intention to vote in favour of approving the proposed budget.

Dr Amjad Khan praised the work carried out by officers who presented the budget and thanked other IJB Members for their contributions to the discussion. Dr Khan noted that in an ideal world it may be possible to avoid savings measures, but this is not a realistic scenario given the financial circumstances. Although there are savings proposals, the decisions regarding these proposals have been taken in a sensitive manner. Dr Khan stated delaying the decision on the budget would not be positive, and that approving the budget would not preclude Midlothian IJB from continuing to lobby the Scottish Government and NHS Lothian to direct more money towards the IJB's. Dr Khan advised they would vote to move the paper in its current form.

Heather Campbell acknowledged the work that has gone into producing a detailed and comprehensive budget and agreed that the development session had given IJB Members a chance to interrogate proposals in detail. Heather Campbell sympathised with Councillor Milligan and Councillor Winchester's concerns however noted the savings also aim to bring care closer to home, which is one of the aims of the IJB. Heather Campbell noted they would be voting to accept the proposed budget.

The Chair acknowledged the views expressed by Midlothian IJB Members and confirmed their support for the majority position to approve the proposed budget. The Chair noted that, while the decisions before Members were challenging, the budget also enabled progress towards service change and a greater focus on community-based care.

The Chair further highlighted the assurances provided by the Midlothian Chief Financial Officer/Section 95 Officer and the Midlothian Chief Executive that no additional funding was available to be allocated to the IJB, and that the budget had been developed on that basis. The Chair emphasised the importance of continued engagement with the Scottish Government regarding future funding and suggested that, in the next budget cycle, proposals could be shared with the community through a consultation process to help ensure the budget reflects local priorities.

Councillor Milligan requested IJB Members vote on the proposed budget for the sake of transparency, noting that the focus should be the decisions made for the Midlothian IJB and their impact on residents, rather than the national picture.

Following a roll call vote, the motion to approve the Midlothian IJB Budget 2026/27 in its substantive form was carried by 6 votes to 2.

5.2 Midlothian IJB Medium Term Financial Strategy. Report presented by Chris King, Midlothian IJB Chief Finance Officer

The Midlothian IJB Chief Finance Officer presented the report for review and comment. This paper presents the IJB's draft Medium Term Financial Strategy (MTFS) for the period 2025/2028. It sets out the financial context, key risks, planning assumptions, and the actions required to support sustainable health and social care services in Midlothian.

The IJB must develop a Medium-Term Financial Strategy to provide a clear, forward-looking view of the resources needed to meet future demand. The strategy has been developed alongside the IJB Strategic Plan and sets out how resources will be prioritised; how financial risks will be managed and how transformation will be supported.

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

- Review the draft Midlothian IJB Medium Term Financial Strategy.
- Note the scale of the financial gap over the 3-year period 2026/27 to 2028/29.
- Support the ongoing development of the medium-term financial strategy, improving alignment with the strategic plan.
- Agree to receive an update on progress on a regular and appropriate basis throughout the year.
- Subject to any further amendments, approve this strategy.

IJB Members were asked to note the paper is not a detailed delivery plan, and that there will be subsequent documents that supplement the strategy. Another caveat is that the financial projections included in the strategy do not reflect the impact of the recovery program that has been discussed earlier in the meeting, and following the budget approval those numbers will need to be revised.

Heather Campbell queried the feedback loops noted in the report, and how those would play out during the financial year, as well as what the IJB can do to track progress. The Chief Financial Officer advised that reports would be brought to the IJB every quarter with an update on performance against the MTFS and delivery of agreed savings. The Midlothian Health and Social Care Partnership (HSCP) Integration Manager highlighted the IJB has developed the ability to plan and direct strategy and manage operational risks and strategic risks, which are the ones that require most

involvement. The Midlothian HSCP Integration Manager noted that the MTFS sits alongside the strategic plan which is what the IJB has identified as its hopes and ambitions for Midlothian. Every paper should be treated as a strategic opportunity to consider if direction is needed. Officers can take that direction and then work out an implementation plan. The Midlothian HSCP Integration Manager advised that a progress reassurance update will be provided at summer but noted that progress is not always linear.

George Gordon highlighted the lack of general reserves in the MTFS, as there are only earmarked reserves available which would be an obstacle in delivering plans in the strategy. The Chair noted the concerns and stated that the IJB will be working to build a general reserve again.

The Chair noted the report asks that IJB Members review the MTFS, note the scale of the financial gap, support ongoing development of the strategy, and receive regular update on progress. Members noted the content of the MTFS and unanimously approved the recommendations in the report.

5.3 Midlothian IJB Directions 2026/2027 Report presented by Gill Main, Midlothian HSCP Integration Manager

The Midlothian HSCP Integration Manager presented the report for decision. This report presents the proposed Midlothian Integration Joint Board (IJB) Directions for 2026/27. In line with the provisions of sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions are the key mechanism by which an Integration Authorities' strategic plan is actioned.

Directions must be issued by Midlothian IJB to Midlothian Council and NHS Lothian Health Board, setting out how the functions delegated to the IJB are to be delivered and funded via the integration budget made available by NHS Lothian and Midlothian Council Partners. Directions are legally binding and provide a formal record and audit trail of Midlothian IJB's decisions and responsibilities between Partners. Midlothian IJB's financial position has become increasingly challenging across 2025/26 with many services operating within new financial models because of grip and control measures, transformation, and choices.

However, Midlothian IJB continue to commission services in new and increasingly innovative ways while continuing to provide safe, high-quality care and support in line with the Strategic Plan. To ensure Midlothian IJB can appropriately direct Partners in a way that aligns with the Midlothian

IJB Strategic Plan 2025-2035, clear instructions are required for key delivery priorities in 2026/27 to continue to embed the integration practice and collaborative working that improves outcomes for people and communities.

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

- Note the final position for Directions 2025/26 (appendix 1),
- Consider and approve the presented Directions for 2026/27 (appendix 2), and
- Subject to confirmation of the budget offers, give delegated authority to the Chief Officer to issue these Directions to the Chief Executives of NHS Lothian and Midlothian Council before 31st March 2026.

As there were no questions, the Chair noted the IJB's agreement with the above recommendations, including the recommendation to delegate authority to the Joint Director of Health and Social Care Partnership and Chief Officer to the Midlothian Integration Joint Board to issue the approved Directions to the Chief Executives of NHS Lothian and Midlothian Council before the 31st March 2026.

3. Close

The Chair noted that this would be the final meeting for Chris King in the role of Chief Financial Officer. The Chair commended the significant contribution made during Chris King's tenure with Midlothian IJB, highlighting a strong ability to broker balanced and pragmatic solutions, and noting that this is a particularly valuable quality within financial leadership.

The IJB Members joined the Chair in congratulating Chris King for the support given to the IJB and the Midlothian HSCP and wished them well on their new post. Chris King acknowledged the challenges posed by the post and thanked everyone for their support over the past 18 months.

The Chair noted that the next meeting of the IJB is scheduled for Thursday 2 April. This meeting will be held on Normandy Court and virtually by Teams.

The meeting concluded at 14.57 pm.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within WEST LOTHIAN COUNCIL CHAMBERS, LIVINGSTON, on 30 JUNE 2026.

Present

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

Non-Voting Members – Lesley Cunningham, Steven Dunn, Hamish Hamilton, David Huddlestone, Jo MacPherson, Douglas McGown, Donald Noble, Ann Pike, Alison White and Linda Yule

Apologies – Mary Dickson, Damian Doran-Timson, George Gordon, Jo MacPherson, Donald Noble and Ann Pike

Absent – Alan McCloskey

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), Karen Love (Senior Manager Adult Services), Lesley Montague (Standards Officer) Joe Murray (Data Protection Officer), Diane Stewart (Project Officer)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The IJB approved the minute of its meeting held on 14 May 2026 as a correct record.

3 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 5 March 2026.

b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 23 April 2026.

c The IJB noted the minutes of the West Lothian Integration Joint Board ADP Executive held on 26 February 2026.

4 MEMBERSHIP & MEETING CHANGES

The IJB noted note that the NHS Lothian Board had renominated Douglas McGown as non-voting member on the IJB from 20 June 2026.

5 CHIEF OFFICER 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 DRAFT IJB ANNUAL PERFORMANCE REPORT 2025/26

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an initial draft of the Integration Joint Board's Annual Performance Report for 2025/26, acknowledging that data for inclusion in the report were not yet available; and seeking a decision from the IJB to delegate authority to the Chief Officer to approve the final version of the annual performance report once data were available and ensure publication by the deadline of 31 July 2026.

It was recommended that the IJB:

1. Consider the outline draft of the IJB's annual performance report;

2. Note that published data were incomplete and were in the process of being finalised nationally and were therefore not available for inclusion in this draft report;

3. Agree that when the national data set is finalised, it would be included in the report, which would then be published in time for the deadline set out in legislation of 31 July each year; and

4. Agree to delegate authority to the Chief Officer to approve publication of the finalised report.

Decision

To approve the terms of the report.

7 UNAUDITED ANNUAL ACCOUNTS 2025/26

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer inviting members to consider the Unaudited Annual Accounts 2025/26.

It was recommended that the IJB:

1. Consider the overall 2025/26 Annual Accounts prior to submission to Audit Scotland for audit and publication; and

2. Agree that the letters provided by West Lothian Council and NHS Lothian along with financial ledger reports presented throughout the year provided assurance concerning the year end expenditure and funding contained in the unaudited accounts.

Decision

To approve the terms of the report.

8 DRAFT WEST LOTHIAN CARERS STRATEGY 2026/2028

The IJB considered a report (copies of which had been circulated) by the Senior Manager Adult Services presenting the draft West Lothian Carers Strategy for 2026/28 for comment and approval.

It was recommended that the IJB:

1. Note the content of the report;

2. Note the Carers Strategy 2026/28 at appendix 1 of the report;

3. Note the Carers Strategy presentation at appendix 2 of the report;

4. Note the Carers Strategy Integrated Impact Assessment (IIA) at appendix 3 of the report;

5. Note the Carers Strategy Consumer Duty Impact Assessment (CDIA) at appendix 4 of the report;

6. Note the strategy would be presented to the Social Work and Health PDSP for information on 4 June 2026; and

7. Approve the West Lothian Carers Strategy 2026/28.

Decision

To approve the terms of the report.

9 DATA PROTECTION COMPLIANCE

The IJB considered a report (copies of which had been circulated) by the Data Protection Officer providing assurance that appropriate measures were being implemented to ensure compliance with data protection legislation including UK GDPR requirements and to support the IJB data protection governance arrangements. The report also sought approval for the development of a dedicated Data Protection Policy to further

strengthen IJB compliance, accountability and information governance practices.

It was recommended that the IJB:

1. Note the content of the report;

2. Consider the creation of an IJB Data Protection Policy; and

3. Note that all staff who had access to Integration Joint Board records were required to complete Data Protection training annually.

Decision

To approve the terms of the report.

10 UPDATE ON IJB STRATEGIC PLAN DELIVERY PLANS

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the current progress and performance of the IJB Strategic Plan Delivery Plans, which took forward the strategic intentions of the IJB Strategic Plan.

It was recommended that the IJB:

1. Note the approach taken to monitoring and progressing the actions within each of the Delivery Plans; and

2. Note the Biannual Performance Summary in Appendix 1 of the report.

Decision

To note the terms of the report.

11 SELF-ASSESSMENT QUESTIONNAIRE

The IJB considered a report (copies of which had been circulated) by the Project Officer seeking approval in relation to carrying out the periodic self-assessment of the Board's administrative arrangements.

It was recommended that the IJB:

1. Approve the annual self-assessment of the Board's effectiveness using the questionnaire in the appendix of the report; and

2. Agrees to the questionnaire being issued to Board members and the results reported to the August meeting of the Board.

Decision

To approve the terms of the report.

12 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

13 DATE OF NEXT MEETING

The date of the next meeting had been circulated for information.

Decision

To note the date of the next meeting.

Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 19 May 2026

Hybrid Meeting – Norton Park / Microsoft Teams

Present
Board Members

Councillor Conor Savage (Chair), Ralph Roberts (Vice-Chair), Phillip Allenby, Dr Robin Balfour, Councillor Alan Beal, Heather Campbell, Dr Patricia Cantley, Bruce Crawford, Andrew Fleming (Items 1-5), Jill Irwin, Matt Kennedy, Christine Laverty, David Manson, Allister McKillop, Councillor Max Mitchell, Councillor Alys Mumford, Councillor Vicky Nicolson, Moira Pringle and Gary Staerck.

Officers

Danielle Archibald	Principal Social Work Officer, EHSCP
Angela Brydon	Governance & Business Manager, EHSCP
Andy Hall	Service Director Strategic Planning, EHSCP
Jamie Macrae (Clerk)	Committee Officer, CEC
Joanna Pawlikowska	Assistant Committee Officer, CEC
Mike Massaro-Mallinson	Director of Service, Operations, EHSCP

Apologies

Eugene Mullan

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of Tuesday 24 March 2026 as a correct record.

(References – Item 4.1, Edinburgh Integration Joint Board, 19 May 2026; minute of the Edinburgh Integration Joint Board of Tuesday 24 March 2026, submitted.)

2. Rolling Actions Log

The Rolling Actions Log updated to May 2026 was presented.

Decision

1) To note the outstanding actions.

2) To request an update to the comments in relation to Action 1, which stated that the implementation plan was due to be discussed in March 2026.

3) To request the recent briefing note on how the HSCP were meeting the requirements of the Carers (Scotland) Act be circulated to the Carer Representatives on the Board.

(References – Item 5.1, Edinburgh Integration Joint Board, 19 May 2026; Rolling Actions Log – May 2026, submitted.)

3. Annual Cycle of Business

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

Decision

To agree the Annual Cycle of Business.

(References – Item 5.2, Edinburgh Integration Joint Board, 19 May 2026; Annual Cycle of Business – May 2026, submitted.)

4. Health and Social Care Leadership

Details were provided of a proposal to create a Deputy Chief Officer post within the Edinburgh Health and Social Care Partnership.

Proposal 1

1) To understand the proposal to create a Deputy Chief Officer (DCO) post and that this is believed to be necessary because current leadership capacity is unable to implement scale of transformation required and that current Chief Officer workload is unsustainable.

2) To accept that this post is intended to accelerate transformation, improve system performance and reduce risk.

3) To understand that Glasgow IJB manages a larger budget and their DCO's hold dual roles including Operations and Governance and Strategy, Innovation and Best Value

4) To acknowledge that the expected salary of £101k–£151k is against a backdrop of significant cuts to organisations already working in our communities delivering Prevention and Early Intervention and directly supporting people.

5) To accept that investment in front line capacity must take priority.

6) To therefore does not approve the creation of a Deputy Chief Officer post within the structure.

7) To request a report back which includes which options have been considered to ensure the senior leadership team can undertake their roles effectively.

- moved by Councillor Nicolson, seconded by Councillor Mumford

Proposal 2

To approve the creation of a deputy Chief Officer post within the structure.

- moved by Councillor Savage, seconded by Ralph Roberts

Voting

For Proposal 1 – 2 Votes

For Proposal 2 – 8 Votes

(For Proposal 1 – Councillors Mumford and Nicolson.

For Proposal 2 – Philip Allenby, Councillor Beal, Heather Campbell, Dr Patricia Cantley, Andrew Fleming, Councillor Mitchell, Ralph Roberts and Councillor Savage.)

Decision

To approve the creation of a deputy Chief Officer post within the structure.

(References – Item 6.1, Edinburgh Integration Joint Board, 19 May 2026; Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

5. Delegation of responsibility for scrutiny of Edinburgh Integration Joint Board's Strategic Plan Implementation Plans to the Strategic Planning Group

Details were provided of a recommendation that responsibility for scrutinising the suite of implementation plans that would underpin the delivery of the EIJB Strategic Plan be delegated to the Strategic Planning Group (SPG).

Proposal 1

1) To agree that formal responsibility for development, delivery and monitoring of the Implementation Plans remains with the IJB.

3) To agree that the SPG plays an important role in scrutiny of the implementation plans before presentation to the IJB and therefore agrees that the Plans should be presented to both the SPG and the IJB.

- moved by Councillor Mumford, seconded by Councillor Mitchell

Proposal 2

To delegate responsibility for scrutinising the detail of implementation plans that underpin the delivery of the EIJB Strategic Plan to the SPG, empowering the SPG to shape the approach taken, whilst retaining decision-making authority for resource allocation, service provision and staffing within the EIJB.

- moved by Ralph Roberts, seconded by Councillor Savage

Voting

For Proposal 1 – 3 Votes

For Proposal 2 – 7 Votes

(For Proposal 1 – Councillors Mitchell, Mumford and Nicolson.

For Proposal 2 – Philip Allenby, Councillor Beal, Heather Campbell, Dr Patricia Cantley, Andrew Fleming, Ralph Roberts and Councillor Savage.)

Decision

To delegate responsibility for scrutinising the detail of implementation plans that underpin the delivery of the EIJB Strategic Plan to the SPG, empowering the SPG to shape the approach taken, whilst retaining decision-making authority for resource allocation, service provision and staffing within the EIJB.

(References – Item 6.2, Edinburgh Integration Joint Board, 19 May 2026; Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

6. Response to the Scottish Government consultation on unpaid carers rights to breaks from caring and timescales for support plans

Approval was sought from the Edinburgh Integration Joint Board (EIJB) to submit the EIJB response to the Scottish Government's current consultation on unpaid carers' rights to breaks from caring and timescales for support plans.

Proposal 1

1) To understand that the EIJB is being asked to approve its formal response to the national consultation on right to breaks from caring and timescales for Adult Carer Support Plans.

2) To accept that the EIJB response is broadly supportive and highlights the need for clear guidance and identifies significant financial risk if no additional national funding is provided.

3) To not agree, however, to submitting the current response as per appendix as:

- There is already a risk that the proposed definition introduces conditions on what is intended to be a universal right to a break, so adding a 'sliding scale of impact' risks making this even more confusing for carers, who will rightly have the expectation that a right to a break is not subject to eligibility criteria.
- Whilst it is good that the consultation talks about being person-centred this is not reflected in areas of the response which talk about the decision making and 'assessors'. Being person-centred requires thinking about carers as the assessors of their own need and best placed to advise if a break is required and if their personal outcomes are being met.
- The call for more centralisation of short breaks funding in order for it to be tracked and spent appropriately does not take into account over 10 years of experience that the voluntary sector have in this area, delivering short breaks and distributing short break funds directly from Scottish Government which are tightly regulated, tracked and evidenced.

4) To therefore request that the response is changed to reflect these points.

- moved by Councillor Nicolson, seconded by Dr Patricia Cantley

Proposal 2

1) To recognise the discussion by the Board and agree to adapt the consultation response to include comments raised.

2) To delegate sign-off to the Chair, Vice-Chair, Chief Officer and a Carer representative.

3) To agree that the response would be signed off by 5pm on Wednesday 20 May 2026.

4) To agree to include a cover letter.

- moved by Councillor Savage, seconded by Ralph Roberts

At this point of the meeting, Proposal 1 was withdrawn.

Decision

1) To recognise the discussion by the Board and agree to adapt the consultation response to include comments raised.

2) To delegate sign-off to the Chair, Vice-Chair, Chief Officer and a Carer representative.

3) To agree that the response would be signed off by 5pm on Wednesday 20 May 2026.

4) To agree to include a cover letter.

(Reference – Item 6.3, Edinburgh Integration Joint Board, 19 May 2026; Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

7. Financial Update

The Board were presented with details of the financial outturn for 2025/26, namely an underspend for the year of £2.1m. It was also highlighted that the savings programme is projected to deliver £26.3m against a target of £29m.

Proposal 1

1) To thank officers for the detailed financial position for the year presented for scrutiny.

2) To understand that major transformation programmes are underway including growing statutory responsibilities, especially around unpaid carers.

3) To recall that reserves have always previously been earmarked.

4) To note that, subject to audit, an underspend of £2.1m is reported for financial year 2025/26.

5) In line with the stated commitment of the Strategic Plan to provide Early Intervention and Prevention, to request that the underspend is reinvested or earmarked for preventative services, specifically those which have lost funding following decisions taken on 25 August 2025.

- moved by Councillor Nicolson, seconded by Councillor Mumford

Proposal 2

1) To note that, subject to audit, an underspend of £2.1m is reported for financial year 2025/26.

2) To agree to transfer this sum to the Integration Joint Board's general reserve.

- moved by Councillor Savage, seconded by Ralph Roberts

Voting

For Proposal 1 – 1 Vote

For Proposal 2 – 8 Votes

(For Proposal 1 – Councillor Nicolson

For Proposal 2 – Philip Allenby, Councillor Beal, Heather Campbell, Dr Patricia Cantley, Councillor Mitchell, Councillor Mumford, Ralph Roberts and Councillor Savage.)

Decision

1) To note that, subject to audit, an underspend of £2.1m was reported for financial year 2025/26.

2) To agree to transfer this sum to the Integration Joint Board's general reserve.

(References – Item 7.1, Edinburgh Integration Joint Board, 19 May 2026; Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

8. Committee Update Report

An update was provided on the business of the Committees covering January 2026 to March 2026.

Decision

To note the work of the Committees.

(References – Item 8.1, Edinburgh Integration Joint Board, 19 May 2026; Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

9. Final minute of the Strategic Planning Group of 27 January 2026

The Strategic Planning Group final minute of the 27 January 2026 was presented for noting.

Decision

To note the final minute of the Strategic Planning Group of 27 January 2026.

(References – Item 8.2, Edinburgh Integration Joint Board, 19 May 2026; Draft Minute of the Strategic Planning Group of 27 January 2026, submitted.)

10. Draft minute of the Strategic Planning Group of 17 March 2026

The Strategic Planning Group draft minute of the 17 March 2026 was presented for noting.

Decision

To note the draft minute of the Strategic Planning Group of 17 March 2026.

(References – Item 8.3, Edinburgh Integration Joint Board, 19 May 2026; Draft Minute of the Strategic Planning Group of 17 March 2026, submitted.)

11. Draft minute of the Audit and Assurance Committee of 3 March 2026

The Audit and Assurance Committee draft minute of the 3 March 2026 was presented for noting.

Decision

To note the draft minute of the Audit and Assurance Committee of 3 March 2026.

(References – Item 8.4, Edinburgh Integration Joint Board, 19 May 2026; Draft Minute of the Audit and Assurance Committee of 3 March 2026, submitted.)

12. Draft minute of the Performance and Delivery Committee of 9 March 2026

The Performance and Delivery Committee draft minute of the 9 March 2026 was presented for noting.

Decision

To note the draft minute of the Performance and Delivery Committee of 9 March 2026.

(References – Item 8.5, Edinburgh Integration Joint Board, 19 May 2026; Draft Minute of the Performance and Delivery Committee of 9 March 2026, submitted.)

13. Draft minute of the Clinical and Care Governance Committee of 31 March 2026

The Clinical and Care Governance Committee draft minute of the 31 March 2026 was presented for noting.

Decision

To note the draft minute of the Clinical and Care Governance Committee of 31 March 2026.

(References – Item 8.6, Edinburgh Integration Joint Board, 19 May 2026; Draft Minute of the Clinical and Care Governance Committee of 31 March 2026, submitted.)

14. Date of next meeting

Decision

To note that the next meeting meeting of the Edinburgh Integration Joint Board was scheduled for Tuesday 16th June 2026 at 10.00am.

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 MAY 2026
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:
Mr A Cogan (Chair)
Councillor S Akhtar (Vice Chair)
Councillor L Allan
Mr J Blazeby
Dr P Cantley
Ms E Gordon
Councillor J Findlay
Councillor C McFarlane

Non-voting Members Present:
Ms M Allan
Ms S Gossner
Dr K Kasengele
Mr D Binnie
Mr D Hood
Mr M Porteous

Officers Present from NHS Lothian/East Lothian Council:
Mr P Currie
Ms J Jarvis
Mr E John
Ms L Kerr
Mr G Whitehead

Others Present:
Mr J Blair

Clerk:
Ms F Currie

Apologies:
Mr D Bradley
Ms L Byrne
Dr J Hardman
Ms F Wilson

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 Board members by roll call.

The Chair formally welcomed Mr James Blair who would shortly take up his role as the new service user representative on the IJB.

1. MINUTES FOR APPROVAL: EAST LOTHIAN IJB ON 26 MARCH 2026

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

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

The following matters were discussed from the previous minutes:

Entitlement to breaks for carers: Laura Kerr advised that the Health and Social Care Partnership's (HSCP's) response to the Scottish Government consultation on the right to breaks for unpaid carers had been submitted along with a separate response from the Council's Adult Social Work Service. The IJB would be kept updated on progress through the Carers' Programme Board.

Weight management medicines – response to Scottish Government: David Hood had not seen a response to the feedback submitted to the Scottish Government. He would discuss with Laurie Eyles and provide an update to IJB members on this and the approach made to a funding body.

Unscheduled care – discussions around recurring and non-recurring funding: Mike Porteous confirmed that NHS Lothian would underpin the core funding of £2.6M going forward but he had received no information from the Scottish Government on the non-recurring funding.

Set Aside presentation and discussion: Mr Hood said this would be picked up via the Development Session programme.

Action Log
01/26: The annual delivery plan would be covered later in the agenda.
02/26 and 04/26: Members agreed that those actions could be closed.
03/26: Mr Porteous would keep this under review.

3. CHAIR'S REPORT

The Chair thanked members for their attendance at 2 recent, helpful development sessions and looked forward to a third session in June.

He provided an update on the changes to voting rights for non-voting members which were due to come into force from September 2026. The Scottish Government was currently considering guidance for IJBs and a working groups was considering the

practical implications of the legislative changes. It was proposed that each IJB should agree its own arrangements. The Chair agreed to update members when further information and guidance was available.

Laura Kerr highlighted that additional resources would be required to fully support the changes to voting rights and the implications for members.

The Chair commented on the recent Scottish Parliament election and the appointment of a new Cabinet Secretary for Public Service Reform. He said that the recently published Public Service Reform Strategy document may give an indication of the Scottish Government's thinking, and he would have the document circulated to members.

The Vice Chair reported briefly on a recent meeting of the CoSLA Health & Social Care Board and the results of a recent inspection of Crookston Care Home.

4. IJB ANNUAL DELIVERY PLAN 2026/27

A report was submitted by the Chief Officer presenting a draft of the 2026-27 Annual Delivery Plan (ADP) to the IJB for noting.

Laura Kerr, General Manager – Planning and Performance, spoke to the report. She informed members that the ADP outlined proposals for the delivery of the IJB's Strategic Plan in 2026/27. The IJB would receive a year-end update in May 2027, alongside a new ADP for 2027/28. In the meantime, service level plans would be prepared within the next month, and a new Performance Framework was being developed and would be presented to the IJB at its August 2026 meeting. A paper on Directions would come forward at the IJB's next meeting on 25 June.

Responding to questions from Councillor Akhtar, Ms Kerr explained that the Housing Delivery group would feed into the Programme Board, and a delivery plan was coming forward to the next Strategic Planning Group (SPG) meeting for approval. She also confirmed that the workforce plan would be updated, and any staffing issues would be highlighted as part of the regular updated on the ADP.

Maureen Allan gave an update on progress with the compact agreement. She said there were plans to align with arrangements already in place in England, but they awaited a further update from the Scottish Government. It was an important subject as it would have implications for all third sector and charity organisations.

Elizabeth Gordon and the Chair raised points around digital transformation and digital exclusion. Ms Kerr said that while a report had been prepared which considered those most impacted and how to address this, there had been difficulty in getting resources and building momentum due to the complex nature of the work. She was unsure how to resolve this but would continue to seek solutions.

James Blair spoke of the importance of lived experience and real-world impacts of digital exclusion. He offered his perspective as a service user to assist this work going forward.

Ms Kerr would ask Kate Thornback to get in touch with Mr Blair, and she would also look at bringing the report forward to the IJB.

Councillor Akhtar was keen to see joined up working with other community groups and not just the NHS.

The Chair noted that the Strategic Plan, ADP, and new performance framework were now in place or being finalised. He welcomed this comprehensive approach and looked forward to seeing progress and results in the coming months.

Eamon John, Head of Communities & Partnerships at East Lothian Council, discussed the importance of joint policy arrangements and the work taking place within the Council and through the East Lothian Community Partnership and how this would complement the work of the IJB.

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

Decision

The IJB agreed to:

i. Note the development of the 2026-27 Annual Delivery Plan (ADP).

ii. Note that the IJB would receive a year-end update report regarding delivery of the 2026-27 ADP in May 2027, alongside an updated ADP for 2027/28.

iii. Note the development of a new Performance Framework, including the identification of performance indicators aligned to the delivery priorities set out in the IJB Strategic Plan reflected within the ADP. This framework would be presented to the IJB for approval in August 2026.

5. IJB RISK MANAGEMENT POLICY AND STRATEGY

A report was submitted by the Chief Finance Officer presenting the reviewed and updated IJB Risk Management Policy and Strategy.

Mike Porteous spoke to the report. He set out the background to the review of the policy and strategy and the key changes. He confirmed that it had been discussed and agreed by the Audit & Risk Committee.

Ms Gordon commented as Chair of the Audit & Risk Committee. She commended the revised document and drew particular attention to the explanation of risk tolerance. She added that good risk management should be embedded in all decision-making.

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

Decision

The IJB agreed to note the revised Risk Management Policy and Strategy.

6. IJB AUDIT AND RISK COMMITTEE REPORT

A report was submitted by the Chief Finance Officer to the IJB reporting on the business undertaken by its Audit & Risk Committee in 2025/26.

Mr Porteous spoke to the report. He outlined the background to the report and some of the key areas of the committee's work including internal and external audit and scrutiny of the IJB's risk register. He encouraged feedback from members on the content and structure as this was the first report of this type.

Ms Gordon hoped that the report would help to make the audit work more accessible to members. She acknowledged the collaborative approach adopted by colleagues from internal and external audit and their support for the committee, the work undertaken by Mr Porteous and the contributions of committee members.

Councillor Akhtar raised the issue of further work around understanding ongoing demographic pressures and the impact on financial projections, which had been discussed recently at the Committee.

The Chair welcomed the annual report and asked the IJB to approve the recommendation in the covering report. This was agreed.

Decision

The IJB agreed to note the contents of the report and to identify changes to the content of future reports.

7. YEAR-END FINANCE REPORT 2025/26

A report was submitted by the Chief Finance Officer updating the IJB on the final year-end financial position for 2025/26 and the implications for Reserves; and proposing acceptance of the partner funding offer letters. The report also presented an updated version of the Medium-Term Financial Plan.

Mr Porteous spoke to the report. He set out the 2025/26 year-end position and the additional support provided by NHS Lothian which had allowed the IJB to breakeven. He outlined the significant underspend in Council delegated services and the main drivers for this, as well as noting that this had allowed the IJB to create a general reserve. He reported on the delivery of efficiency savings and the implications for the current and future financial years. He proposed the creation of an earmarked reserve for Care at Home Services and recommended the IJB accept the updated funding proposals from the Council and NHS Lothian. Lastly, he highlighted that the medium-term financial plan had been updated to reflect the 2026/27 position and the outlook remained challenging.

The Chair noted that there would be a development session in the second half of the year to look at longer term financial planning.

Councillor Akhtar asked about the reserves being earmarked for Care at Home services and how this money would impact on outcomes.

Mr Porteous explained that the earmarked reserves would be used to fund an existing commitment held by the IJB for which there was currently no recurring funding. It would not provide additional Care at Home services.

Jonathan Blazeby welcomed the carry forward of additional monies but felt it important to understand the reasons for the significant underspend from social care services in 2025/26, particularly around staffing, and the implications going forward. He also noted that there appeared to be a £26M deficit between the health budget spent in 2025/26 and the funding offer for 2026/27. He asked if the IJB had received an assurance from the Scottish Government that additional funding will come forward this year to address this gap and that the IJB would not be expected to fund it from efficiency savings. Lastly, he asked for further clarity on what was meant by an unfunded commitment.

David Hood addressed the point about staffing. He said this was an unplanned underspend that had arisen in a number of areas, particularly care at home and care home services. They had planned to recruit into those vacancies because of the impact

on residents and the demand for services but recruitment was challenging and was likely to remain so going forward. He said more regular monitoring and cross-checking would be taking place to get a better picture and to ensure they had the staff in place to deliver the care needed.

Mr Porteous agreed that the offer letter was lower than what was spent last year and said that was down to earmarked funding received from the Scottish Government. He explained about the baseline funding and additional allocations that would come forward to the IJB during the year, as well as the pros and cons of this approach. He gave an assurance that he did not expect the IJB to have a £26M gap at the end of the financial year and he offered to provide further detail on the size and number of additional allocations being discussed. He explained the background to the making of the earmarked reserve for Care at Home services and the potential impact of the current review of care at home services.

Mr Blazeby remained concerned about the impact on staffing levels from last year's underspend. He also urged that the current difference in health funding of £26M and concerns about how and when this would be addressed, should be formally acknowledged and recorded by the IJB at this time.

The Chair agreed with this proposal and asked Mr Porteous to consider how this could be done. He also asked about his confidence in the current financial forecasting.

Mr Porteous agreed to consider how best to seek the necessary assurance regarding additional in year allocations and come back to the IJB with an update. He pointed out that it was not just a matter for the IJB but also related to NHS Lothian baseline funding. On the movement in the year-end position for 2025/26, he said that until a detailed analysis was available it would be difficult to know if this was likely to be a recurring problem.

Mr Blazeby raised a point about having a clear understanding of how to allocate reserves and he referred back to previous IJB discussions around allocation to Council or Health services. The Chair acknowledged that although the IJB had recently agreed an updated reserves policy this may be an issue that they had to return to.

Mr Hood returned to an earlier point. He said officers had a level of assurance through discussions with finance colleagues but needed to work on the nuances. They had seen a number of relatively modest movements which had resulted in an underspend, and he had agreed with finance colleagues that they would look to explain more clearly what had caused this. However, he didn't think there was a fundamental issue with financial forecasting.

Ms Gordon referred to risk 5486 in the IJB's risk register which focussed on accurate financial forecasting. She pointed out that this would be reviewed at the next meeting of the Audit & Risk Committee in the context of the wider IJB risk register. She suggested that Mr Porteous might prepare a more detailed presentation on this particular risk.

Mr Hood agreed that this should be considered by the Audit & Risk Committee as part of the regular review of the risk register.

Councillor Akhtar agreed that more robust assurance was required that the current difference of £26M would be funded.

The Chair reiterated Mr Porteous' commitment to do this and to provide an update to the IJB. The Chair then asked the IJB to approve the report's recommendations, and this was agreed.

Decision

The IJB agreed to:

i. Note the 2025/26 year-end financial position and the additional funding provided by NHS Lothian.

ii. Note the establishment of a General Reserve for the IJB.

iii. Agree to create an Earmarked Reserve of £455k for commissioned Care at Home service commitments in 2026/27.

iv. Accept the revised East Lothian Council and NHS Lothian funding offers; and

v. Note the updated Medium Term Financial Plan.

Signed .....

Andrew Cogan
Chair of the East Lothian Integration Joint Board

NHS Lothian

4.8

Meeting:	**NHS Lothian Board**
Meeting date:	**12 August 2026**
Title:	**Whistleblowing Performance Report – Q1 2026/27**
Responsible Executive:	**Tom Power, Director of People & Culture**
Report Author:	**Kerran Reeder, Whistleblowing Programme and Liaison Manager**

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

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

2.2 Background

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

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

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

2.3 Assessment

Whistleblowing Report – Q1 data

During Q1, four new Stage 2 concerns were received, in comparison to no Stage 2 concerns during the same period last year. No Stage 2 concerns have been closed in the quarter in comparison with one stage 2 concern that was closed in the same period last year. In Q1, there were six ongoing whistleblowing investigations with the remainder at the Action Planning stage.

Timescales for undertaking an investigation continue to be challenging. As reflected in the attached Quarterly Performance Report, timescales this quarter (on average 198 working days) are slightly higher than the same quarter last year (on average 192 working days) to conclude an investigation. Work is ongoing to ensure that all management actions that can be taken to minimise the time for completion of investigations are being progressed. Those raising concerns are kept up to date with progress at least every 20 days.

An internal review of factors affecting investigation length has identified that a fall in the pool of available experienced investigators in the past year has, along with the complex nature of some recent concerns requiring at least one investigator to have specialist knowledge, meant that commencing investigations has taken longer than was historically the case. To try and improve response times, we are currently establishing a pool of investigators through the Staff Bank to supplement managerial colleagues and circa 6 individuals (who previously

worked at middle/senior manager level) have confirmed that they would be happy to undertake a whistleblowing investigation through the Staff Bank. It is hoped in the future that this additional pool will start to have an impact on the length of time taken to complete an investigation.

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

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

INWO Cases – Update

There are currently four whistleblowing cases with the Independent National Whistleblowing Officer (INWO). In two of the cases, INWO investigations are ongoing. In one of the other cases a draft investigation outcome report was received from the INWO for the Board to comment on prior to final publication later in the year. In the other case, the final investigation report was published on 22 July 2026. This relates to Children and Adolescent Mental Health Services (Neuro-developmental Pathway) and where the complaint has been upheld as it is the view of the INWO that the Board has failed to follow up and implement the actions and recommendations agreed in a timely manner. The Deputy Chief Executive has, with effect from May 2026 included this Service in the Performance Support Oversight Board arrangements to ensure Board level scrutiny of and support for improvement and response to INWO recommended actions. There are no further cases currently with INWO involvement.

Pause and Reflect Session

Given that the Whistleblowing Standards have been in place for the past 5 years, a Pause and Reflect Session was held on Tuesday 4 August 2026. This involved a range of individuals involved in the whistleblowing process and provided an opportunity to consider what we currently do, what we might want to stop doing, what we need to start doing and how we might do things differently to ensure a robust and timely process that provides confidence for staff. This was a helpful session and a number of actions/recommendations were considered and further information on the outcome from this session will be included in future Board reports.

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 form 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 Report provided to the Staff Governance Committee.

2.3.3 Financial

There will be an additional cost of using the Staff Bank for investigators as opposed to managers undertaking investigations as part of their substantive role. The costs of this will be met initially from a central budget but it may be necessary to pass out the costs to the service where the whistleblowing concern is raised.

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.

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

The Q1 Whistleblowing Performance Report was considered by the Staff Governance Committee at their meeting on 29 July 2026

2.4 Recommendation

- **Awareness** – The Board is asked to note the content of the attached Q1 Whistleblowing Performance Report 2026/27 which is in line with the requirements of the Standards and will be available on the NHS Lothian Staff pages of the Internet.
- **Assurance** – The Board is asked to agree and accept **moderate** assurance based on the evidence presented that systems and process are in place to help create a culture in NHS Lothian which ensure staff have confidence in the fairness and objectivity of the procedure through which their concerns are raised and acted upon, and take **significant** assurance that the performance report meets the requirements of the Standards based on the evidence presented.

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Performance Report – Q1 2026/27

Whistleblowing Performance Report

Quarter 1 April to June 2026

Kerran Reeder
Whistleblowing Programme and Liaison Manager

Contents

Whistleblowing Concerns – Quarter 1 (April – June) 2026

Context

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

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

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

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be:
'open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.'

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

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

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

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns

- The experience of all those involved in the whistleblowing procedure.
- Staff perceptions, awareness, and training

Areas covered by the report.

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

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

Q1 Performance Information April – June 2026

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

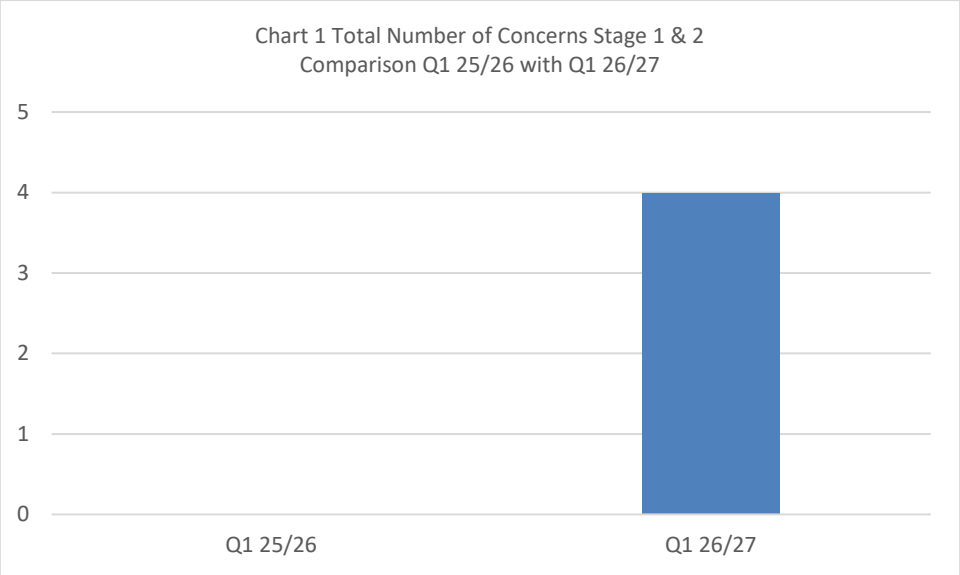
1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each 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.

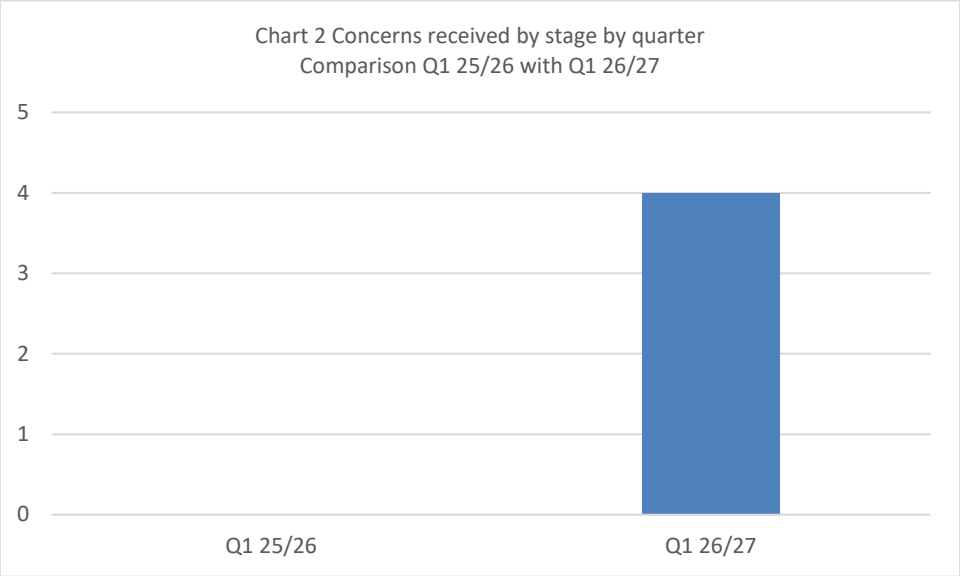
Indicator 1 - Total number of concerns, and concerns by Stage

During Q1 2026/27 four whistleblowing concerns were received, in comparison no whistleblowing concerns were received in the same quarter during previous reporting year.

Chart 1 shows the total number of concerns received in Q1 2026/27 compared with Q1 2025/26.

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



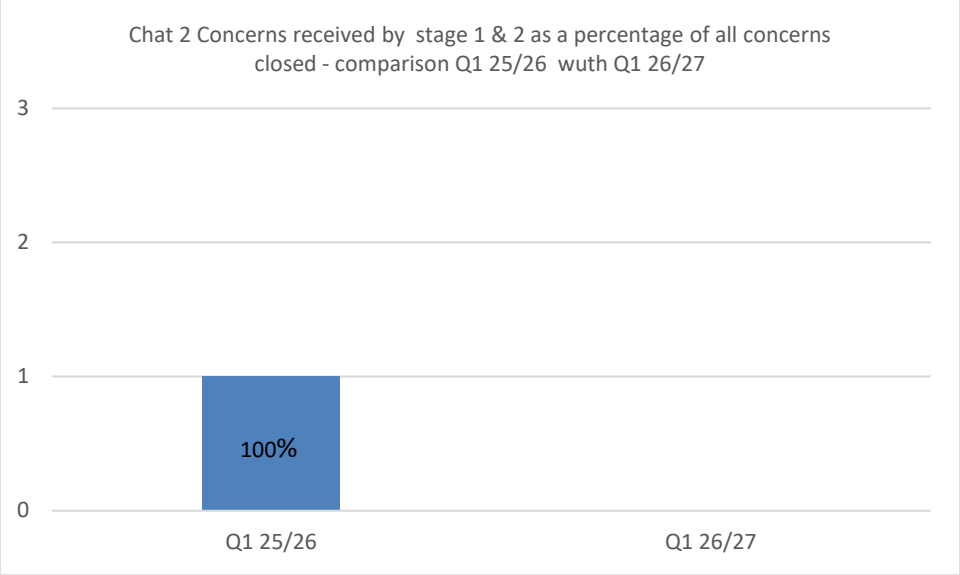


All concerns received in quarter 1 were stage 2.

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

During Q1, no stage 2 concerns have been closed. One Stage 2 concern was closed in the same period of the previous year.

Chart 3 shows the quarterly comparisons.

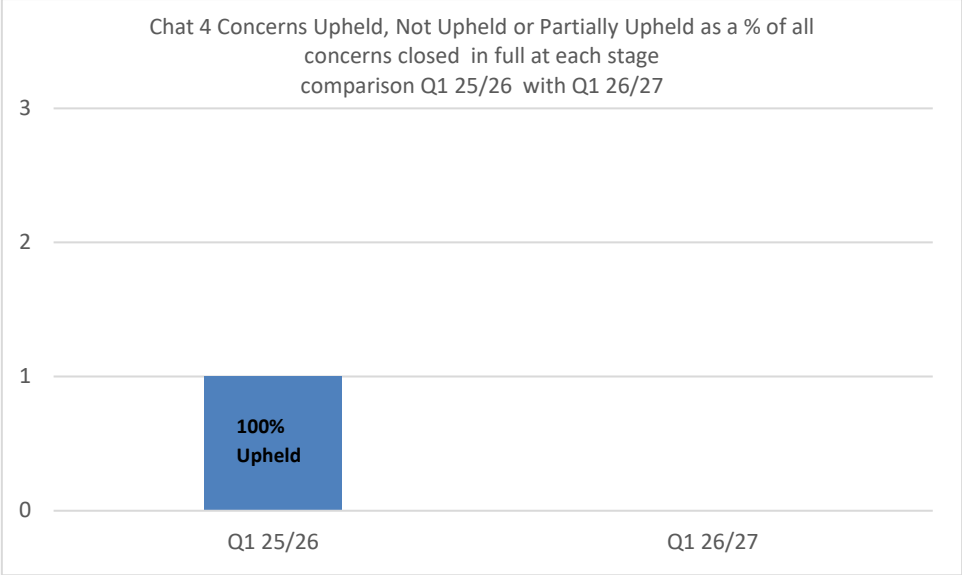


Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

The definition of a stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days. No stage 1 concerns were received in Q1 either this or last year.

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

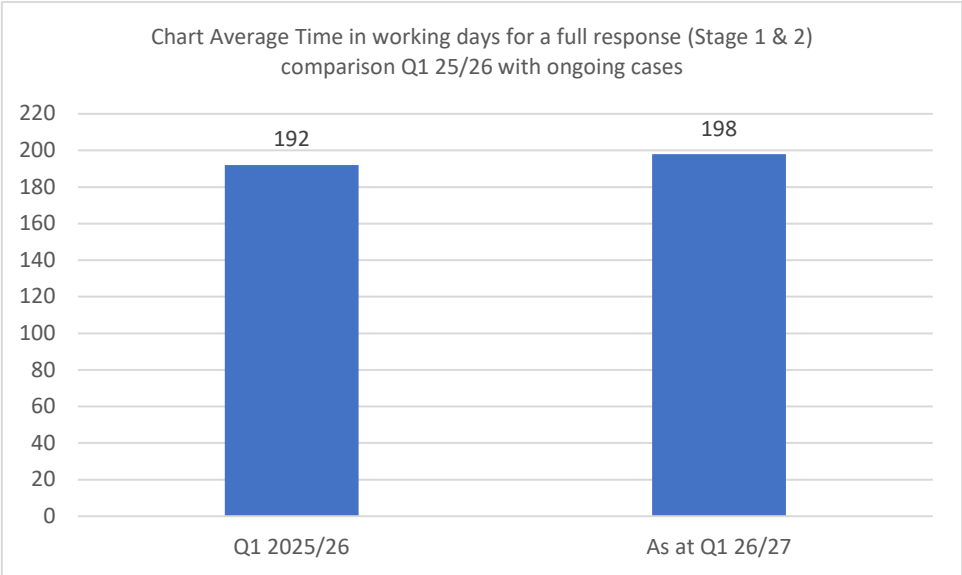
Chart 4 below details the outcome of the stage 2 concern that was closed during quarter 2 of the previous year, partially upheld. In comparison in the same quarter this year, no concerns were closed.



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

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

Consequently, an average closure time cannot be calculated for concerns concluded during the quarter. Chart 5 therefore shows the average number of working days that open concerns have been under consideration as at 30 June 2026, compared with the average number of working days taken to respond in full to concerns closed during Quarter 1 2025/26.



Case complexity can significantly amplify the impact of routine operational delays on investigation timescales. Factors such as prolonged whistleblower absence, while potentially extending investigations in their own right, can also increase the effect of common challenges including annual leave, availability of key witnesses, and investigator scheduling constraints.

In particularly complex cases involving multiple witnesses, extensive documentary evidence, and interconnected concerns, investigations require greater coordination, more interviews and meetings, and longer periods for analysis and report writing. As a result, any disruption to staff availability can have a disproportionate impact on overall timelines.

Changes in personnel can further contribute to delay, as new investigators require time to familiarise themselves with the evidence, context, and lines of enquiry before progressing the investigation. This demonstrates how complex investigations can extend into periods where routine workforce factors are more likely to affect progress, compounding delays and increasing the overall duration of the investigation.

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

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

Concerns where an extension was authorised.

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

Primary Care Contractors

The following data is partial and acts as an indicator only. The actual figures in full are currently being finalised and this report will be updated to reflect actual figures prior to publication.

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

In total 92 returns were received for quarter 1, details are outlined below, this compares to a total of 110 returns over the same quarter last year.

Quarter 1 2026/27				
	No	%*	Stage 1	Stage 2
GP Practices	60		0	0
Dental Practices	21		0	0
Optometry Practices	7		0	0
Community Pharmacies	4		0	0

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

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

The figures for quarter 1 2026/27 are based on the current primary care contractor cohort of:

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

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

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

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

As at the end of Q1 there were 24 locally contracted suppliers who are not contracted through National Procurement. The number of local suppliers varies throughout the year, as contracts end, and new contracts commence. Where relevant the tender document for new contracts includes information on locally contracted suppliers' responsibilities in relation to whistleblowing and the process for raising concerns. No concerns have been recorded for Q1.

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. During Q1 no anonymous concern were received.

Learning, changes or improvements to services or procedures

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

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

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

Experience of individuals raising concerns

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

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

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

Level of staff perception, awareness and training

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

Training in softer skills and investigative techniques—targeted at individuals who may be involved in raising or handling whistleblowing concerns—has either been delivered or is currently being rolled out. We are committed to continuously monitoring the uptake,

effectiveness, and relevance of this training, with ongoing reviews and refinements as needed.

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

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

Whistleblowing and Speak Up

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

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

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 1 2025/26 and quarter 1 2026/27.

Theme*1	Q1 25/26	Q1 26/27
Patient Care / Patient Safety	0	3
Poor Practice	0	2
Unsafe Working Conditions	0	4
Fraud	0	1
Falsifying information about performance	0	0
Breaking legal obligations	0	2
Abusing Authority	0	1

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

Concerns raised by Division

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

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

NHS Lothian

4.9

Meeting:	**NHS Lothian Board**
Meeting date:	**12 August 2026**
Title	**Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 1, 01 April – 30 June 2026**
Responsible Executive:	**Alison Macdonald, Executive Nurse Director**
Report Author:	**Fiona Tynan, Associate Nurse Director (Corporate Nursing)**

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

2.1.1 The Health and Care (Staffing) (Scotland) Act 2019 (hereafter referred to as the "Act") stipulates that the Executive-level clinician on the Board responsible for the legislation, in this case the Executive Nurse Director, must submit quarterly reports to the Board, outlining compliance with the duties across all staff groups and settings covered by the Act. The views of staff on compliance must be included in these reports.

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

2.1.3 Utilising the Corporate Governance and Assurance system the Board is asked to accept Moderate Assurance on how effectively NHS Lothian is meeting its legal duties in this area. This assurance level is based on an overall "Reasonable Assurance" rating generated by the Scottish Government's compliance scoring.

2.1.4 The format of the attached Quarterly Board Compliance Report has been revised in response to Board feedback, adopting a Board assurance format that provides a clearer assessment of assurance, key risks and residual risk, informed by multiple sources of evidence.

2.2 Background

2.2.1 The Act aims to ensure appropriate staffing is in place, to enable high quality care and outcomes by setting out a number of duties around staffing. These apply to all clinical staff and leaders/managers of clinical teams and requires clearly defined systems and processes to be in place, and used, to enable transparent staffing decisions to be made and recorded.

2.3 Assessment

Quality/ Patient Care

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

Workforce

2.3.2 The report presents overall compliance levels by financial year quarter (point 1.3). In response to feedback, to better understand compliance over time, this information can also be found in **Table 1** below.

2.3.3 **Table 1.** Overall Level of Assurance by Individual Duty and Across All Duties Under the Health and Care (Staffing) (Scotland) Act: 2025/26 and 2026/27 to Date

Quarter

Duty	Q1, 2025/26	Q2, 2025/26	Q3, 2025/26	Q4, 2025/26	Q1, 2026/27
12IA Appropriate staffing	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**
12IC Real-time staffing assessment	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**
12ID Risk escalation process	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**
12IE Address severe & recurrent risk	**Limited**	**Limited**	**Limited**	**Limited**	**Limited**
12IF Seek clinical advice on staffing	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**
12IH Adequate time for clinical leaders	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**
12II Training of staff	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**
12IJ Follow the common staffing method	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**
Across all duties	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**	**Reasonable**

The Duty to Address Severe and Recurrent Risks (12IE) remains as Limited Assurance, reflecting that a consistent Board-wide approach to managing severe and recurrent staffing risks is not yet in place. To achieve Reasonable Assurance, evidence is required that a Board-wide framework has been agreed, implemented and applied consistently across services.

Financial

2.3.5 There are no specific financial implications associated with this paper, however, the paper reports on compliance with the 12IB Duty to ensure appropriate staffing: agency worker (points 3.44 to 3.47).

Risk Assessment/ Management

2.3.6 The report provides an assessment of assurance, key risks and residual risk, informed by multiple sources of evidence. It is not anticipated that an entry is required on a risk register relating to any aspect of this report.

Equality and Diversity, including health inequalities

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

Other impacts

2.3.8 None

Communication, involvement, engagement and consultation

2.3.9 The Board has carried out its duties to gather and consider the views of staff from across professions and settings on their views as to NHS Lothian's compliance with the duty to ensure appropriate staffing and on how clinical advice is sought and taken account in decision making. Detail of how this was carried out can be seen in point 1.7 to 1.9 of the report.

Route to the Meeting

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

- NHS Lothian's Health and Care (Staffing) (Scotland) Act 2019 Professional Leads Group, 3 June 2026
- Health and Care Staffing Programme Board, 30 June 2026.
- Staff Governance Committee, 29 July 2026

2.4 Recommendation

2.41 The Board is asked to:

- **Accept** this quarterly report as part of NHS Lothian's legislative reporting arrangements under the Health and Care (Staffing) (Scotland) Act 2019.
- **Note** that the assurance assessment has been prepared using the Scottish Government compliance rating criteria.
- **Note** the overall Reasonable assurance position for Q1 2026/27 across the duties reviewed, with the corresponding NHS Lothian Board assurance level of Moderate.
- **Note** the key compliance risks identified in the report this quarter, particularly in relation to the consistency of recorded staffing information to support Board-wide assurance; severe and recurrent staffing risks; protected leadership time; and staffing level tools as part of the Common Staffing Method application.
- **Note** that progress against the actions identified in the report will continue to be monitored through quarterly compliance reporting.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 1, 01 April – 30 June 2026

Health and Care (Staffing) (Scotland) Act 2019

Quarterly Board Compliance Report

Quarter 1

01 April – 30 June 2026

Date: 01 July 2026

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

Executive Lead: Alison Macdonald, Executive Nurse Director

Contents

Executive Summary

Overall Assurance Position

1.0 Applying the Scottish Government rating system (Appendix 1), the evidence supports an overall rating of **Reasonable** Assurance for Q1 2026/27 compliance with the legal duties under the Health and Care (Staffing) (Scotland) Act 2019. This overall assurance position remains unchanged from the previous quarter (Appendix 2). Within this overall position, the main exception remains the Duty to Address Severe and Recurrent Risks (12IE), where assurance is Limited reflecting that a consistent board-wide approach to defining, recording and managing severe and recurrent staffing risks is not yet established.

1.1 Under NHS Lothian's Corporate Governance and Assurance system, the corresponding Board overall assurance level remains **Moderate**.

1.2 Residual risk has been assessed as the level of risk remaining after existing controls, mitigations and available assurance evidence have been considered, in line with NHS Lothian's Risk Management Operational Procedure. The ratings draw on the same triangulated evidence base used for the assurance assessment, including audit findings, workforce and governance evidence, staff and patient feedback, inspection findings, staffing systems and risk reporting. Residual risk reflects the remaining risk to consistent compliance with each duty at the end of Q1 2026/27 and is described on a Low to High scale.

1.3 **Table 1:** Q1 2026/27 Assurance Rating and Residual Risk Summary by Duty

Duty	Assurance Rating	Residual Risk
12IA Appropriate Staffing	Reasonable	Medium
12IC Real-Time Staffing Assessment	Reasonable	Medium
12ID Risk Escalation	Reasonable	Medium
12IE Severe and Recurrent Risks	Limited	Medium
12IF Clinical Advice	Reasonable	Medium
12IH Clinical Leadership Time	Reasonable	Medium
12II Training of Staff	Reasonable	Medium
12IJ Common Staffing Method (CSM)	Reasonable	Medium
12IL CSM Training and Consultation	Reasonable	Medium
Across All duties	**Reasonable**	**Medium**

Report Scope

1.4 This report provides assurance on NHS Lothian's compliance with the staffing duties set out within the Health and Care (Staffing) (Scotland) Act 2019. It focuses on whether statutory systems, processes are in place and being applied.

1.5 It does not provide a comprehensive operational workforce risk report for all services. Workforce pressures and staffing concerns continue to be identified, escalated and managed through existing operational, professional and governance routes, including Board governance and assurance committees.

1.6 The duties within the Act apply across all professions and services within scope of the legislation. This includes, but is not limited to, allied health professions, dental, healthcare scientists, medical, midwifery, nursing, optometry, pharmacy, psychology, public health and registered chaplaincy services.

Basis of Assurance

1.7 Assurance is informed by a triangulated review of:

- Annual compliance audit findings which cover all professional groups within scope of the Act and achieved a response rate of 80% in April 2026
- workforce planning and governance evidence
- staff feedback
- patient and service user feedback
- external inspection findings
- staffing dashboards and systems
- risk reporting
- Professional Lead judgement

1.8 Quarterly Board Compliance Reports are shared with Healthcare Improvement Scotland and subject to external scrutiny through regular review meetings as part of the national assurance process. Feedback received through previous review meetings has been constructive and has recognised progress in NHS Lothian's implementation of the Act, while continuing to identify areas for further improvement.

1.9 Further supporting detail is provided in Appendix 3.

Key Risks This Quarter

- Inconsistent recording of staffing processes may reduce the Board's ability to evidence compliance with staffing duties.
- Variation in how severe and recurrent staffing risks are identified, recorded, escalated and reviewed may limit the Board's ability to evidence that these risks are consistently recognised and acted upon across services.
- Operational pressures may affect the Board's ability to evidence compliance with leadership time and training duties.
- Limitations in nationally validated staffing level tools may reduce confidence in staffing assessments and workforce planning decisions.

Key Message

1.10 Continued focus is required on developing consistent approaches to recording staffing information to strengthen Board-wide assurance across multiple duties. With regards to severe and recurrent risks management and protected leadership time, there is variation in application and approach that requires further development to provide board-wide assurance and consistently meet legislative obligations. Assurance information indicates that, improving the design and output reliability of nationally validated staffing level tools is required. This involves continued collaborations with Healthcare Improvement Scotland to support development and improvement efforts. These areas for improvement are supported through ongoing board-wide communication, education and guidance workstreams.

1.11 The Scottish Government assurance ratings employed throughout this report are broad and may not reflect incremental changes within an assurance level. To provide insight into progress, the Quarter 2 report will include a comparison of assurance levels by professional group, supported by narrative.

Introduction

2.0 This report provides quarterly assurance to the Board on NHS Lothian’s compliance with the duties set out in the Health and Care (Staffing) (Scotland) Act 2019 (the Act). Quarterly Board compliance reports are a requirement within the Act.

2.1 The Act aims to support safe and high quality care by requiring Health Boards to have systems and processes in place to support appropriate staffing. The duties apply across all clinical staff and require NHS Lothian to demonstrate compliance with a range of statutory staffing duties.

2.2 This report focuses on whether statutory systems and processes are in place and being applied across all duties within the Act. It provides a Board level assurance

position, highlights key areas of risk, and identifies actions being taken to strengthen compliance. Further information on the Act, the health duties and reporting requirements can be found in Appendix 4.

2.3 It does not provide a comprehensive real-time picture of staffing pressures across all services. Staffing risks continue to be identified, escalated and managed through existing operational, professional and governance routes.

2.4 Each duty is presented using the following structure:

- Systems and Processes in Place
- Evidence of Application
- Overall Assurance Level
- Residual Risk and Mitigation

2.5 The Overall Assurance Levels throughout this report are based on the Scottish Government's compliance rating system (Appendix 1).

2.6 As a quarterly statutory assurance report, some elements of reporting may remain stable over time where systems and processes continue to operate consistently. The report therefore focuses on ongoing assurance, key risks, areas of variation and changes requiring Board visibility.

Duty-Based Assurance and Risk Assessment

Core Staffing Systems and Processes

3.0 Across the duties reviewed, NHS Lothian has established systems and processes to support appropriate staffing and staffing risk management. These include arrangements for real-time staffing review, safety huddles and safety pauses, HealthRoster, SafeCare where implemented, local staffing tools, Datix reporting, risk registers, escalation routes, clinical advice, professional judgement, workforce planning arrangements and governance reporting. Together, these arrangements support the identification, assessment, mitigation, recording and escalation of staffing risks.

3.1 The duty sections below therefore focus on duty-specific systems and processes. Considering the evidence available to support assurance, any gaps in the consistent application of controls and where the availability and quality of assurance information can be improved. In addition to providing the overall assurance level and the residual risk position after systems and processes in place have been considered.

Duty 12IA: Duty to Ensure Appropriate Staffing

Systems and Processes in Place

3.2 Arrangements are in place to support assessment, oversight and decision-making regarding appropriate staffing across services and professional groups. For Duty 12IA, staffing decisions take account of patient need, workload, acuity, service activity, skill mix, local context and clinical advice.

3.3 Appropriate staffing is also supported through arrangements for staff skills and competence, including induction, mandatory training, supervision, competency frameworks and other development processes. Staffing risks are monitored and reviewed through established local, professional and governance arrangements. While arrangements are established, consistency of application, documentation and recording of decisions and actions varies across services and professional groups.

Evidence of Application

3.4 Evidence provides reasonable assurance that arrangements supporting Duty 12IA are being applied across NHS Lothian, with variation in consistency between services and professional groups. Audit evidence shows that services use real-time monitoring, huddles, rota review, SafeCare, local tools and escalation routes to identify staffing pressures and support staffing decisions. Staffing is reviewed using patient numbers, acuity, workload information, caseload weighting and RAG ratings. This is considered alongside service activity, such as admissions, discharges, clinics, visits and patient flow. Clinical advice is used where required.

3.5 However, application is not consistent across all services and professional groups. Evidence identifies variation in 24-hour application, documentation, training capacity, and the recording of decisions where staffing decisions differ from clinical advice. Inspection findings and patient experience evidence also show that arrangements can be less effective during periods of pressure. This limits assurance and supports a Reasonable rather than Substantial assurance rating.

Overall Assurance Level

3.6 The overall level of assurance for Duty 12IA is **Reasonable**.

Residual Risk and Mitigation

Area	Risk
Residual Risk	Medium
Main Risk	Variation in the consistent application of staffing systems, documentation, training capacity and escalation arrangements may affect consistent compliance with Duty 12IA.
Impact	This may limit the Board's ability to evidence that appropriate staffing arrangements are operating consistently across all services and professional groups, particularly during sustained operational pressure.
Mitigation	Real-time monitoring, huddles, SafeCare where implemented, Datix, risk registers, clinical advice, escalation routes and workforce planning arrangements support staffing decisions.
Current Action	Continue delivery of the Board-approved Communications and Education workstream, progress Board-wide policy and guidance to strengthen consistency in documentation and escalation, and optimise use of HealthRoster and SafeCare to sustain real-time oversight

Duty 12IC: Duty to Have Real-Time Staffing Assessment in Place

Systems and Processes in Place

3.7 Arrangements are in place to support real-time assessment of staffing levels and staffing risks. This includes processes for staff to identify staffing concerns in real time, notify the individual with lead professional responsibility, consider mitigating action and seek clinical advice where required. These arrangements support decisions that take account of patient need, staffing availability, skill mix, workload and service pressures.

3.8 While arrangements are established, there is inconsistency in the application and documentation of real-time staffing assessment processes across services, particularly where structured tools and digital systems are not routinely used. Duty 12IC does not prescribe a tool for use or require recorded information, nevertheless, this variability limits board-wide assurance and therefore the ability to form a clear overall picture of the systems and processes in place across services and their application.

Evidence of Application

3.9 Evidence provides reasonable assurance that real-time staffing assessment arrangements are applied across NHS Lothian, with variation in consistency between services and professional groups. Evidence also shows that real-time staffing assessment is being applied in practice. This includes the use of structured tools to record staffing risk, mitigation actions and clinical advice. Evidence also shows that

real-time assessment supports staffing decisions during periods of changing demand and operational pressure.

3.10 However, application is not consistent across all services. Evidence identifies variation in recording and escalation of staffing level risks, particularly where structured tools or digital systems are not routinely used. This limits assurance and supports an overall position of reasonable rather than substantial assurance.

Overall Assurance Level

3.11 The overall level of assurance for Duty 12IC is **Reasonable**.

Residual Risk and Mitigation

Area	Summary
Residual Risk	Medium
Main Risk	Variation in the consistent application and recording of real-time staffing assessment arrangements may affect NHS Lothian's ability to evidence compliance with Duty 12IC.
Impact	This may limit the Board's ability to evidence that staffing risks are consistently identified, recorded, mitigated and escalated in real time, particularly during sustained operational pressure.
Mitigation	Existing monitoring arrangements, local escalation routes, clinical advice, structured tools where used, digital staffing systems where implemented, adverse event reporting and governance reporting support real-time staffing decisions and reduce the risk.
Current Action	Learning from areas with mature SafeCare use, including Nursing, will continue to inform targeted communications, education and system optimisation. This will support wider adoption, improve consistency of use across services, and further strengthen consistency of recording, reporting and Board assurance.

Duty 12ID: Duty to Have Risk Escalation Process in Place

Systems and Processes in Place

3.12 Systems and processes are in place to support escalation of staffing risks that cannot be mitigated locally. For Duty 12ID, this includes arrangements for reporting staffing risks to a more senior decision-maker, considering mitigating action, seeking clinical advice where required, and escalating further where the risk cannot be resolved locally. These arrangements are intended to support timely decisions on staffing risk, including actions to mitigate risks to patient safety, quality of care and staff wellbeing. While escalation arrangements are established across services, consistency varies in how escalation decisions, actions, feedback and mitigations are recorded.

Evidence of Application

3.13 Evidence provides reasonable assurance that risk escalation processes are applied across NHS Lothian, with variation in consistency between services and professional groups. Examples include escalation being used to raise staffing concerns, discuss mitigation and support senior decision-making during periods of pressure, particularly where local mitigation is not possible.

3.14 However, application is not consistent across all services. There is variation in how escalation decisions, actions, feedback and mitigations are recorded. Although Duty 12ID does not explicitly require information to be recorded, this variability limits Board-wide assurance that escalation processes are being applied consistently. Within some areas, staff described reduced confidence in escalation where feedback or resolution was not clear. This limits assurance and supports a Reasonable rather than Substantial assurance rating.

Overall Assurance Level

3.15 The overall level of assurance for Duty 12ID is **Reasonable**.

Residual Risk and Mitigation

Area	Summary
Residual Risk	Medium
Main Risk	There remains a medium residual risk to consistent compliance with Duty 12ID due to variation in how escalation decisions, actions, feedback and mitigations are recorded.
Impact	This may limit the Board's ability to evidence that staffing risks are consistently escalated, acted on, communicated and reviewed, particularly during sustained operational pressure.
Mitigation	Established escalation routes, senior decision-making, clinical advice, safety huddles and governance reporting support escalation and mitigation of staffing risks.
Current Action	Learning from services with established documentation processes will inform ongoing work to strengthen consistency in how escalation activity and associated clinical advice are recorded across services.

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

Systems and Processes in Place

3.16 Arrangements are in place to support the identification, escalation and management of severe and recurrent staffing risks. For Duty 12IE, the key requirement is that services can recognise where a staffing risk is severe, recurrent or both, and that these risks are reviewed and managed to support action and prevent recurrence.

3.17 Services use local thresholds and professional judgement to determine severity, recurrence and impact, reflecting variation in service type, patient need, professional groups and operating models. A single Board-wide definition is not prescribed by the Act and may not be practical across all services.

3.18 Board-wide arrangements are being strengthened to support more consistent judgement, recording, escalation, review and reporting of severe and recurrent staffing risks.

Evidence of Application

3.19 Evidence indicates that severe and recurrent staffing risks are identified, escalated and reviewed in some areas through established local and governance routes. Services use escalation structures, local thresholds, risk registers, adverse event reporting and local records to capture staffing risks and related mitigations.

3.20 However, evidence also identifies significant variation in how services identify, record, escalate and review severe and recurrent staffing risks. While local thresholds and professional judgement are appropriate given service variation, the absence of a consistent Board-wide approach limits the Board's ability to evidence how severe and recurrent staffing risks are identified, escalated, acted upon and reviewed across services.

3.21 This indicates that the key assurance gap is not necessarily the absence of a single definition across all services, but the ability to evidence how services reach judgements on severity and recurrence, what action has been taken, and how risks are reviewed to prevent recurrence. This supports a Limited assurance position.

Overall Assurance Level

3.22 The overall level of assurance for Duty 12IE is **Limited**. Improvement to Reasonable Assurance will require evidence that a Board-wide framework is agreed, implemented and being applied consistently across services.

Residual Risk and Mitigation

Area	Summary
Residual Risk	Medium
Main Risk	There remains a medium residual risk to consistent compliance with Duty 12IE due to variation in how severe and recurrent staffing risks are identified, recorded, escalated and reviewed across services.
Impact	This may limit the Board's ability to evidence that severe and recurrent staffing risks are consistently recognised, mitigated, monitored and prevented from recurring across services.
Mitigation	Local escalation routes, risk registers, adverse event reporting, governance review and professional judgement support the identification, escalation and review of staffing risks.
Current Action	Board-wide work is underway to strengthen consistency in how severe and recurrent staffing risks are defined, recorded, escalated and reviewed. This includes the development of guidance and the review of definitions and risk criteria used by other Boards, with pathway recommendations being prepared for wider consideration.

Duty 12IF: Duty to Seek Clinical Advice on Staffing

Systems and Processes in Place

3.23 Systems and processes are in place to support seeking and having regard to appropriate clinical advice when staffing decisions are made. For Duty 12IF, this includes arrangements for clinical advice to inform staffing decisions, mitigations and escalation where required. These arrangements also support the statutory responsibilities of the Executive Nurse Director under the Act, including escalation to the Board where staffing decisions conflict with clinical advice.

3.24 Staff views can also be raised through local management and professional routes. While arrangements are established across services, consistency varies in how clinical advice, rationale, disagreement and related decisions are recorded.

Evidence of Application

3.25 Evidence provides reasonable assurance that clinical advice is sought and had regard to across a range of services when making staffing decisions and escalation and mitigation arrangements during periods of operational pressure. However, application is not consistent across all services. Evidence identifies variation in how clinical advice, rationale, disagreement and decisions are recorded, particularly where informal routes or local templates are used. This limits assurance and supports a Reasonable rather than Substantial assurance rating.

Overall Assurance Level

3.26 The overall level of assurance for Duty 12IF is **Reasonable**.

Residual Risk and Mitigation

Area	Summary
Residual Risk	Medium
Main Risk	There remains a medium residual risk to consistent compliance with Duty 12IF due to variation in how clinical advice, rationale, disagreement and staffing decisions are recorded.
Impact	This may limit the Board's ability to evidence that appropriate clinical advice is consistently sought, had regard to and documented when staffing decisions are made.
Mitigation	Established operational, professional and governance arrangements support access to appropriate clinical advice when staffing decisions are made. These include safety huddles, escalation routes and consultation with relevant professional leads.
Current Action	Board-wide policy, guidance and communications work will continue to support shared understanding of staffing processes, roles and responsibilities. This will build on established approaches to seeking clinical advice and applying clinical advice within escalation arrangements during staffing pressures.

Duty 12IH: Duty to Ensure Adequate Time Given to Clinical Leaders

Systems and processes in Place

3.27 Systems and processes are in place to support individuals with lead clinical professional responsibility to have time and resources to discharge their leadership and professional duties. These include job-planned non-clinical time, dedicated leadership or supervisory sessions within rotas, and governance participation.

3.28 These arrangements support clinical leaders to oversee care, support staff development and contribute to safe, high-quality and person-centred care. While arrangements are established, operational pressures can affect the consistency with which protected leadership time is maintained.

Evidence of Application

3.29 Evidence provides reasonable assurance that arrangements to support protected leadership time are being applied across a range of services. Individuals with lead clinical professional responsibility contribute to supervision, staffing oversight, escalation, service planning and staff support.

3.30 Application is not consistent across all services. Evidence indicates that protected leadership time is not always clearly defined, consistently recorded or reliably maintained during periods of operational pressure. In some areas, clinical leaders are required to support direct care delivery, reducing time available for leadership, supervision and improvement activity.

3.31 Overall, the evidence supports Reasonable rather than Substantial assurance. Arrangements are in place and applied across a range of services, but variation in definition, recording and protection of leadership time limits assurance.

Overall Assurance Level

3.32 The overall level of assurance for Duty 12IH is **Reasonable**.

Residual Risk and Mitigation

Area	Summary
Residual Risk	Medium
Main Risk	There remains a medium residual risk to consistent compliance with Duty 12IH due to variation in the availability and protection of leadership time during periods of staffing or operational pressure.
Impact	This may limit the Board's ability to evidence that individuals with lead clinical professional responsibility consistently have adequate time and resources to discharge their leadership and professional duties.
Mitigation	Job-planning, rostered leadership time, supervision arrangements, huddles, escalation routes, operational oversight and governance reporting support leadership oversight.
Current Action	Communications and education work is underway to support shared understanding of roles and responsibilities under the Act. This will support consistency and build on best practice in how leadership time is recognised within local staffing processes.

Duty 12II: Duty to Ensure Appropriate Staffing: Training of Staff

Systems and Processes in Place

3.33 Systems and processes are in place to support staff to receive training that is appropriate and relevant to their role. These include induction, mandatory training, competency frameworks, skills passports, development planning, educator support and local monitoring of training compliance.

3.34 Services also report access to protected learning time, job-planned non-clinical time and support from education teams to enable staff to undertake required training. While

arrangements are established across most services, consistency varies in relation to training access, monitoring, protected time and escalation-specific training.

Evidence of Application

3.35 Evidence provides reasonable assurance that training arrangements supporting Duty 12II are applied across NHS Lothian. Staff receive training relevant to their role through induction, mandatory training and role specific development. Arrangements such as competency frameworks, skills passports, educator support and protected learning time support staff competence.

3.36 Application is not consistent across all services. There is variation in access to training, monitoring of completion, role clarity and protected learning time. Escalation specific training is also less consistently applied, and compliance with some mandatory training requirements remains variable. This limits assurance and supports Reasonable rather than Substantial assurance.

Overall Assurance Level

3.37 The overall level of assurance for Duty 12II is **Reasonable**.

Residual Risk and Mitigation

Area	Summary
Residual Risk	Medium
Main Risk	There remains a medium residual risk to consistent compliance with Duty 12II due to variation in access to, completion, monitoring and recording of role relevant training, including escalation specific training.
Impact	This may limit the Board's ability to evidence that staff are consistently supported to receive training that is appropriate and relevant to their role.
Mitigation	Established induction, mandatory training, competency frameworks, educator oversight, development planning, protected learning time where available, and governance reporting support training compliance and workforce competence.
Current Action	Communications and education work is underway to support understanding of responsibilities under the Act across clinical staff. This work can help share learning from local training approaches and advanced role development, supporting compliance with Duty 12II.

Duty 12IJ and Duty 12IL: Common Staffing Method, Training and Consultation of Staff

Systems and Processes in Place

3.38 Systems and processes are in place to support application of the Common Staffing Method (CSM), including related staff training and consultation. These include an annual programme of nationally validated staffing level tools and the Professional Judgement Tool where a validated tool is not available.

3.39 Digital guidance, HIS resource packs, training sessions and 1:1 support from local Health and Care Staffing leads are available to support services. These arrangements help services consider staffing tool outputs alongside wider CSM factors.

3.40 Clinical leaders are encouraged to consult their wider teams before, during and after the CSM process. A revised CSM Standard Operating Procedure and reporting template are progressing to strengthen consistency, documentation and the ability to evidence application of the CSM.

Evidence of Application

3.41 Evidence provides reasonable assurance that the CSM, including related training and consultation arrangements, is being applied with variation across services. The CSM has been used to support establishment reviews and workforce planning decisions. Staff are supported to participate through training, guidance and direct support from Health and Care Staffing leads.

3.42 Assurance is limited by known issues with some nationally provided staffing level tools, including design and output reliability. These issues are not completely within NHS Lothian's control but may affect confidence in outputs as standalone evidence and may also affect the consistency of staff training, consultation and interpretation of tool outputs. Collectively, this supports Reasonable rather than Substantial assurance for Duties 12IJ and 12IL.

Overall Assurance Level

3.43 The overall level of assurance for Duty 12IJ and 12IL is **Reasonable**.

Residual Risk and Mitigation

Area	Summary
Residual Risk	Medium
Main Risk	Medium residual risk remains to consistent compliance with Duties 12IJ and 12IL due to staffing level tool limitations, including the interpretation and use of tool outputs within the Common Staffing Method.
Impact	This may limit the Board's ability to evidence consistent application of the Common Staffing Method, including related staff training, consultation and interpretation of tool outputs across relevant services.
Mitigation	Existing controls include centrally available guidance and 1:1 support to help services consider staffing tool outputs alongside wider CSM factors as required within the Act.
Current Action	NHS Lothian will continue to work with Healthcare Improvement Scotland to support the development and improvement of validated staffing level tools.

12IB Duty to ensure appropriate staffing: agency workers

3.44 The Act requires the Board to report any occasions where an agency worker has been paid more than 150% of the amount that would be paid to a full-time equivalent employee undertaking the equivalent role for the same period. Compliance with this statutory reporting requirement is managed through Corporate Nursing, with agency expenditure monitored through established operational and professional governance arrangements.

3.45 **Table 2:** NHS Lothian: Agency Reporting timeline and Update

Period	Deadline	Status
01 April to 30 June	31 July 2026	On track for submission
01 July to 30 September	31 October 2026	Not Yet Started
01 October to 31 December	31 January 2026	Not Yet Started
01 January to 31 March	30 March 2026	Not Yet Started

3.46 All four submission deadlines for 2025/26 were met.

Agency Submission Narrative | 01 January to 31 March 2026

3.47 Evidence provides assurance regarding the completeness and accuracy of the agency data submitted. Established controls support the identification and reporting of relevant agency activity. No agency shifts exceeded the 150% threshold during the reporting period.

Recommendations

The Board is asked to:

- **Accept** this quarterly report as part of NHS Lothian's legislative reporting arrangements under the Health and Care (Staffing) (Scotland) Act 2019.
- **Note** that the assurance assessment has been prepared using the Scottish Government compliance rating criteria.
- **Note** the overall **Reasonable** assurance position for Q1 2026/27 across the duties reviewed, with the corresponding NHS Lothian Board assurance level of **Moderate**.
- **Note** the key compliance risks identified this quarter, particularly in relation to the consistency of recorded staffing information to support Board-wide assurance; severe and recurrent staffing risks; protected leadership time; and staffing level tools as part of the Common Staffing Method application.
- **Note** that progress against the actions identified in this report will continue to be monitored through quarterly compliance reporting.

List of Appendices

The following appendices are included with this report:

Appendix 1: Scottish Government Assurance Rating Definitions

Appendix 1_Scottish Governm

Appendix 2: Overall Level of Assurance by Individual Duty and Across All Duties Under the Health and Care (Staffing) (Scotland) Act: 2025/26 and 2026/27 to Date

Appendix 2_Overall Level of Assurance b

Appendix 3: Evidence Sources Used to Inform Assurance

Appendix 3_Evidence Sources

Appendix 4: Health and Care Staffing Act Duties and Guiding Principles

Appendix 4_Health and Care Staffing Ac

NHS Lothian

4.10

Meeting:	**NHS Lothian Board**
Meeting date:	**12 August 2026**
Title:	**Declaration of Surplus Status – Camus Tigh**
Responsible Executive:	**Morag Campbell, Director of Facilities**
Report Author:	**Christopher Van Rietvelde, Land & Property Manager**

1 Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☐	Awareness	☐

This report relates to:

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

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

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

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

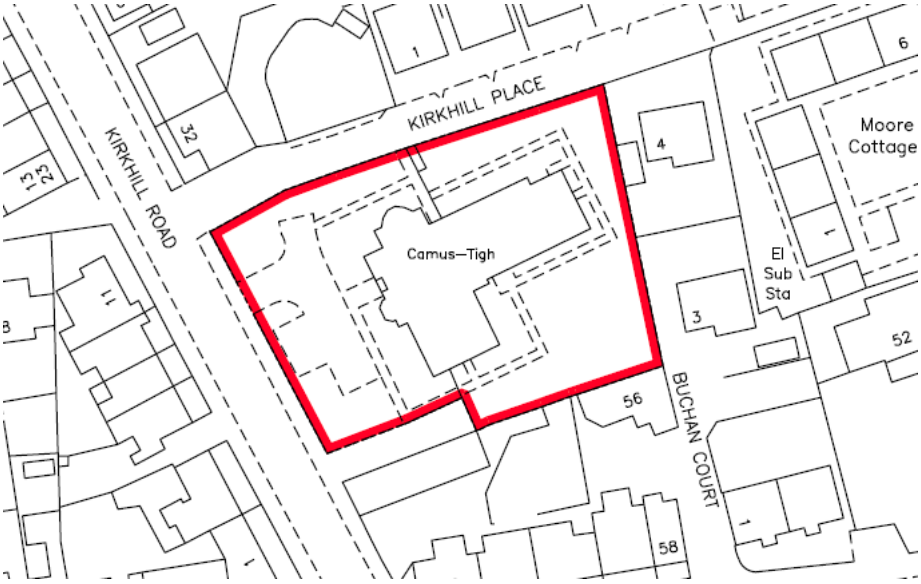
Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

Camus Tigh, Kirkhill Road, Broxburn, West Lothian, EH52 6HT
Patient Residential Accommodation



Camus Tigh is currently operated as an NHS inpatient unit managed within REAS. REAS has recently achieved the successful discharge of all remaining patients previously resident at the property. These patients did not require hospital level care and were recorded as delayed discharges. They were recorded on West Lothian HSCP's Dynamic Support Register as individuals who should be living in their own community supported by social care staff.

The process of retracting the service and exiting this building started in 2018 and is aligned to IJB Strategic Plans and the Learning Disability modernisation strategy.

REAS have withdrawn fully from the site through a managed decommissioning process.

An internal trawl has been carried out to determine whether there is any residual Board requirement for the building.

2.2 Background

Camus Tigh is a standalone 8 bedded inpatient learning disabilities unit, managed within REAS.

The unit operated as part of NHS Lothians wider multi-disciplinary LD inpatient service the majority of which are situated on the Royal Edinburgh Hospital site. There had been no admissions to the Unit since 8 May 2025 and it remains the strategic direction of both NHS Lothian and West Lothian HSCP to close the unit and support the individuals within their local community with social care support.

An internal trawl was carried out to establish and requirement within the Board for the property.

2.3 Assessment

The internal trawl responses have established that there is no further requirement to retain the property.

Trawl recipients were: All HSCPs, All Acute Services, REAS, Outpatients, DATCC.

The Scottish Public Finance Manual states that public bodies must seek to achieve value for money in all property transactions, which would ordinarily mean marketing the property on the open market.

Initially the Board's option was restricted to disposal of the property directly, by sale or Lease, to an independent care provider as an open-market sale was not possible due to the ongoing presence of residents.

Following the successful relocation of these patients, it is now recommended that the property be declared surplus, trawled externally in line with SCIM guidance and placed on the open-market (should there be no wider Scottish Ministers requirement).

This will allow NHS Lothian to fully assess the benefits of all bids received for best value. It is anticipated that a bids may be received from care providers.

Should a bid be received that appears to offer health-related benefits, this can be considered even if the bid financially is at less than Market Value. This is where a wider public benefit, consistent with Best Value principles, is achieved.

Any such bids will be assessed as appropriate at time of bids closing.

2.3.1 Quality/ Patient Care

All patients formerly resident at the property have been found alternative accommodation. Therefore there is no impact on patient care.

2.3.2 Workforce

11 permanent NHS staff have been supported through the redeployment of these staff to other NHS services within West Lothian.

2.3.3 Financial

The current service is incurring a £0.8m overspend. REAS has identified potential savings of approximately **£700k**, anticipated from service redesign and cessation of historical health input. These savings would be realised from the closure of the unit which is running at a significant overspend due to minimum staffing levels needing maintained despite the unit being less than half full and due to sickness/absence and vacancies (staff are aware the unit is due to close).

NHS Lothian will seek open-market value for the property in line with standard capital disposal governance, the net book value of this property is at £ 675k.

2.3.4 Risk Assessment/Management

Key risks include:

- Financial risk from delayed savings realisation if capital decisions are deferred
- Resource management implications and reputational damage related to vacant properties

2.3.5 Equality and Diversity, including health inequalities

The Board has established that the property is no longer required and not suitable to provide any service under the remit of the Board. Alternative accommodation has been identified for previous residents. Should any bid for the property be made which provides a public health benefit, this will be taken into account in determining Best Value. No adverse equality impacts are anticipated.

2.3.6 Other impacts

The proposal aligns with emerging POB improvement work, specifically:

- Standardisation of processes for early identification of vacating services.
- Strengthened and timely internal trawl protocols.
- Integration with Masterplanning and accommodation governance frameworks.

2.3.7 Communication, involvement, engagement and consultation

Communication activities include:

- Correspondence to all identified stakeholders as part of the internal trawl.
- If declared surplus, the property will be trawled externally with public bodies via Scottish Government.

2.3.8 Route to the Meeting

- Discussion at REAS and HSCP planning forums.
- Agreement at February LCIG that Group should consider the recommendation in principle, pending completion of internal trawl.
- Recommendation supported at February 2026 LCIG – based there being no relocation of patients
- Recommendation supported at April 2026 LCIG – based on successful relocation of patients and property to be vacant
- Recommendation supported at June 2026 F&R

2.4 Recommendation

It is recommended that the Board:

- **Acknowledge**
  - An internal trawl of relevant Board departments has been completed with the outcome that no use for the property has been identified.
  - The property is surplus to the requirements of the Board.
- **Agree to**
  - Formally declare Camus Tigh surplus to the requirements of the Board.
  - The property being taken forward for disposal in line with the requirements of the NHS Lothian Property Transaction Handbook.
  - Note the alignment with ongoing Property rationalisation programme and the space management improvement work.

3 List of appendices

None.

NHS Lothian

4.11

Meeting: NHS Lothian Board

Meeting date: 12 August 2026

Title: Pharmacy Practices Committee Outcomes - Q1 2026/27

Responsible Director: Tracey McKigen, Director of Primary Care

Report Author: Aleisha Hunter, Primary Care Contracts Manager

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

The purpose of this report is to advise the Board on outcomes of Pharmacy Practices Committee hearings held in Q1 2026/27.

2.2 Background

PPC Hearing Outcomes

No PPC hearings have yet taken place in 2026/27. In recent months, several potential applicants have withdrawn their interest either during, or at the end of, the pre application stage. This is why no applications have been submitted for some time. We continue to work with potential applicants to try and get a flow of applications through the system, but this is challenging due to the lengthy timescales involved and the unpredictability of whether applicants will proceed.

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

Outstanding Appeal Outcomes

The Rosewell application was originally granted on 28 October 2025. Following appeals by interested parties, the NAP remitted the application back to the Board in February 2026. A provisional date, 21 April, had been agreed for the PPC to reconsider the application however this had to be postponed pending legal advice. The process is now being taken forward in accordance with advice received.

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

Issues to Note

There are currently 65 expressions of interest on the live list. Our projected timeline reflects that it will take until November 2032 to process these to conclusion. This timeline does not account for NAP remitting applications back to the Board for reconsideration. If this happens, the timeline will be extended.

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

Additionally, we currently have 117 expressions of interest on the waiting list.

A Scottish Government review of the pharmacy application process has again been discussed Nationally and, building on the work done previously by Lothian, colleagues in Grampian are taking this forward. The Primary Care Management Leads and Pharmacy Admin Leads Group have input to this process.

2.3 Assessment

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

No other known impacts.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

Awareness – For information only.

3 List of appendices

None.

NHS Lothian

4.12

Meeting:	**NHS Lothian Board**
Meeting date:	**12 August 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	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

The 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 – 23 June 2026**

Appendix 1

Area Clinical Forum Report (Meeting date: 23 June 2026)
NHS Lothian Board Meeting, 12 August 2026
Eddie Balfour, Chair of Area Clinical Forum

This Report provides a brief summary of key matters discussed at the most recent meeting of the Lothian Area Clinical Forum on 23 June 2026.

1. Governance and Business

- The ACF approved the minutes of its previous meeting (21 April 2026)

2. NHS Lothian Financial Outlook 2026/27

- The Director of Finance provided an overview of the political and financial landscape in Scotland, and their implications to the service delivery of health boards in Scotland. It was highlighted that the new Scottish Government focused on cutting cost in public sector, which was expected to reduce headcount by up to 0.5% per annum. That might affect a significant number of staff if it was extended to NHS.

- It was noted that NHS Lothian had a current deficit at £87 million in this financial year. It was £92 million last year.

- The set-up of the sub-national approach was also briefed. Members noted while NHS Lothian would inevitably take the leading role in East Region, Mr Marriott stressed that each of the individual board was accountable to themselves.

- The top three priorities in NHS Lothian were Hospital Sterilisation and Decontamination Unit (HSDU), GP premises and National Treatment Centre. They were pivotal in terms of how services would be delivered going forward.

3. Building a Healthier, Fairer Lothian Together

- The ACF received a draft discussion paper about shaping a shared future system for health in Lothian to improve population health and reduce inequality. Chief Executive, Prof. Hiscox, was invited to further elaborate on her ideas about how health care services could genuinely contribute to the population's health in a different way.

- There was a lively discussion about how different services could bring impact on improving health in the community. Members welcomed the ideas presented in the paper and were encouraged to circulate the paper once the updated version was available.

NHS Lothian

4.13

Meeting:	**NHS Lothian Board**
Meeting date:	**12 August 2026**
Title:	**Board Appointments – August 2026**
Responsible Executive:	**Board Chair**
Report Author:	**Darren Thompson, Board Secretary**

1 Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

This paper informs the Board of an appointment to membership of the City of Edinburgh, a reappointment to the Pharmacy Practices Committee and confirmation of a new round of Non-Executive Board Member recruitment for the Board.

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:

Non-Voting Member

Appointment of **Dr Alexander Kelly**, as Clinical Director and a non-voting member of the City of Edinburgh Integration Joint Board and specifically as the "registered medical practitioner whose name is on the list of primary medical services performers" with effect from 17 September 2026 (for a three-year term).

Pharmacy Practices Committee

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

The reappointment of **Chris Freeland**, (Contractor Pharmacist), to the Pharmacy Practices Committee, for a further three-year term from 22 August 2026 to 21 August 2029.

Non-Executive Whistleblowing Champion Appointment

Members are asked to approve **Elizabeth Gordon's** permanent appointment as the Non-Executive Whistleblowing Champion. There is no change to current term of office, endorsement is sought following the Chair's recommendation and the Cabinet Secretary's approval for this.

This follows Elizabeth's interim nomination to undertake the key duties of the NHS Lothian Non-Executive Whistleblowing Champion, initially for a period of six months. As agreed by Scottish Ministers in February 2026.

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

Non-Executive Board Member Recruitment

- Members are asked to note that the recruitment round to identify two new non-executive members (one general member and one with financial experience) has now commenced.

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.

Pharmacy Practices Committee

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

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

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

2.3 Assessment

2.3.1 Quality/ Patient Care

- Not Applicable.

2.3.2 Workforce

- Not Applicable.

2.3.3 Financial

- Not Applicable.

2.3.4 Risk Assessment/Management

This report refers to a gap in the membership of City of Edinburgh 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 **Dr Alexander Kelly**, as Clinical Director and a non-voting member of the City of Edinburgh Integration Joint Board and specifically as the "registered medical practitioner whose name is on the list of primary medical services performers" with effect from 17 September 2026 (for a three-year term).

- The reappointment of **Chris Freeland**, (Contractor Pharmacist), to the Pharmacy Practices Committee, for a further three-year term from 22 August 2026 to 21 August 2029.

- The appointment of **Elizabeth Gordon**, on a permanent basis, to undertake the key duties of the Non-Executive Whistleblowing Champion with immediate effect.

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

- That the recruitment round to identify two new non-executive members (one general member and one with financial experience) has now commenced.

3 List of appendices

- None.

NHS Lothian

6.

Meeting: **NHS Lothian Board**

Meeting date: **12 August 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	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

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

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

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

2.2 Background

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

2.3 Assessment

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

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- **Appendix 1, Chief Executive's Report – August 2026**
- **Appendix 2 – SPDC Subnational East Q1 update**

Appendix 1

Chief Executive's Report
NHS Lothian Board Meeting, 12 August 2026
Professor Caroline Hiscox

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 on a number of national priorities.

Since the June Board meeting, the Board Chief Executives' discussions have included:

- Public service reform, including engagement with senior civil servants to consider how NHS Scotland can support a more integrated and sustainable model of public service delivery. These discussions have provided an opportunity for Chief Executives to reflect collectively on future leadership, governance and delivery arrangements across the public sector.

- Planned care, which has remained a significant focus, with Board Chief Executives continuing to review performance, longest waits and delivery trajectories. This has included joint work with national clinical and professional leaders to identify practical actions to improve access and support delivery of national waiting times ambitions and collaboration on cross- Board support to improve Planned Care trajectories.

- Responding to new national controls on executive recruitment. Chief Executives agreed a collaborative approach to reviewing executive vacancies across NHS Scotland, helping boards explore shared solutions, alternative models and opportunities for greater cross-system working before recruitment decisions are progressed. This work supports both financial sustainability and the wider public service reform agenda.

- Continuation of oversight on a range of national programmes and collective leadership activity, maintaining a strong focus on collaboration, mutual support and delivery across NHS Scotland.

2. Subnational Work

Subnational East has continued to progress delivery across the five ministerial priority workstreams, planned care recovery, financial sustainability and key enabling programmes, and has begun to consider further the governance, infrastructure and delivery arrangements required to support subnational planning and implementation.

A significant focus during Quarter 1 has been planned care recovery. Through a coordinated East-wide review process, the planned care funding requirement was reduced from £61.0m to £52.4m whilst increasing planned activity from approximately 31,000 to 39,000 procedures, improving value for money and system impact. Revised trajectories are expected to significantly reduce waits over 52 weeks by March 2027, although capacity challenges remain within NHS Grampian and NHS Tayside.

The Subnational programme has now transitioned from strategy development towards implementation and delivery planning. A new East-wide planned care performance oversight cycle has been established, bringing together Acute Chief Operating Officers and CfSD within a Board Chief Executive-led structure to provide enhanced scrutiny, challenge and peer support.

Progress has also continued across urgent care, digital transformation and business systems. MyCare.scot has successfully launched across all East Boards, whilst development of a future population-based urgent care operating model and implementation planning continues. There is progress against the Business Systems Programme, but significant risks around resourcing, technical readiness and implementation capacity remain.

Key ongoing risks include workforce and capacity constraints affecting planned care delivery, Business Systems Programme readiness, reliance on national support for urgent care transformation, and the wider financial sustainability challenge facing NHS Scotland East.

Appendix 2 contains the full Quarter 1 update for Subnational East.

3. Planned and Unscheduled Care delivery

Planned and Unscheduled Care remains a key organisational priority as we progress through Q2, with a continued focus on improving waiting times, strengthening patient flow, and delivering sustainable performance improvements across the system.

In support of this agenda, I attended the Unscheduled Care Improvement Session held at the Royal Infirmary of Edinburgh on 24 July. The session brought together colleagues from Acute Services and the Health and Social Care Partnerships to review performance trajectories, consider progress against the £8 million improvement programme, and discuss our collective approach to maintaining and enhancing patient safety.

The meeting provided a valuable opportunity for collaborative discussion, shared learning, and alignment on the actions required to support delivery of our improvement ambitions. I would like to thank everyone involved in organising and facilitating the session, as well as those who contributed their expertise and insights. The commitment and partnership demonstrated throughout the day were greatly appreciated and will be vital as we continue to drive improvement in unscheduled care services.

4. Waverley Court Update

I am delighted to confirm that the move to Waverley Court has been successfully completed, with every cohort relocating on its planned move date. This has been a significant piece of work, involving many teams, and the success of the project reflects the professionalism, commitment and collaborative spirit shown by colleagues across the organisation. Quite simply, this achievement would not have been possible without your dedication and willingness to embrace change throughout the process.

I would like to extend my thanks to the project team that lead on this work and to all of those who supported the planning and delivery of the move, including team leads, our colleagues in Facilities and our reception staff - whose support helped ensure a smooth transition for everyone.

Information on processes such as meeting room booking, along with other helpful guidance, can be found on the Waverley Court intranet page,

During an initial walk round, I received positive feedback from various members of staff. To build on this, there is an intent to carry out staff-surveys with a view to gathering feedback and views on the NHS Lothian areas within the building. I am confident that this office space will support effective collaboration, engagement and service delivery across our teams for many years to come.

5. Ministerial Visits

Health Secretary Angela Constance MSP visited the Cystoscopy Outpatient Clinic at Western General Hospital in June where Site Director Chris Stirling and the clinical team explained how cystoscopy waiting times have decreased as a result of additional Scottish Government funding for planned care. The procedure no longer needs to be conducted in theatre, allowing for shorter appointment durations.

6. CAMHS Nursing Conference

CAMHS hosted its first CAMHS Nursing conference, *Empowering Excellence in CAMHS Nursing,* in June which was developed and led by nurses for nurses. It brought together over 70 nurses to celebrate excellence, share learning and support workforce development. It also recognised outstanding achievements through awards and commendations for staff across five categories, highlighting the vital contribution of CAMHS nursing to children and young people's care.

Appendix 2

SCOTLAND EAST

Scotland East Strategic Planning and Delivery Committee (SPDC)

Summary Report – Quarter 1 2026/27

1. Executive Summary

Subnational East has progressed work across the five ministerial priority workstreams, planned care recovery, financial sustainability and enabling programmes. During Quarter 1, Subnational East has continued to establish the infrastructure, governance and delivery arrangements required to support Subnational Planning across the East, while recognising that delivery confidence remains dependent on workforce capacity, implementation capability, financial sustainability and continued support from Scottish Government.

A key focus of Quarter 1 has been planned care recovery. Through a coordinated East-wide review process, Subnational East reduced the planned care funding requirement from £61.0m to £52.4m whilst increasing planned activity from ~31,000 to ~39,000 procedures, improving value for money and system impact. Revised trajectories are expected to significantly reduce waits over 52 weeks by March 2027, although NHS Grampian and NHS Tayside continue to face substantial capacity challenges. At the time of drafting, Subnational East awaits a formal response on the trajectory submission from Scottish Government.

Subnational East is also progressing the development of a new population-based urgent care operating model, continuing delivery of the Business Systems Programme, supporting the successful rollout of MyCare across East Boards, developing emerging population health programmes and shaping a medium-term financial recovery approach.

2. Key Messages for Boards

Subnational Planning is Moving into Delivery
Subnational East has formally submitted the joint East and West submission and has continued programme activity despite a pause in some formal meetings. We await formal feedback and approval of the plan by Scottish Government at the time of drafting. The focus has moved from strategy development into delivery planning and implementation, that includes the development of a subnational approach to public engagement.

Planned Care Recovery Remains the Immediate Priority
Following a robust East-wide review and prioritisation process, Scotland East strengthened scrutiny of Board plans, increased activity assumptions and improved value for money. However, challenges remain in several specialties and some Boards are unlikely to eliminate all waits over 52 weeks without further intervention. A new East-wide performance oversight cycle has been introduced, bringing Acute Chief Operating Officers and CFSD together for peer to peer support, within a Board Chief Executive-led structure.

No Deterioration in Other Performance Areas
Subnational East is clear that the additional planned care investment is specifically focused on reducing long waits. Scottish Government has made clear that delivery must not result in deterioration in diagnostics, cancer or unscheduled care performance, and Subnational East will continue to monitor this closely through its delivery and assurance arrangements.

Collaboration at Scale is Delivering Benefits

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

Across planned care, urgent care, population health, digital and finance, Subnational East is demonstrating that working at scale enables stronger challenge, better use of resources, improved consistency and greater overall system impact.

Governance and transparency
As the sub national work progresses, it is important that Boards are provided with information in a timely manner and at an appropriate point in their governance cycles. The timetable for sub-national submissions to the Scotland East and West Strategic Planning and Development Committees (SPDC) is not aligned with Board meeting cycles, and the Chairs of SPDC will seek to review this over the coming months to provide better alignment and sequencing of reporting to Boards.

3. Significant Decisions and Endorsements

Subnational East has:

- Established the proposed governance structure for the Business Systems Programme, including a Subnational Programme Board reporting through the executive governance structure.
- Set the direction of travel for the Population Health workstream, with future updates focused on areas with the greatest potential to deliver measurable impact and system-wide improvement.
- Identified further work required to support Boards facing the greatest planned care challenges and to develop a more sustainable planned care model across Scotland East.
- Agreed to progress in developing business cases to expand sustainable orthopaedic capacity, particularly opportunities identified through Queen Margaret Hospital and NHS Lothian, with further detail to be developed for future consideration.
- Developed the emerging urgent care operating model and will manage detailed questions through established executive routes.

4. Strategic Programmes and Emerging Priorities

Planned Care and Orthopaedics
Subnational East has reviewed planned care trajectories, funding allocations and the Scotland East Orthopaedic Strategy, with a focus on:

- The East-wide prioritisation process reduced the funding requirement from £61m to £52.4m while increasing planned activity and strengthening the likelihood of reducing the longest waits.
- Greater mutual aid, shared delivery arrangements and coordinated regional/subnational planning will be required to address residual challenges, particularly within NHS Grampian and NHS Tayside.
- Orthopaedics remains structurally capacity constrained, with demand exceeding recurrent capacity and longer-term solutions required beyond non-recurring funding.

Population-Based Urgent Care and Flow
Subnational East has progressed development of a future urgent care model, including establishment of Acute COO arrangements, stakeholder engagement and development of an implementation plan. An approach to public engagement is being developed with HIS and formal support from Scottish Government remains necessary for a number of critical elements including primary care booking, public messaging, NHS24 and SAS integration and future access arrangements.

Business Systems
Progress continues against ERP procurement, Board readiness assessments and development of the Common Operating Model. Significant risks remain around resourcing, technical readiness,

stakeholder engagement and programme capacity. October 2028 remains the critical implementation deadline.

Digital Front Door / MyCare
MyCare.scot has now launched successfully across all East Boards. Future delivery remains dependent on digital capacity, prioritisation and additional investment to support wider subnational programmes.

Rural & Islands
Phase 1 activity has been completed and rural and island considerations are now being embedded across all major workstreams. Focus is shifting toward integrated impact assessment, population intelligence and incorporation into future service models.

5. Financial Sustainability and Risks

Subnational East is developing a medium-term financial recovery approach for Scotland East, alongside governance arrangements to support delivery of finance priorities. Financial sustainability remains a key challenge for the region, and Subnational East is undertaking work to address the underlying recurring financial gap through recovery planning, benchmarking and cost improvement initiatives.

A workshop with East Directors and Deputy Directors of Finance is due to be held in August to discuss the scope and scale of financial transformation work required to address the £330 million recurring deficit that exists across NHS Scotland East.

NHS Scotland East has evidenced the current NRAC parity shortfall that exists across the East and will be escalated to Scottish Government. This will formally request Scottish Government recognises the NRAC parity gap that exists within NHS Scotland East, confirm a path to NRAC parity for all Boards, and consider interim financial support arrangements until parity is restored.

Key risks highlighted include:

- Workforce, estates and independent sector capacity constraints affecting planned care delivery.
- Business Systems Programme resourcing, technical readiness and Board implementation preparedness.
- Requirement for Scottish Government support and national enablers within the Urgent Care programme.
- Capacity limitations across finance, analytical and programme teams.
- Need for stronger staff, partner and public engagement as programmes progress.

6. Recommendations for Individual Boards

Boards are asked to:

1. Note progress across the Subnational Planning Programme and the increasing transition from strategy development into action plans and delivery.
2. Support delivery of planned care trajectories and agreed recovery actions, ensuring robust local governance and Board oversight. Particular focus should remain on reducing waits over 52 weeks while maintaining performance in diagnostics, cancer and unscheduled care.
3. Ensure Board readiness for major strategic programmes, particularly the Business Systems Programme and associated implementation requirements.
4. Continue to support cross-Board collaboration, mutual aid and shared delivery models, particularly where there are opportunities to improve productivity, reduce variation and optimise use of regional capacity.

5. Keep Board members and wider stakeholders sighted on programme developments, supporting consistent communication and engagement as implementation plans mature.
6. Support development of longer-term sustainable service models, including orthopaedic capacity planning, urgent care redesign, digital transformation and financial recovery arrangements.

This paper provides Board members with a concise overview of the principal areas of delivery, progress, risks and actions undertaken by Subnational East during Quarter 1 2026/27, supporting ongoing Board assurance and oversight of the Scotland East Subnational Planning Programme.

NHS Lothian

9.

Meeting: **NHS Lothian Board**

Meeting date: **12 August 2026**

Title: **NHS Lothian Integrated Performance and Quality Report**

Responsible Executive: **Jenny Long, Director of Innovation and Transformation**

Report Author: **Lauren Wands, Performance and Business Manager**

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☒	Awareness	☒

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

This paper introduces the first iteration of the NHS Lothian Integrated Performance and Quality Report (IPQR) attached at Appendix 1. The IPQR brings together a focused set of indicators covering quality, finance, workforce, operational performance and population health to provide the Board with a more balanced and integrated view of organisational performance. The report has been developed in response to feedback from Board members and sub-committees regarding the need for a more streamlined and cohesive approach to performance reporting.

The report has been structured around NHS Lothian's existing governance arrangements. Detailed scrutiny, challenge and assurance continue to be provided through the Board's sub-committees and established governance routes. The role of the IPQR is not to replace these arrangements, but to provide the Board with a consolidated overview of organisational performance and assurance across the whole system. The oversight arrangements are summarised within slide 3 of Appendix 1 and illustrate how the IPQR supports Board assurance by bringing together information routinely considered through Board committees. Committee reports and detailed operational performance reporting continue to provide significantly greater detail than is included within the IPQR. Where additional scrutiny is required, more granular information, for example by hospital site, service, specialty, tumour group or locality, will continue to be considered through the appropriate committee and governance structures

Board members are asked for the following:

- **Awareness** – Members are asked to note the introduction of the Integrated Performance and Quality Report (IPQR), the performance position described within Appendix 1, and the role of Board sub-committees in providing detailed scrutiny and assurance of the indicators included within the report.

- **Discussion** – Members are asked to consider the areas of principal delivery risk and improvement highlighted within the report and note the planned programme of detailed scrutiny through Board sub-committees.

2.2 Background

The IPQR forms part of NHS Lothian's developing Board Assurance Framework and contributes to the Board's wider Assurance Information System. The purpose of the report is to provide the Board with a concise, balanced and integrated overview of organisational performance, quality, workforce, finance and population health.

The IPQR is not intended to replace existing performance management, governance or assurance arrangements. Operational performance continues to be managed through operational management and governance structures. Detailed scrutiny and assurance continue to be provided through Board sub-committees, with the IPQR providing a consolidated summary for Board oversight.

2.2.1 Enhanced Performance Oversight Arrangements

There are a number of established mechanisms to provide enhanced oversight and support to services experiencing significant performance, quality or operational challenges. These include:

- NHS Scotland's Support and Intervention Framework.
- NHS Lothian's Performance Support and Oversight Board (PSOB).
- Existing Committee, Directorate and Executive governance arrangements.

Currently:

- CAMHS and Maternity Services are subject to enhanced monitoring through the NHS Scotland Support and Intervention Framework.
- Maternity Services, CAMHS, Cancer Services and Neurodevelopmental Services are currently subject to enhanced executive oversight through PSOB.

Detailed performance information on these services continues to be considered through the relevant governance arrangements and committees. The IPQR includes a subset of indicators where these contribute to overall organisational assurance and Board oversight.

2.3 Assessment

2.3.1 Summary

The attached IPQR highlights a mixed performance position. There has been sustained progress in reducing the longest waits across a number of pathways, including inpatient and outpatient planned care, diagnostics and CAMHS. Activity levels in several services are meeting or exceeding planned trajectories and there has been improvement against operational measures.

However, performance against several national access standards remains below target, particularly within unscheduled care, cancer services, diagnostics and mental health pathways. In many areas performance improvement is constrained by wider system factors including hospital occupancy, workforce constraints and flow through health and social care services.

The detailed assessment of performance, including trend analysis and contextual information, is contained within Appendix 1 and is supported by ongoing scrutiny through Board sub-committees.

2.3.2 Cancer Services

Performance against the 62-day Cancer standard (95% of patients starting cancer treatment within 62 days of an Urgent Suspicion of Cancer (USOC) referral) remains significantly below both the national standard and local trajectory. Cancer Services were escalated to PSOB in February 2026 and continue to receive enhanced executive oversight.

The current performance position reflects a deliberate operational focus on reducing the backlog of patients waiting longest for treatment. While this approach is reducing the backlog, it has a lagging impact on reported 62-day performance as many patients had already exceeded the national standard before treatment commenced.

A more detailed update on cancer performance, including underlying causes of deterioration in the 62-day position, actions underway, backlog reduction trajectories and planned recovery activity, will be presented to the Strategy, Planning and Performance Committee in September 2026. Current plans anticipate continued reduction in the backlog with clearance by December 2026, with improvement in overall 62-day performance expected to become evident from March 2027.

2.3.3 Quality/ Patient Care

The Healthcare Governance Committee provides detailed scrutiny and assurance regarding quality, safety and patient experience. The most recent report was considered in July 2026, with key indicators included within *Appendix 1*.

2.3.4 Workforce

The Staff Governance Committee provides detailed scrutiny and assurance regarding workforce supply, wellbeing and staff experience. The most recent report was considered in July 2026, with key indicators included within *Appendix 1*.

2.3.5 Financial

The Finance and Resources Committee provides detailed scrutiny and assurance regarding financial performance and environmental sustainability. The most recent report was considered in June 2026, with key indicators included within *Appendix 1*.

2.3.6 Risk Assessment/Management

NHS Lothian Board Corporate Risks are reported to the appropriate Board Subcommittees with risk assessments and mitigation plans detailed 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.

2.3.7 Equality and Diversity, including health inequalities

No specific decision(s) are being sought from this paper.

2.3.8 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.

2.3.9 Route to the Meeting

The indicators contained within the IPQR are routinely considered through NHS Lothian's established governance arrangements, including Board sub-committees, service operational reporting, PSOB and the Corporate Management Team. The content of the IPQR has been informed by these discussions and is intended to provide the Board with a consolidated overview of performance and quality across the organisation.

2.4 Recommendation

- **Awareness** – Members are asked to note the introduction of the IPQR, the performance position described within Appendix 1, and the role of Board sub-committees in providing detailed scrutiny and assurance of the indicators included within the report.

- **Discussion** – Members are asked to consider the areas of principal delivery risk and improvement highlighted within the report and note the planned programme of detailed scrutiny through Board sub-committees.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – NHS Lothian Integrated Performance and Quality Report August 2026

NHS Lothian

Edinburgh Health and Social Care Partnership

East Lothian Health & Social Care Partnership

Midlothian Health & Social Care

West Lothian Health & Social Care Partnership

Integrated Performance and Quality Report (IPQR)

NHS Lothian Board – 12 August 2026

How to read this report

Purpose

- The IPQR forms part of the Assurance Information System within the Board Assurance Framework
- Provides a Board-level view of performance and quality, integrating information from across governance committees

Committee Scrutiny

- Individual governance committees review the measures within their remit
- More detailed breakdowns sit with committees
- Full IPQR brought to the Board

How Measures Are Shown

- Data shown over time (typically two years)
- Scottish comparators included where useful
- Latest management information may be used ahead of national publication

Trend Signals

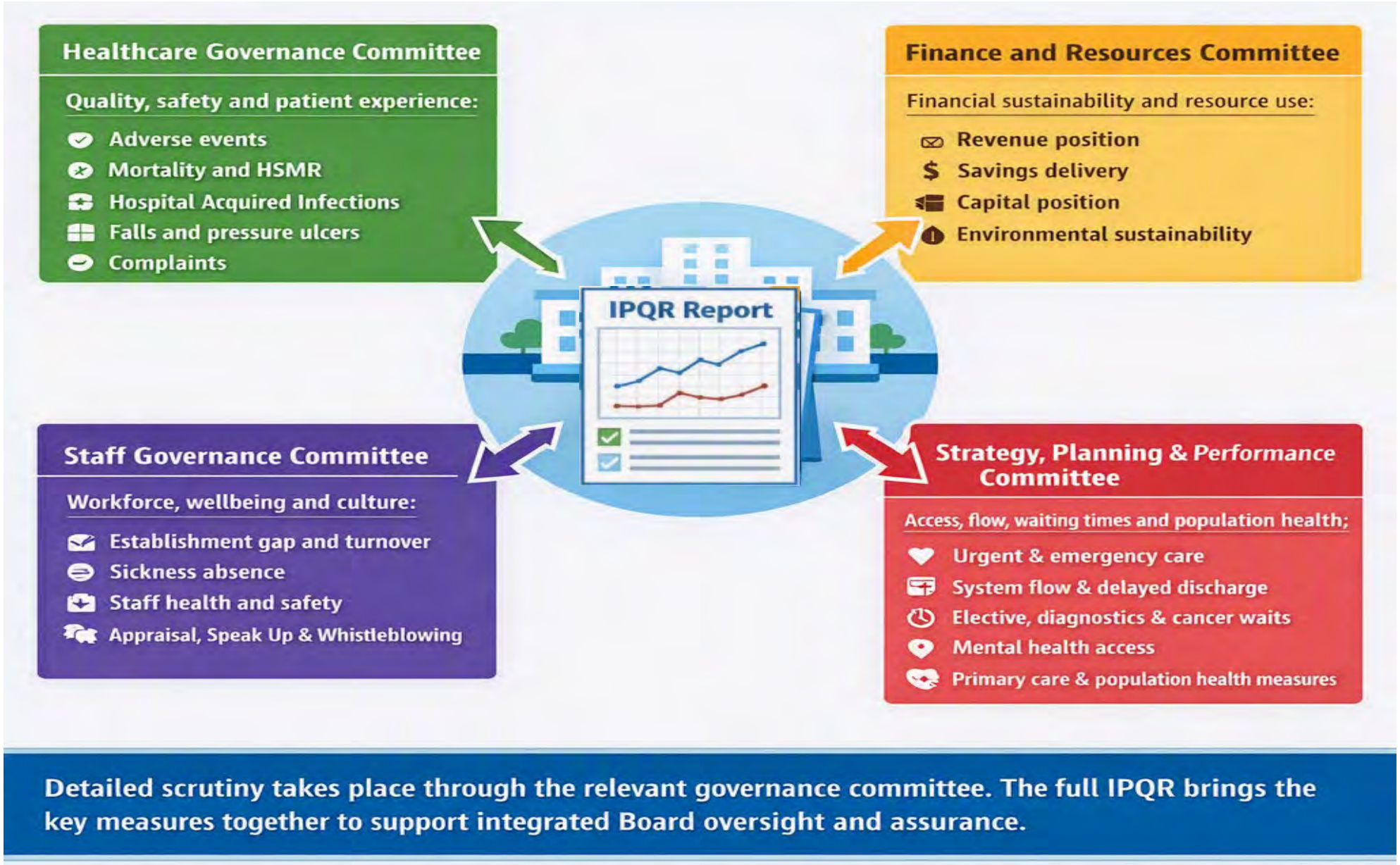
Improving - Sustained improvement beyond expected variation

Stable - Variation within expected limits

Deteriorating - Sustained worsening

Insufficient Data - Not enough observations

Committee Oversight of IPQR Measures



Executive Summary

Healthcare Governance Committee

- There has been a sustained increase in All Adverse Events reported on Datix from July 2025, reflecting continued engagement with NHS Lothian's reporting systems, while reports of Major Harm and Death remain stable with no evidence of an upward trend.
- RIE, SJH and WGH are all below the upper warning limit for the most recent reporting period of HSMR (January to December 2025).
- There has been a sustained reduction in All Falls reported across NHS Lothian Inpatient areas.
- There has been a sustained increase in the number of Pressure Ulcers (PU) recorded as Moderate, Major Harm or Death across NHS Lothian. This largely reflects improved reporting following changes in recording processes and the focused work of the PU Collaborative. Increasing the reporting of all grades of pressure ulcers supports earlier intervention and proactive management, with the aim of reducing overall severity over time.

Finance and Resources Committee

- NHS Lothian revenue position reported an £8.5m deficit at Month 3, driven by a gross operational overspend of approximately £16m across Business Units partially mitigated through the release of planned resources.
- The Financial Plan assumes achievement of 3% savings (£68.5m). Savings plans totalling £50.1m were identified in the financial plan, with a further £3.6m identified by month 3, bringing total identified schemes to £53.8m.
- The largest adverse variances are within the Acute Services Division (£12.3m overspend) and Facilities (£2.7m overspend), with several other service areas also reporting pressures. These are only partially offset by favourable movements in reserves and HSCP services.
- Capital expenditure at Month 3 was £1.3m, with a further £14.4m committed through purchase orders. Together this represents 30% of the annual capital budget either spent or committed, and a breakeven capital position is forecast for 2026/27.

Executive Summary

Staff Governance Committee

Sustainable Workforce

- Whilst there has been a slight increase in the level of establishment gap, it remains at a historically low level. This is largely due to increases in funded establishment associated with the reduced working week. Staff turnover continues to fluctuate month-to-month with no clear sustained trend and remains below pre-pandemic levels.

Workforce Wellbeing

- Sickness absence remains within the expected range of variation and NHS Lothian continues to report the second lowest rate among the five largest NHS Scotland Boards. RIDDOR incidents, Occupational Health referrals, and reports of violence, aggression and other unwanted behaviours continue to show month-to-month variation, with no clear sustained shift in trend.

Culture & Staff Experience

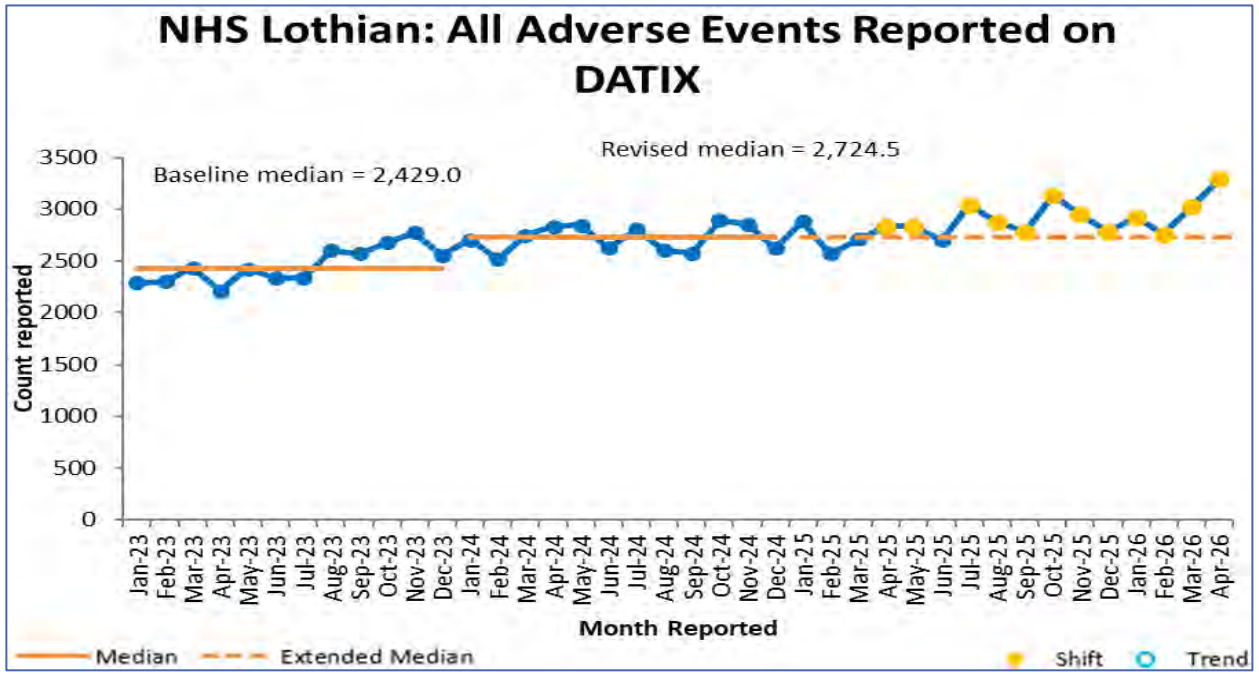
- Appraisal completion rates have recovered slightly in recent months but remain below the national standard of 80%. Speak Up cases and whistleblowing concerns remain relatively low in number, with continued monitoring required to identify any sustained change in reporting patterns.

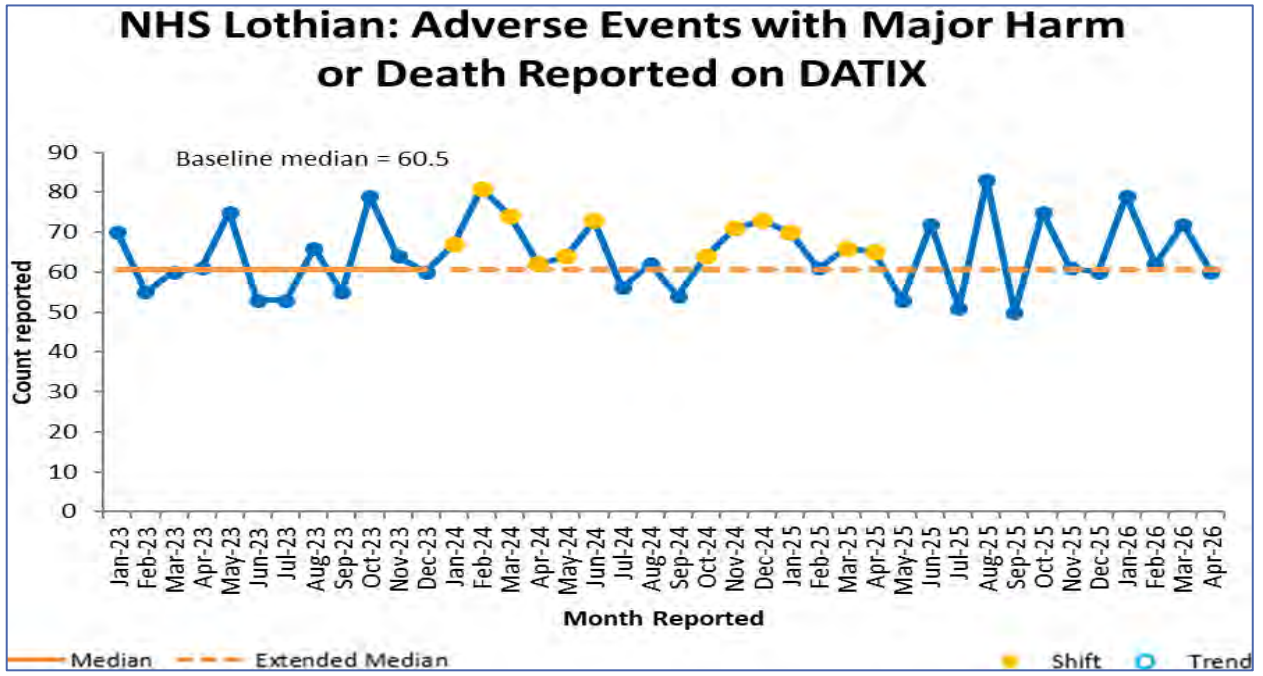
Strategy, Planning and Performance Committee

- **System flow remains constrained –** Performance against the 4-hour emergency access standard remains well below the national target but is stable over time, indicating sustained system pressure rather than recent deterioration.
- **Demand is high but stable –** A&E attendances and general practice activity show no significant change over time, suggesting that current pressures are driven by system capacity and flow rather than increasing demand.
- **Long waits show improvement but remain a concern –** There has been a sustained reduction in 8-hour breaches and delayed discharges since early 2025. However, recent data indicates a return towards long-term averages, and further data is required to confirm whether improvements will be sustained.
- **Hospital occupancy remains high –** Adult acute bed occupancy continues to operate at levels above those typically associated with optimal patient flow, contributing to delays across urgent and elective care pathways.
- **Elective performance remains challenged –** Despite progress in reducing long waits (52+ weeks), performance against 12-week standards for inpatient and outpatient care remains below target and is unlikely to recover in the short term.
- **Cancer performance is mixed –** The 31-day standard remains close to target overall, with variation by tumour type. Performance against the 62-day standard is below target, reflecting the impact of prioritising the longest waits.
- **Mental health performance is stable –** Referral-to-treatment standards for CAMHS and psychological therapies remain stable within expected variation, although occupancy and delays continue to indicate system pressure in inpatient settings.

Adverse Events

Lead Committee – Healthcare Governance

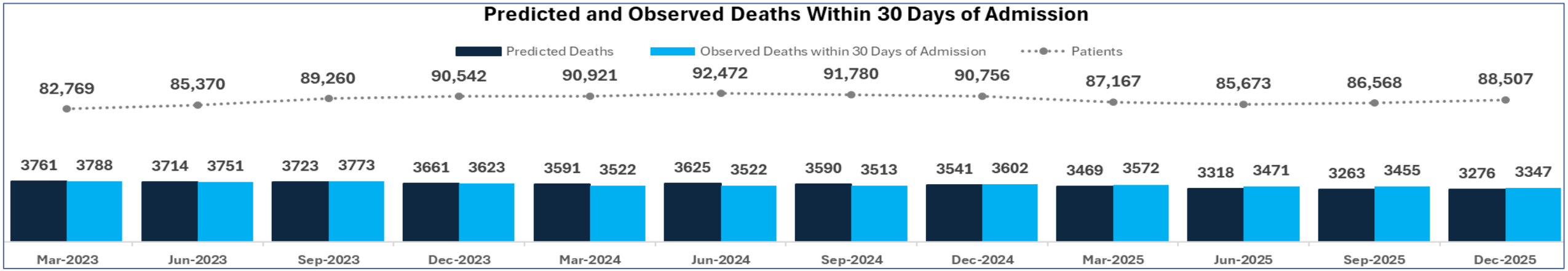


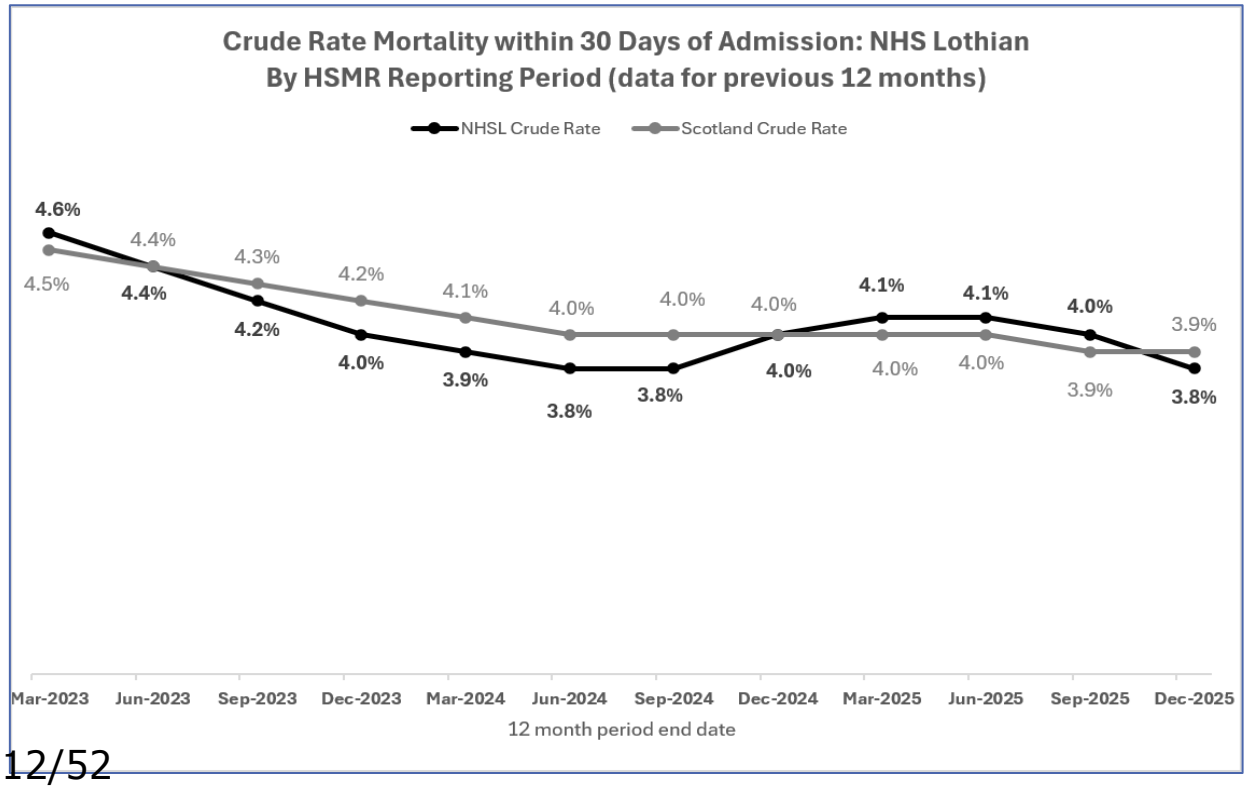


Measure Definition Monthly run chart of all adverse events reported on Datix across NHS Lothian.	Measure Definition Monthly run chart of all adverse events with major harm and or death reported on Datix across NHS Lothian.
Why it matters Monitoring all adverse events over time supports NHS Lothian's open reporting culture while enabling effective oversight and management of overall event numbers. What is this showing? A sustained increase of all adverse events reported from July 2025 (10 data points). The median will be rephased once 12 data points are available.	Why it matters Monitoring adverse events with major harm or death over time highlights trends in the most serious events, supporting timely escalation, focused actions, and tracking progress towards reducing the number of events. What is this showing? Normal variation.

Crude Mortality Rate within 30 Days of Admission

Lead Committee – Healthcare Governance





Measure Definition

Number of deaths within 30 days of admission/total number of admissions for each 12-month HSMR reporting period.

Why it matters

Crude Mortality Rate provides a view of unadjusted mortality levels by 12-month reporting period.

What is this showing?

NHSL Crude Mortality Rate in December 2025 was 3.8% for the current 12-month reporting period. The national rate was 3.9%.

3.8% NHSL Crude Mortality Rate (December 2025)

3.9% Scotland Crude Mortality Rate (December 2025)

Hospital Standardised Mortality Rate (HSMR)

Lead Committee – Healthcare Governance

NHS Lothian

Hospital Standardised Mortality Ratio

Publication Date: 12th May 2026

Latest Hospital Standardised Mortality Ratio

Please note that as of August 2019, HSMR is presented using a 12 month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to **Crude Trends (Overall)**.

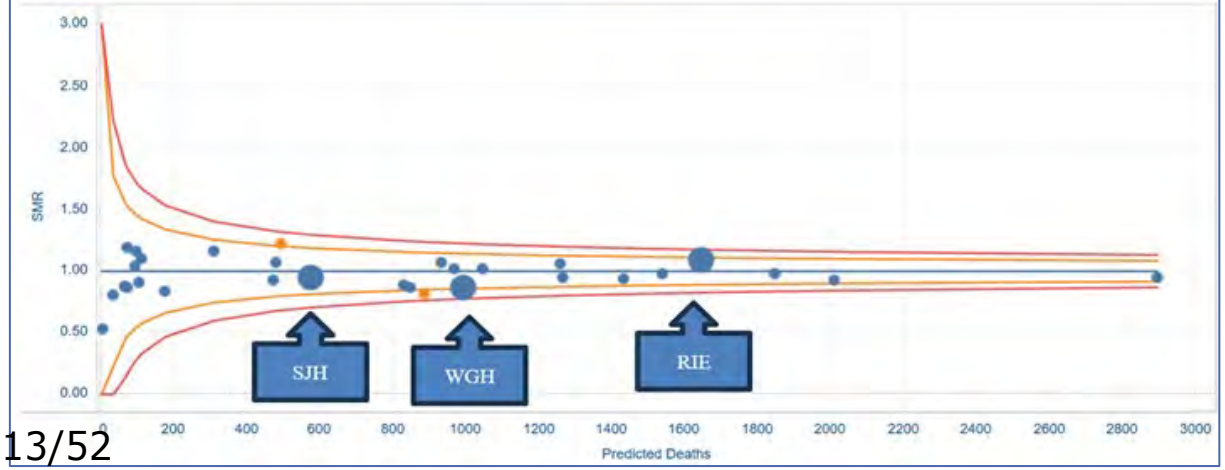
Health Board of Treatment: NHS Lothian

Period: January 2025 to December 2025

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	**26,281**	**26,281**	**669,659**	**3.9%**	**1.00**	**n/a**
NHS Lothian	3,347	3,276	88,507	3.8%	1.02	n/a
Royal Infirmary of Edinburgh at Little France	1,784	1,645	39,757	4.5%	1.08	●
St John's Hospital	545	576	20,108	2.7%	0.95	●
Western General Hospital	859	995	16,880	5.1%	0.86	●

Funnel Plot by Hospital: January 2025 to December 2025

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Measure Definition

Total number of Observed Deaths/Predicted Deaths within 30 days of admission to hospital.

Why it matters

HSMR indicates whether number of deaths are higher or lower than predicted. HSMR requires careful interpretation and should be used in conjunction with other indicators and information from other sources. A single high value of HSMR is not sufficient evidence on which to conclude poor quality or unsafe service. It should instead be regarded as a trigger for further investigations.

What is this showing?

For the period of January to December 2025 HSMR for NHS Lothian is 1.02.

All 3 NHS Lothian sites (RIE, SJH and WGH) are below the upper warning limit on the funnel plot.

Hospital Standardised Mortality Ratio (Most Recent Publication)

Janauary 2025 - December 2025

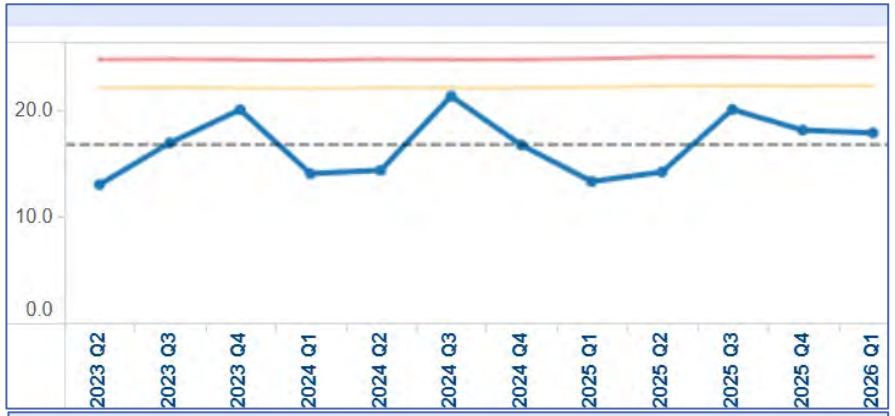
Board/Hospital	HSMR / SMR	Number of Patients	Number of Observed Deaths
NHS Lothian	1.02	88,507	3,347
RIE	1.08	39,757	1,784
SJH	0.95	20,108	545
WGH	0.86	16,880	859

1.02 NHSL HSMR (December 2025)

1.00 Scotland HSMR (December 2025)

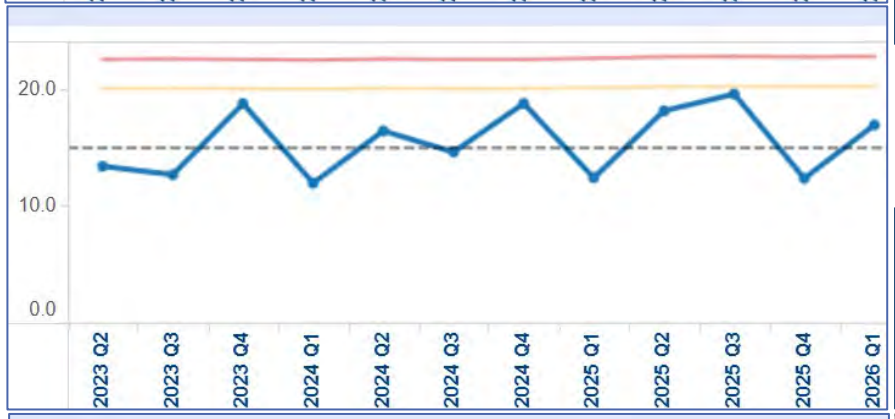
Hospital Acquired Infections (HAIs)

Lead Committee – Healthcare Governance



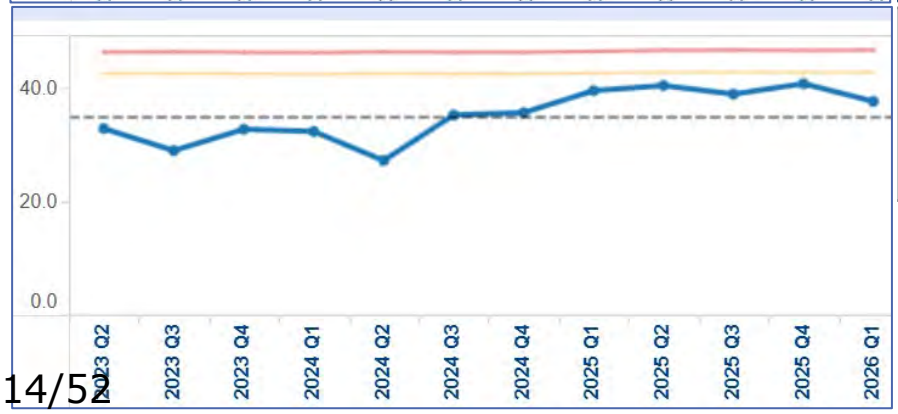
Rate of SAB across Lothian – 17.7
Scotland Average SAB Rate – 18.9
(Q1 2026/27)

Measure Definition - SAB (*Staphylococcus aureus* bacteraemia) incidence rates (per 100,000 Total Occupied Bed Days (TOBD)) in HAI cases.



Rate of CDI across Lothian – 16.9
Scotland Average CDI Rate – 13.9
(Q1 2026/27)

Measure Definition – CDI (*Clostridioides difficile* infection) incidence rates (per 100,000 TOBD) in HAI cases.



Rate of ECB across Lothian – 37.7
Scotland Average ECB Rate – 39.5
(Q1 2026/27)

Measure Definition - ECB (*Escherichia coli* bacteraemia) incidence rates (per 100,000 TOBD) in HAI cases.

Why it matters

HAIs are serious infections that can lead to significant harm or death. Monitoring them allows us to identify increases and take timely action.

What is this showing?

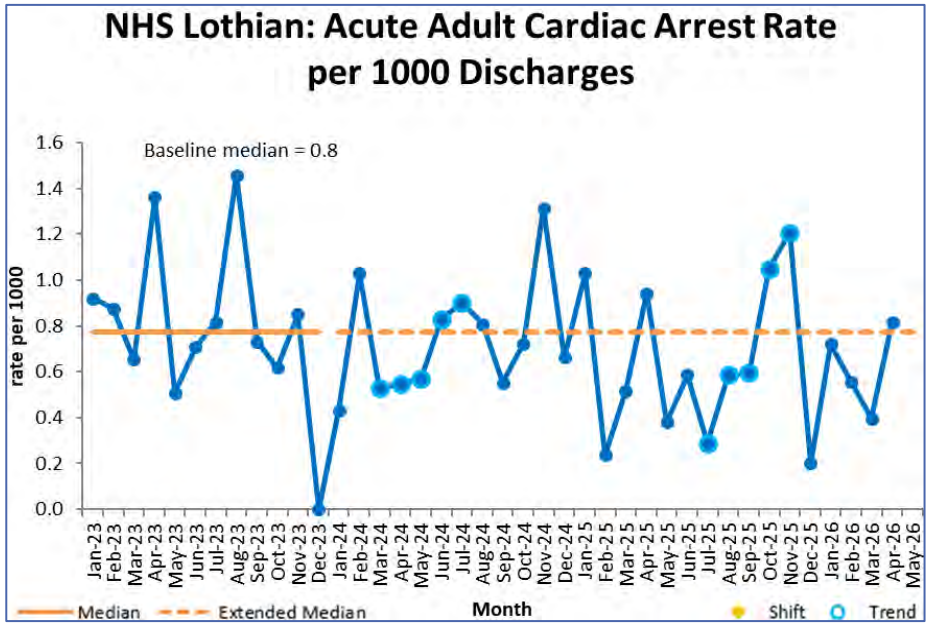
There are no exceptions to report when benchmarking against NHS Scotland performance.

No NHS boards were above normal variation when analysing trends for healthcare associated CDI, SAB or ECB over the past three years.

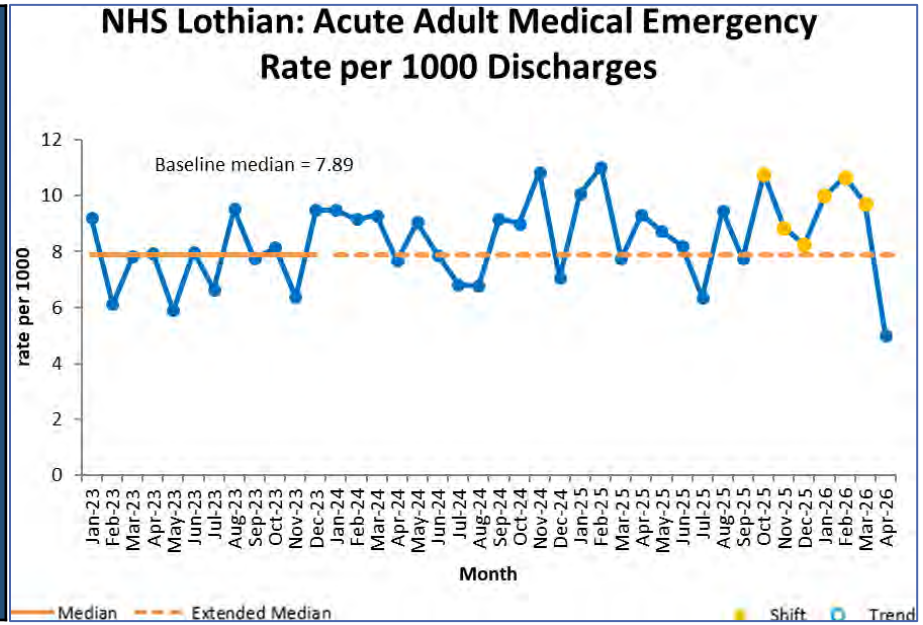
NHS Lothian continues to perform comparably, or better than, boards of similar size and complexity.

Cardiac Arrest and Medical Emergency Rates

Lead Committee – Healthcare Governance



Median Rate of 0.8 Cardiac Arrests across Lothian



Median Rate of 7.89 Medical Emergencies across Lothian

<u>Measure Definition</u>

Monthly run chart with the rate of 2222 calls which were for a Cardiac Arrest. Calls relating to staff, visitors, out of hospital arrests, out-patients, ED, ITU, CCU, Daycase and Obstetrics are excluded.

<u>Why it matters</u>

In-hospital Cardiac Arrests are associated with a high mortality rate. Monitoring cardiac arrests over time highlights trends, supporting timely escalation, focused actions, and tracking progress towards maintaining a low cardiac arrest rate.

<u>What is this showing?</u>

The 12-month baseline median shows a rate of 0.8. There are 2 upwards trends starting in March 2024 and July 2025.

<u>Measure Definition</u>

Monthly run chart with the rate of 2222 calls which were for a Medical Emergency. Calls relating to Out-patients, ED, ITU, CCU, Daycase and Obstetrics are excluded.

<u>Why it matters</u>

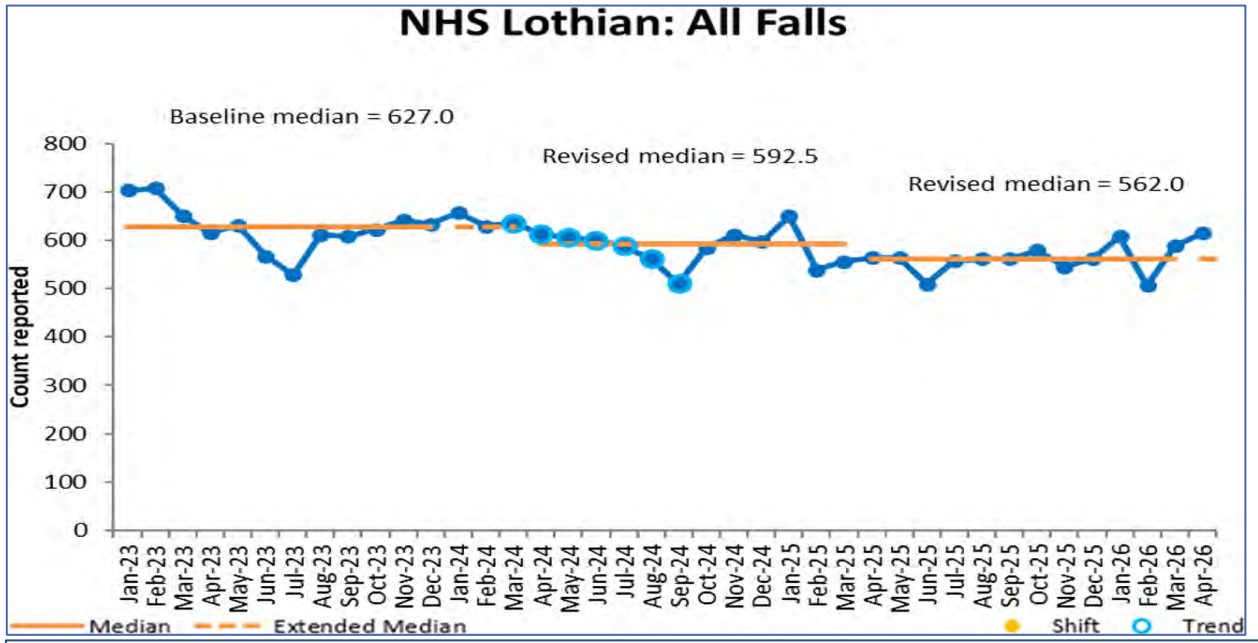
Medical Emergencies are an important marker for early intervention. Current work is focused on eliminating the number of Medical Emergencies with evidence of early deterioration which was not recognised or acted upon.

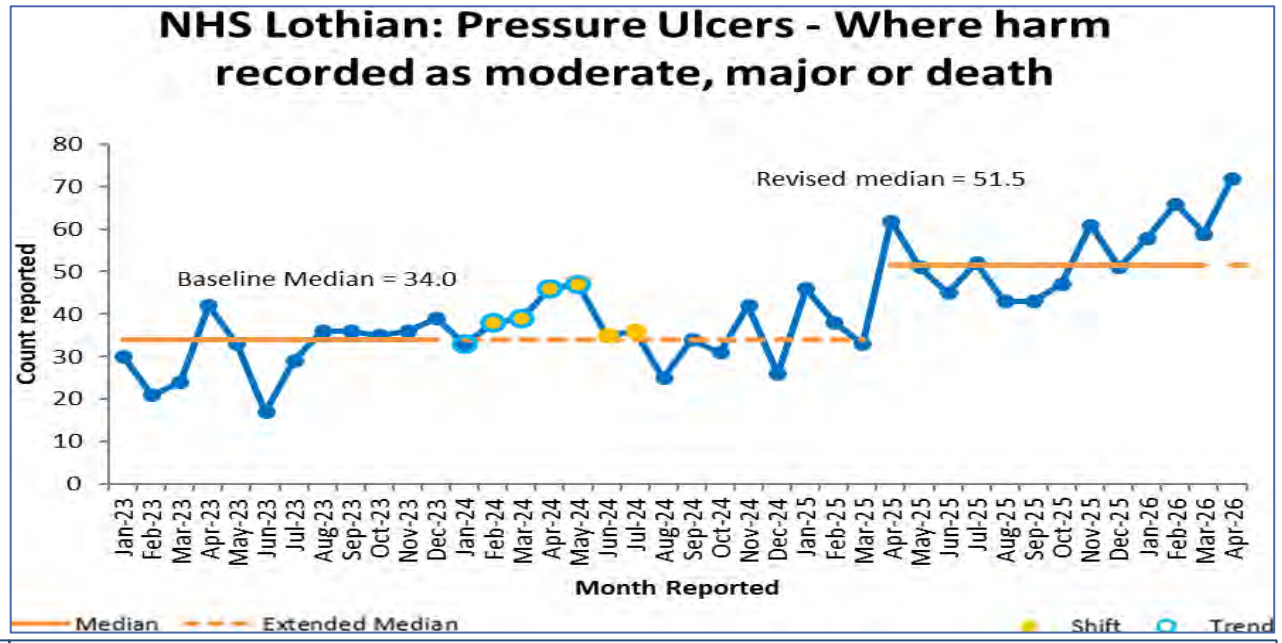
<u>What is this showing?</u>

The 12-month baseline median shows a rate of 7.89. There was a shift of 6 points showing an increase, but this was not sustained.

Falls and Pressure Ulcers

Lead Committee – Healthcare Governance





Measure Definition

Count of all falls reported on Datix across NHS Lothian Inpatient Sites (including Community Hospitals)

Measure Definition

Monthly run chart on the number of Pressure Ulcers incidents reported on Datix across Lothian with moderate harm, major harm or death. This includes all reported pressure ulcers regardless of origin.

Why it matters

Monitoring falls reported across inpatient sites over time supports NHS Lothian's commitment to consistent and transparent reporting while enabling effective oversight and management of progress toward falls reduction across acute and community settings.

What is this showing?

Sustained improvement in the number of falls reported across NHS Lothian In-Patient sites (10% reduction since 2023 baseline).

Why it matters

Pressure ulcers are among the top ten harms in healthcare. They cause unnecessary pain, longer hospital stays, and higher costs.

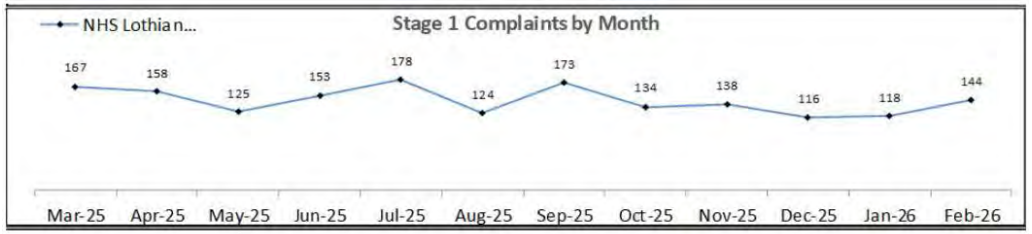
What is this showing?

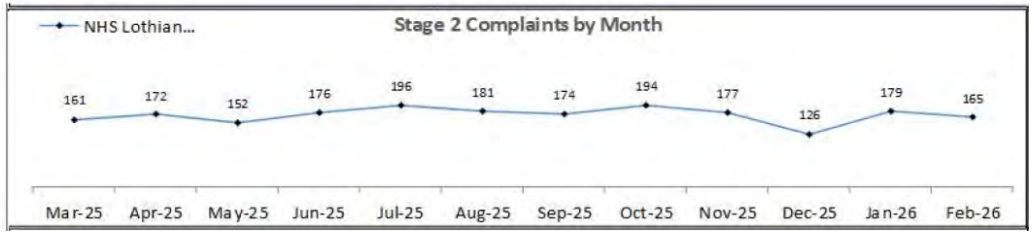
There has been a sustained increase in pressure ulcers reported.

It should also be noted, however, that a change in reporting and the launch of the collaborative have increased reporting in most recent months.

Complaints

Lead Committee – Healthcare Governance



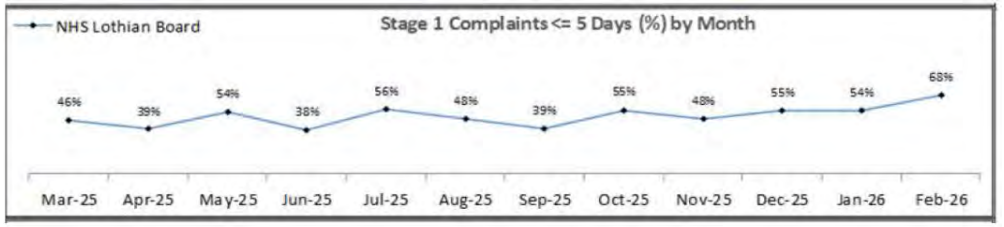


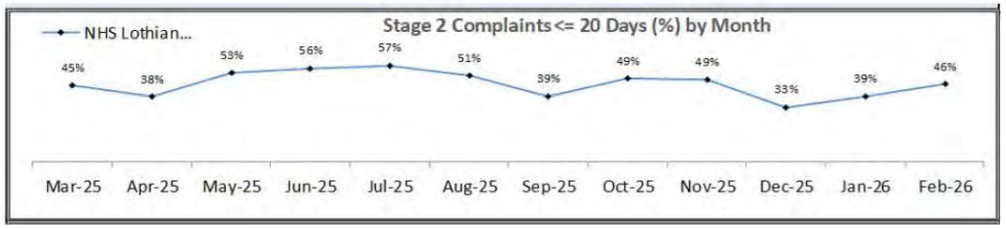
144 Stage 1 Complaints (February 2026)

165 Stage 2 Complaints (February 2026)

68% Stage 1 Complaints Responded to within 5 Days (February 2026)

46% Stage 2 Complaints Responded to within 20 Days (February 2026)





Measure Definitions
Monthly run charts of
- All stage 1 complaints received
- All stage 2 complaints received

Measure Definitions
Monthly run charts of
- % of all stage 1 complaints achieving 5-day target.
- % of all stage 2 complaints achieving 20-day target.

Why it matters
Monitoring patient feedback through complaints is important. Stage 1 complaints support the early, local resolution of straightforward concerns. Monitoring Stage 2 complaints is important as they indicate more complex or unresolved concerns requiring formal investigation, with a 20-working-day response providing timely assurance and learning.

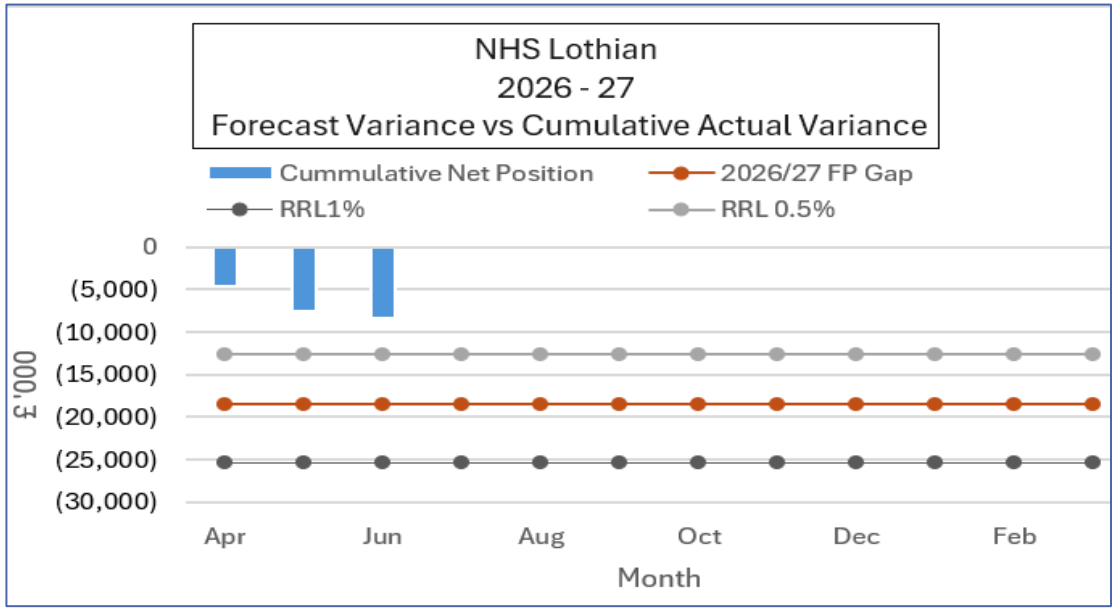
What is this showing?
Between March 2025 to February 2026 the number of complaints ranges each month from 124 to 178 for Stage 1 and from 126 to 196 for Stage 2.

Why it matters
Monitoring the percentage of Stage 1 complaints meeting the 5-day target and Stage 2 complaints meeting the 20-day target demonstrates timely, effective handling of concerns, supporting good patient experience and accountability.

What is this showing?
Between March 2025 to February 2026 percentages achieving the targets for Stage 1 complaints ranges from 38% to 68%, and for Stage 2 complaints ranges from 33% to 57%.

Financial Measures

Lead Committee – Finance and Resources



Business Unit	YTD Variance £'000
Acute Services Division	(12,266)
REAS	(1,728)
Edinburgh Partnership	(297)
East Lothian Partnership	255
Midlothian Partnership	190
West Lothian Partnership	18
Directorate Of Primary Care	305
Facilities	(2,773)
Corporate Services	(469)
Strategic Services	(217)
Inc + Assoc Hlthcare Purchases	970
Reserves	7,596
Total Variance	**(8,447)**

Sustainability & Value	**£'000**
3% Savings Target	**68,545**
Schemes Identified in Financial Plan	**50,091**
Additional Schemes Identified in Year	**3,661**
Total Schemes Identified	**53,752**
Planned Delivery April	**7,042**
Achieved April	**6,254**
Shortfall in delivery	**(787)**

Revenue Financial Position

NHS Lothian recorded a deficit of £8.5m at Month 3. This reflects an operational overspend across Business Units of £16m, partially offset by release of resources of £7.5m identified within the 26/27 Financial Plan to support a path to break even. The 26/27 Financial Plan forecast an £18.5m gap, which represented the level of saving plans still to be identified to achieve 3% savings or £68.5m.

Sustainability & Value

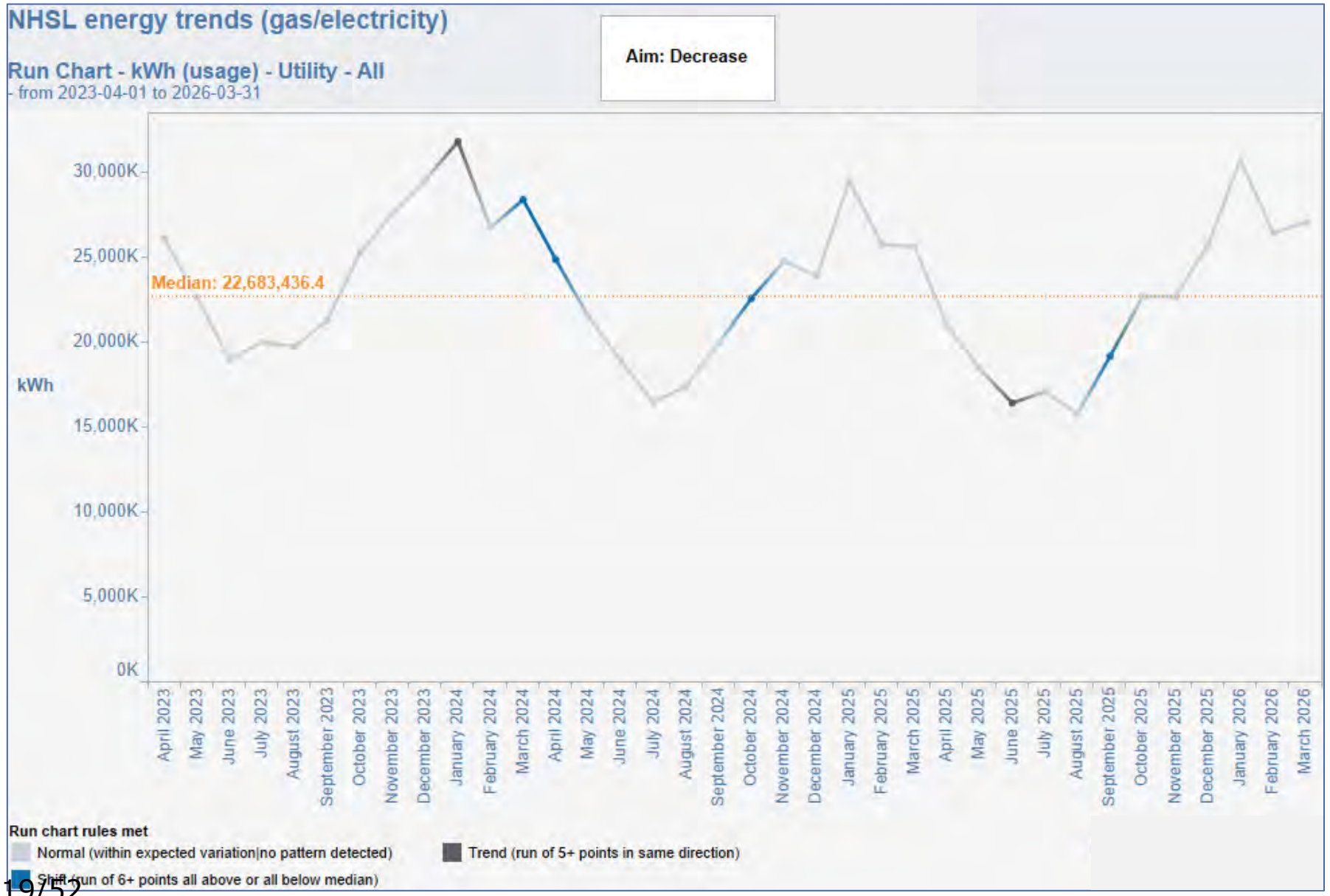
Efficiency savings of £50m were identified in the Financial Plan, leaving an £18.5m shortfall. A further £3.6m of schemes have now been identified. Planned delivery in May was £7m versus £6.3m delivered, leaving a £0.7m shortfall.

Capital Position

Capital spend to the end of Month 3 was £1.3m, or 3% of the £53m annual capital budget. A further £14.4m of the capital budget is committed through purchase orders. Combined, this indicates that 30% of the 2026/27 capital budget has either been spent or committed at the end of M03. A breakeven capital position is forecast for 2026/27.

Environmental Sustainability – Energy Usage

Lead Committee – Finance and Resources



Measure Definition

Usage in kilowatt-hours (kWh) of electricity and gas.

Why it matters

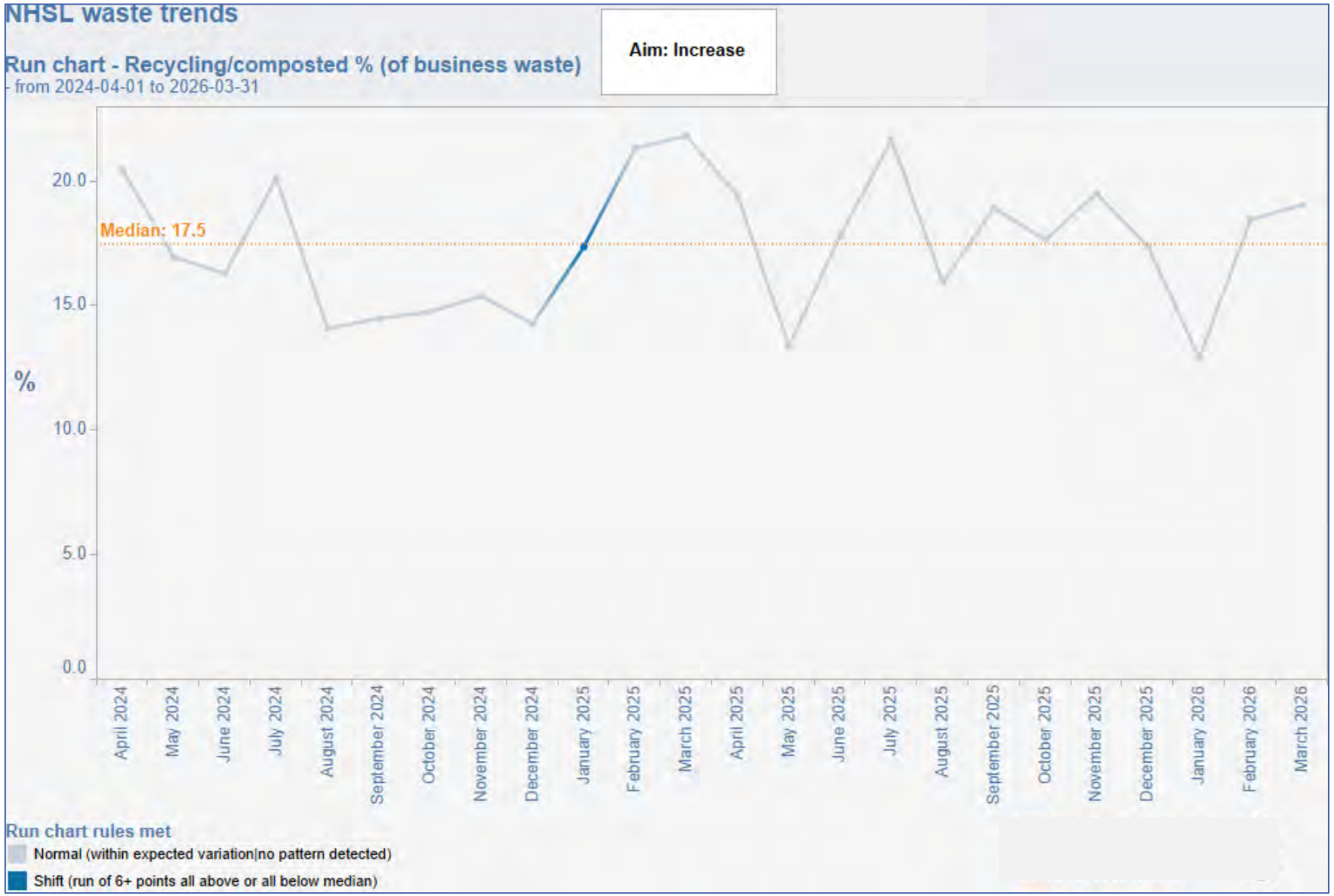
An indicator of whether energy consumption is rising or falling over time.

What is this showing?

Median usage of 22,683 kWh. There is clear seasonal variation with higher gas usage in the winter and lower in summer. There has been an overall reduction in energy use since 2023/24.

Environmental Sustainability – Recycling

Lead Committee – Finance and Resources



Measure Definition

Recycling and composted waste as a percentage of 'Business Waste'. Business Waste excludes construction, commercial and industrial waste, clinical waste and food waste.

Why it matters

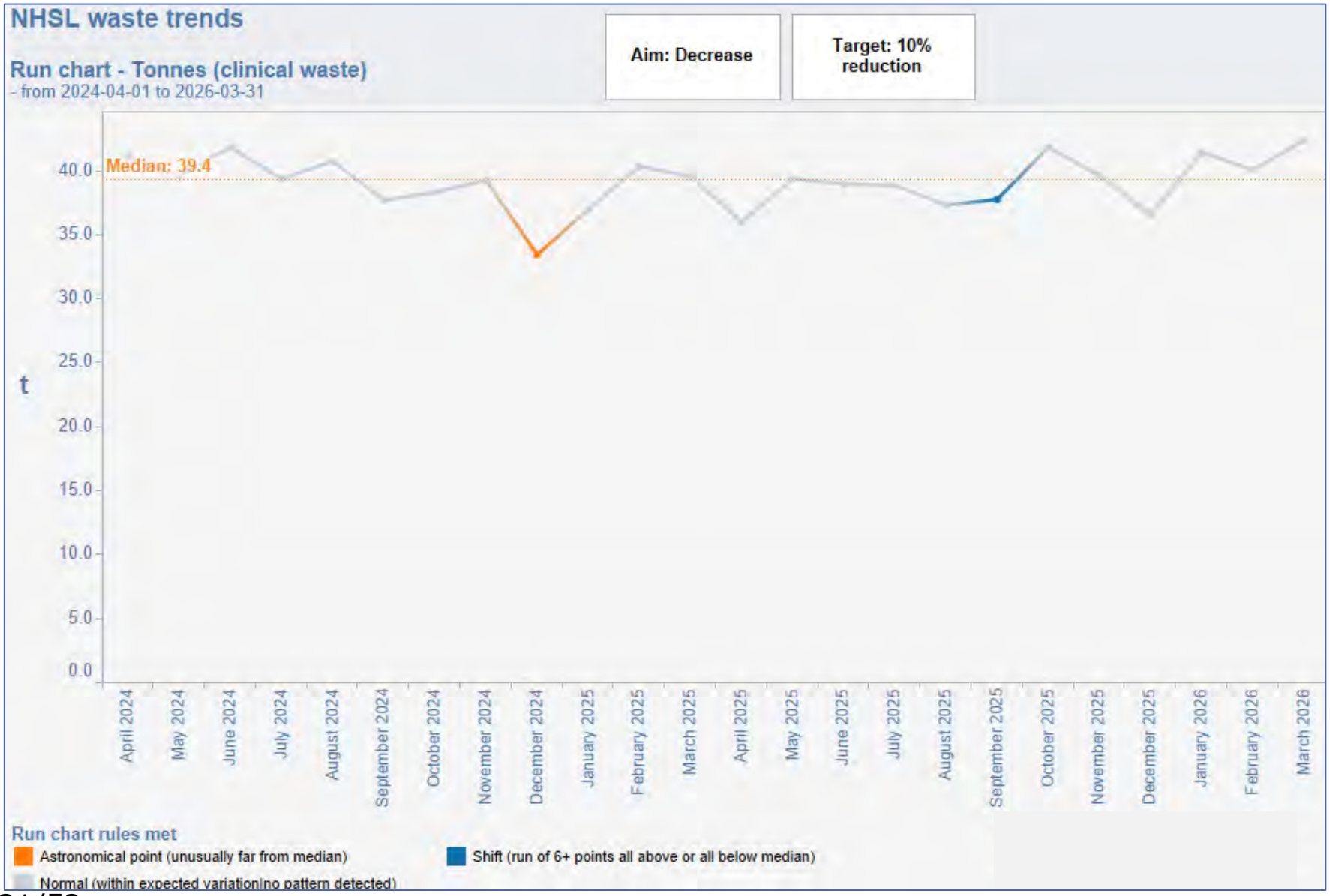
An indicator of whether the behavioural process of recycling is improving.

What is this showing?

The current median is 17.5%. Data from 2025 onwards show no evidence of non-random variation. Historical trends show a sustained plateauing from August 2024 which culminated in six consecutive points below the median by January 2025, confirming a statistically significant shift. Subsequent data show no further signals, indicating a return to typical process variation.

Environmental Sustainability – Clinical Waste

Lead Committee – Finance and Resources



Measure Definition

Absolute tonnage of all NHSL clinical waste. Includes all clinical waste streams (i.e. orange bags, yellow rigids (infectious pharmaceutical sharps), blue rigids (pharmaceutical waste), infectious anatomical waste, yellow bags, purple rigids (cytotoxic & cytostatic waste).

Why it matters

An indicator of whether the clinical waste burden is rising or falling. Clinical waste disposal is expensive and energy intensive.

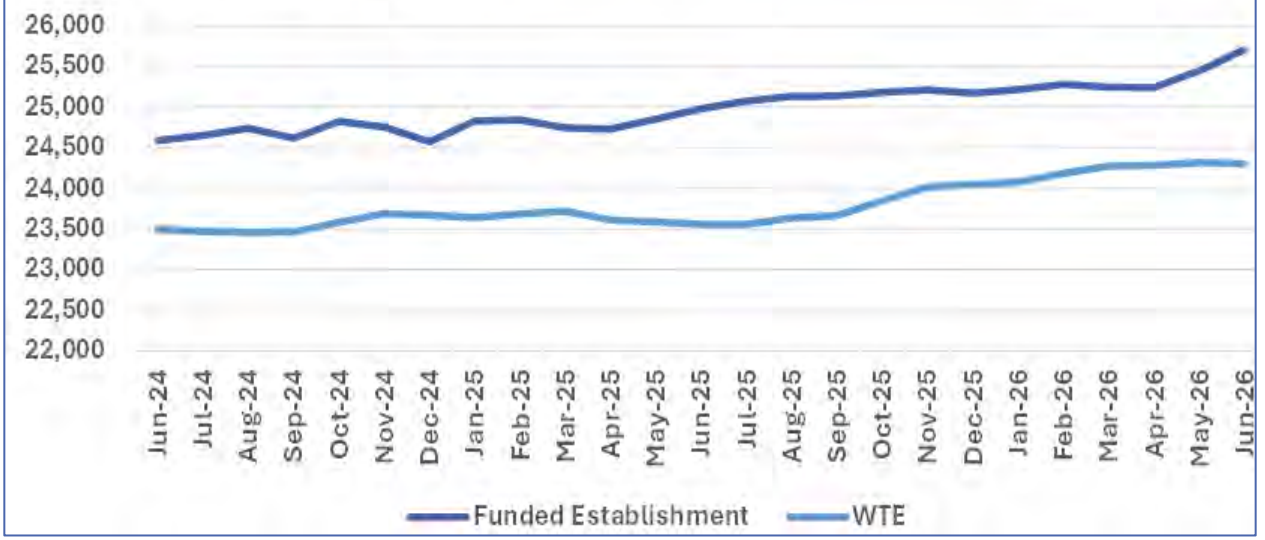
What is this showing?

The current median is 39.4 tonnes. While a downward shift was observed in autumn 2025, this was not sustained and subsequent waste volumes showed more variation.

Sustainable Workforce

Lead Committee – Staff Governance

Establishment Gap



Measure Definition

The difference between the total funded establishment compared to the total whole time equivalent (WTE) of staff in post monthly.

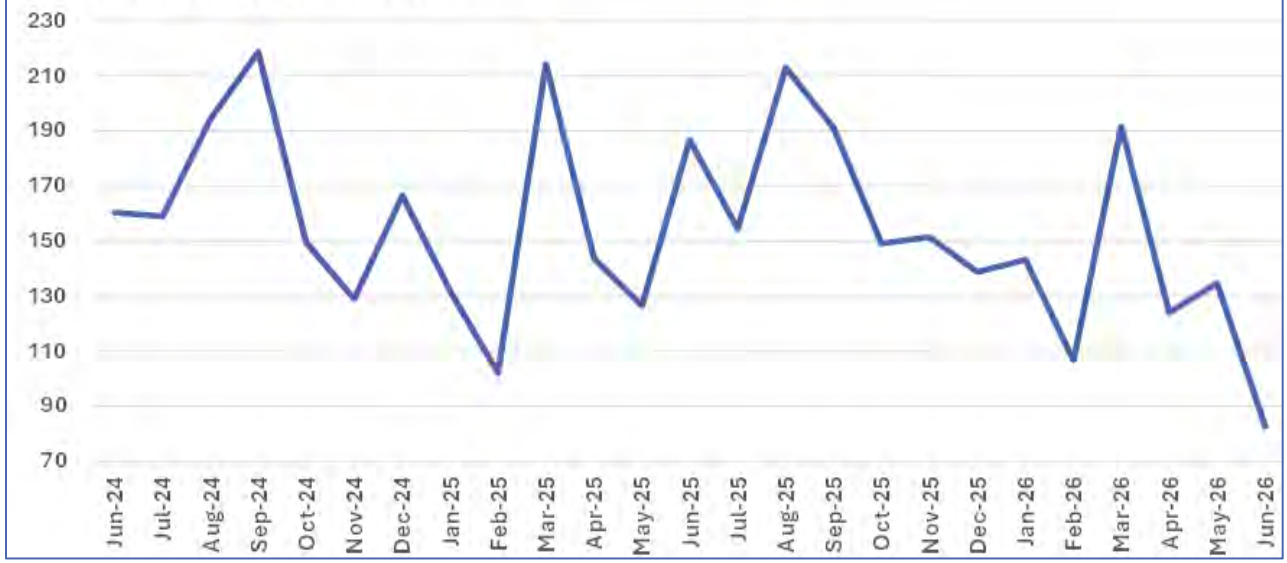
Why it matters

Where services are operating with a significant establishment gap this means that their workforce are likely under pressure and at a greater risk of being unable to meet demand and maintain standards of care. Often gaps, particularly in nursing, require to be covered by supplementary staffing.

What is this showing?

The percentage establishment gap for June 2026 was 5.5%, an increase of 1.1% from May 2026, and a decrease of 0.2% from June 2025, representing normal variation.

Staff Turnover - WTE



Measure Definition

The number of staff leaving the organisation each month, based on WTE (excluding medical and dental trainees).

Why it matters

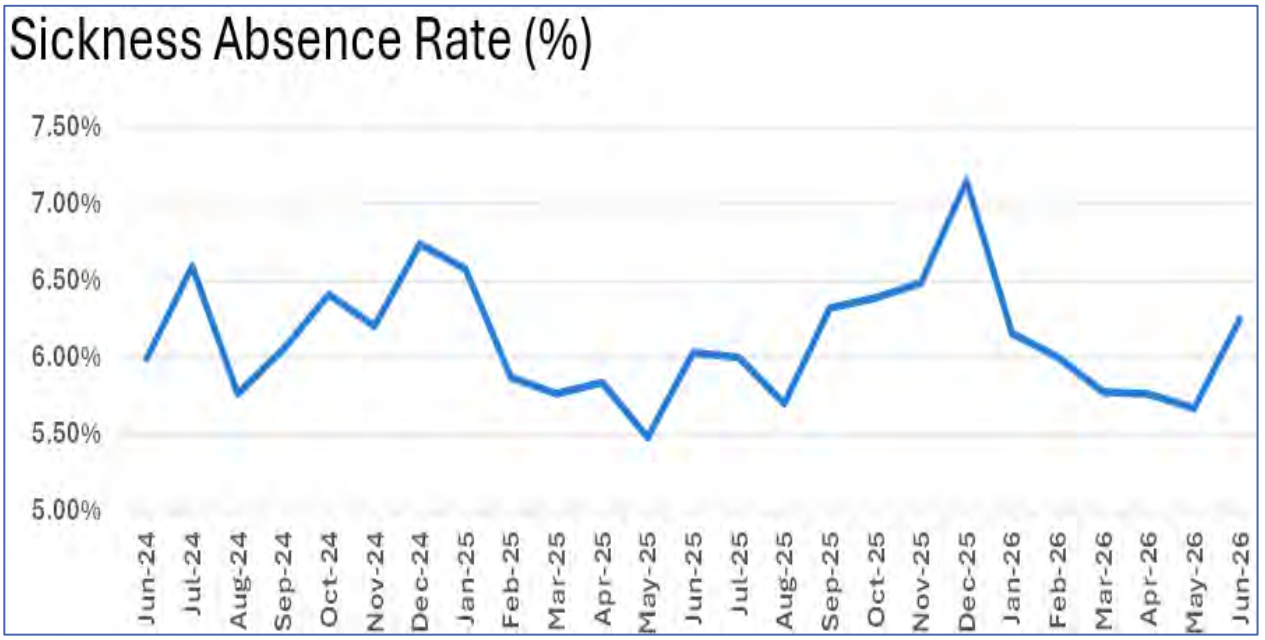
High turnover can lead to difficulties in maintaining staffing levels and associated recruitment can be labour intensive. High turnover is likely to increase reliance on supplementary staffing.

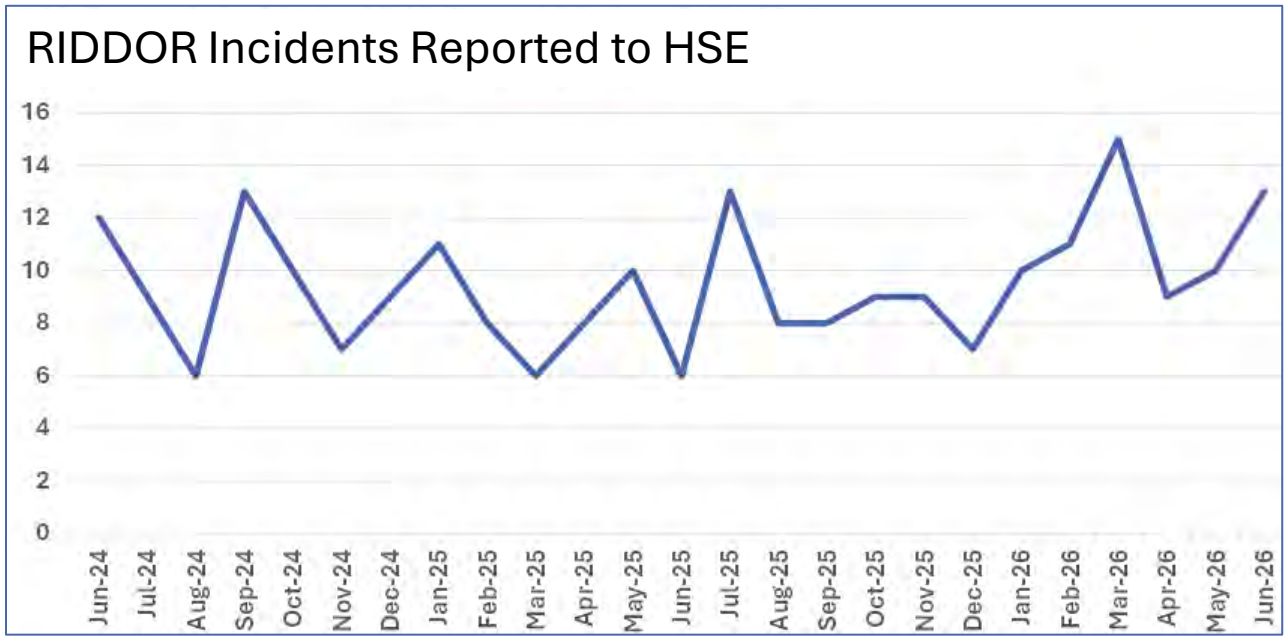
What is this showing?

There is no obvious sustained shift or trend, so, the fluctuations reflect normal variation. Please note that the June 2026 figures may change as some records may still be in the middle of being processed.

Workforce Wellbeing

Lead Committee – Staff Governance





Why it matters

Changes to sickness absence impact on productivity and lead to workforce shortages. Changes in headline figures can act as a prompt for further investigation to identify stress, poor working conditions, health risks and/or cultural concerns.

What is this showing?

The sickness absence rate in June 2026 was 6.25%. The average sickness absence rate over the previous 12 months (July 2025 to June 2026) was 6.14%, and so the data is showing normal variation.

NHS Lothian continues to have the second lowest sickness absence rate of the 5 largest NHS Boards (SWISS, April 2025/2026).

Why it matters

RIDDOR incidents represent some of the most serious work-related injuries, occupational diseases and dangerous occurrences. Reporting and investigating these incidents supports organisational learning, informs preventative action, and helps minimise risks to staff.

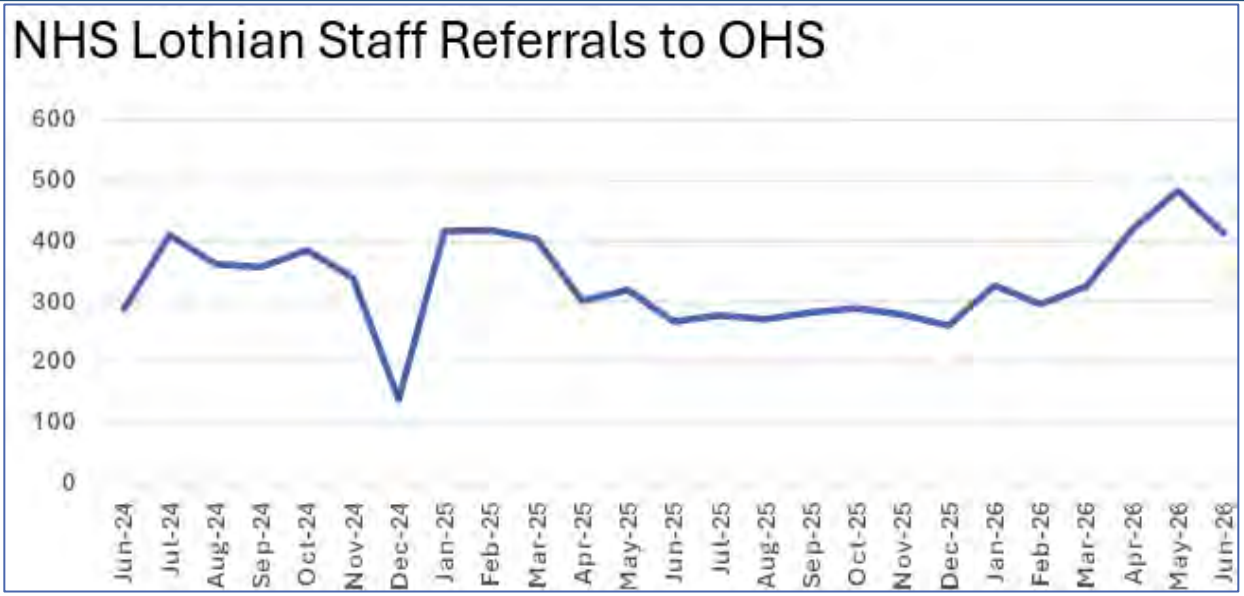
What is this showing?

The number of RIDDOR incidents reported to HSE shows normal variation.

Workforce Wellbeing

Lead Committee – Staff Governance

NHS Lothian Staff Referrals to OHS



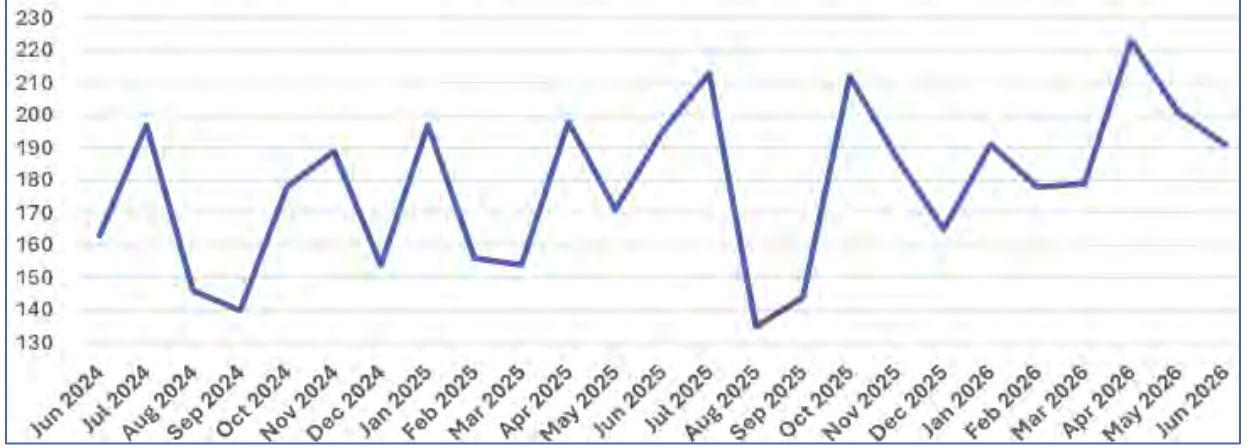
Why it matters

This provides an indication of the extent that managers are managing sickness absence effectively. It also demonstrates compliance with the Health and Safety Act and Equality Act. Significant increases or decreases will warrant further investigation.

What is this showing?

Staff referrals to the Occupational Health Service (OHS) demonstrate month-to-month variation, with an increase observed in recent months. While referral levels have risen since early 2026, additional data points are required to determine whether this represents a sustained shift in demand or normal variation over time.

Number of Adverse Events Reported under Violence/Aggression/Other Unwanted Behaviours



Why it matters

The number of adverse events relating to Violence/Aggression and Other Unwanted behaviours provides an assessment of the extent to which staff are subject to harm. When triangulated with other measures it may help indicate the impact of staffing pressures and/or flag up cultural concerns.

What is this showing?

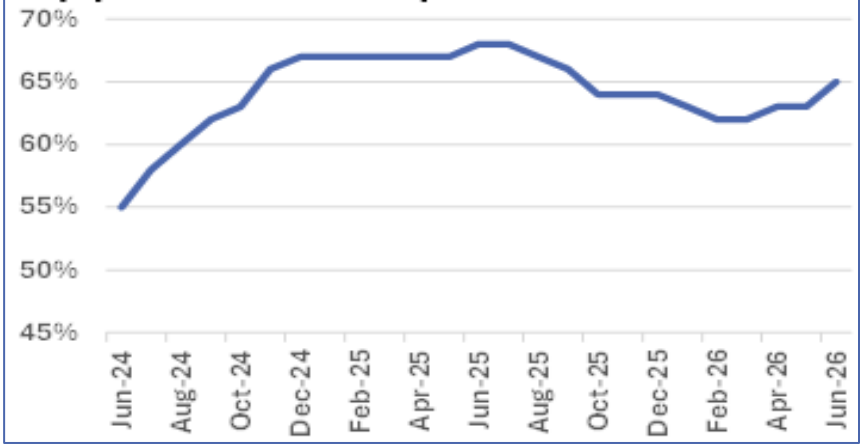
Reports of violence, aggression and other unwanted behaviours demonstrate month-to-month variation, with incident levels generally remaining within a similar range throughout the period. While there has been some increase in reported incidents in recent months, additional data points are required to determine whether this represents a sustained shift or normal variation over time.

Culture and Staff Experience

Lead Committee – Staff Governance

NHS Lothian

Appraisal Completion



Why it matters

Appraisals support staff wellbeing, development and performance. Completion rates indicate whether staff receive regular, structured conversations about objectives, feedback and professional growth, helping align individual and organisational priorities.

What is this showing?

Following sustained improvement from 55% in June 2024 to 68% in mid-2025, appraisal completion rates have fallen from their peak, although there has been some recovery to 65% in June 2026. The continued gap against the national standard of 80% presents an ongoing risk to workforce assurance and performance oversight.

Number of Speak-Up cases

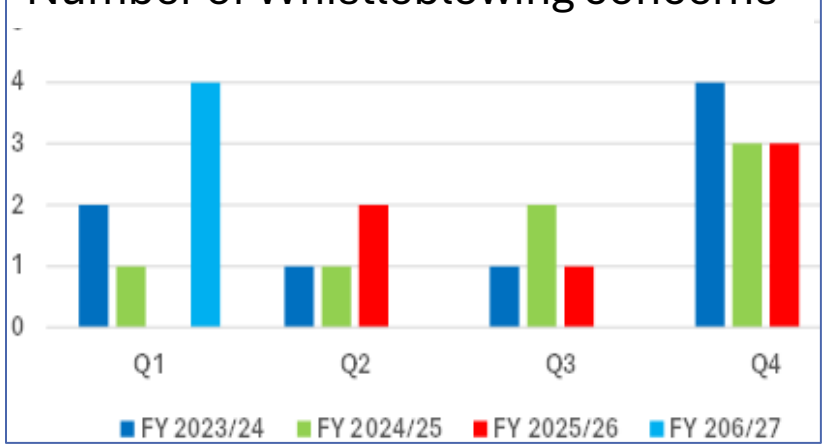
Why it matters

Speak-up cases provide an assessment of the number of instances where individuals have found existing line management reporting lines do not enable them to escalate issues effectively. It also provides early warning of bullying, discrimination, safety risks, or misconduct before they escalate.

What is this showing?

There were 37 Speak Up cases recorded in Q1 2026/27, an increase from 27 cases reported during the same period in 2025/26. While the number of cases has risen, this may reflect a more open and transparent culture in which staff feel confident and supported to raise concerns and provide feedback.

Number of Whistleblowing concerns



Why it matters

Whistleblowing concerns provide insight into serious issues such as fraud, safety breaches and unethical behaviour. Reporting levels can also provide an indication of organisational culture, with significant changes warranting further investigation.

What is this showing?

Quarterly numbers of whistleblowing concerns are typically low and variable.

Summary of Performance against the Waiting Times Standards

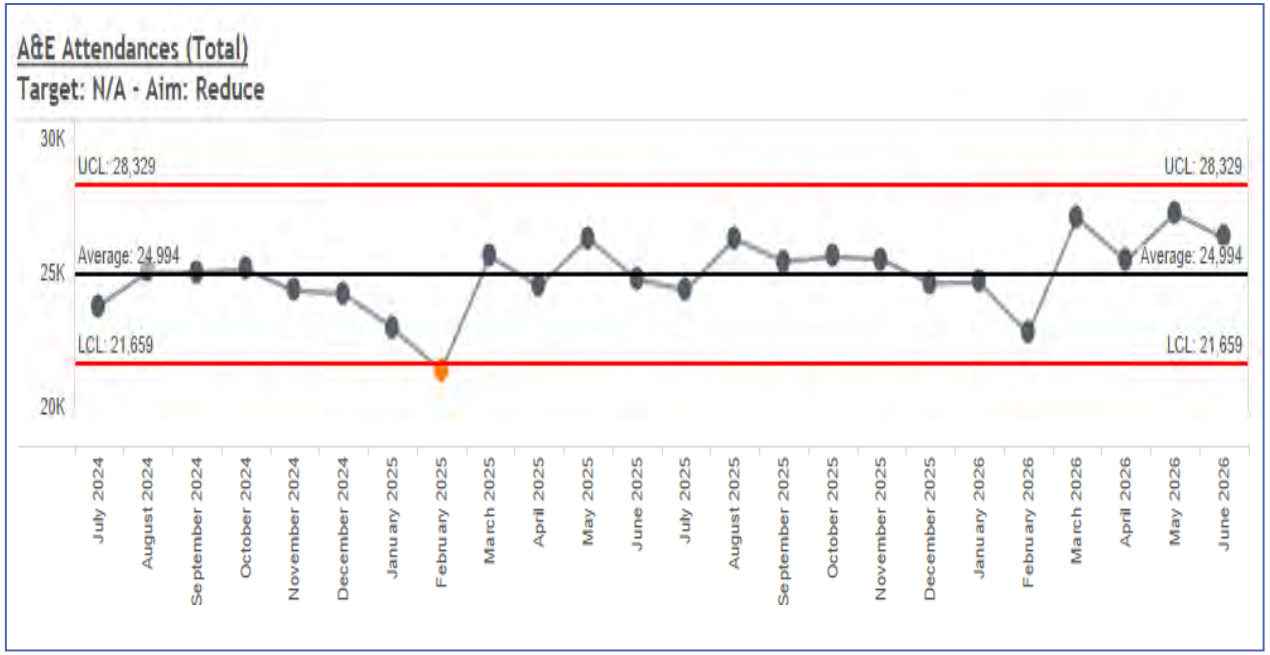
Lead Committee – Strategy, Planning and Performance

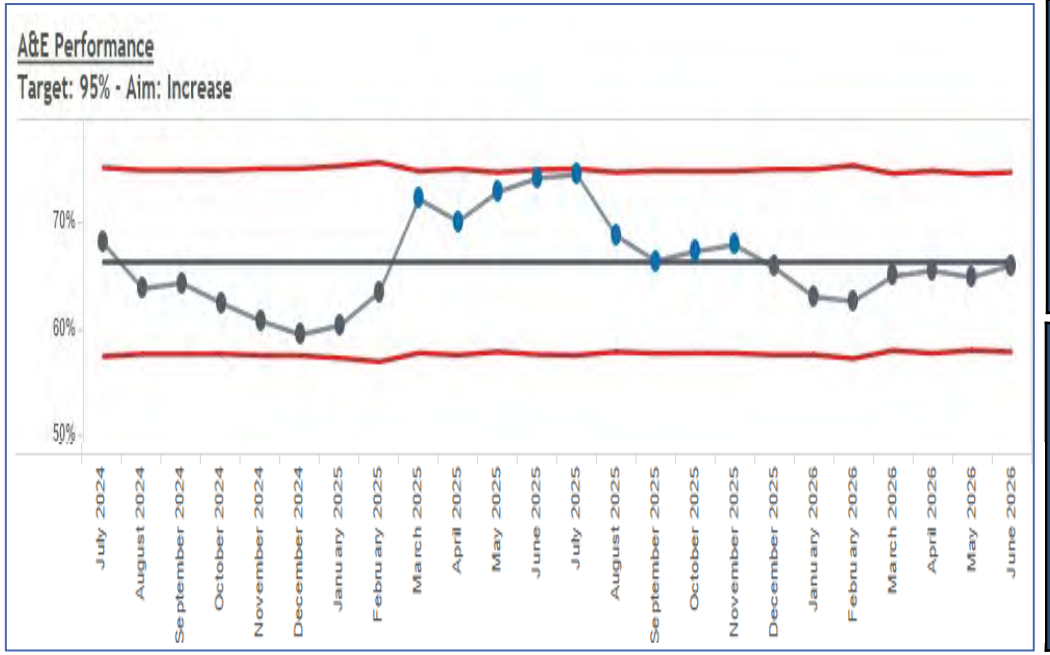
Measure	Latest Month Performance	Performance 3 Months Previous	Performance 12 Months Previous	Latest Available Scottish Comparator	Target	Trend
4 Hour Emergency Access Standard	65.9% (Jun26)	64.9% (Mar26)	74.1% (Jun25)	66.2% (May26)	95%	Stable
Inpatient/Day Case Waiting List Size	22,125 (Jun26)	21,825 (Mar26)	20,011 (Jun25)	157,191 (Jun26)	-	Stable
% Inpatient/Day Case Patients Treated within 12 Weeks	55.7% (Jun26)	54.2% (Mar26)	59.4% (Jun25)	56.3% (Jun26)	100%	Stable
Outpatient Waiting List Size	80,936 (Jun26)	83,421 (Mar26)	100,334 (Jun25)	496,349 (Jun26)	-	Improving
% New Outpatients Seen within 12 weeks	51.5% (Jun26)	48.9% (Mar26)	37.5% (Jun25)	49.3% (Jun26)	95%	Improving
% Endoscopy patients seen within 6 weeks	47.3% (Jun26)	36.5% (Mar26)	25.7% (Jun25)	51.6% (Mar26)	100%	Improving
% Radiology patients seen within 6 weeks	84.9% (Jun26)	75.4% (Mar26)	49.0% (Jun25)	78.3% (Mar26)	95%	Improving
% patients starting cancer treatment within 31 Days of a decision to treat	93.0% (Jun26)	91.8% (Mar26)	97.3% (Jun25)	94.5% (Mar26)	95%	Stable
% patients starting cancer treatment within 62 days of an urgent suspicion of cancer referral	63.8% (Jun26)	66.1% (Mar26)	76.1% (Jun25)	72.2% (Mar26)	95%	Deteriorating
% patients starting CAMHS treatment within 18 weeks	69.3% (Jun26)	68.9% (Mar26)	61.0% (Jun25)	92.0% (Mar26)	90%	Stable
% patients starting Psychological Therapy treatment within 18 weeks	73.8% (Jun26)	82.6% (Mar26)	79.9% (Jun25)	81.1% (Mar26)	90%	Stable

Please note, the most recent NHSL data is included here. The most recent NHS Scotland benchmarking published data may lag behind.

Urgent & Emergency Care – Attendances and 4 Hour Emergency Access Standard (EAS)

Lead Committee – Strategy, Planning and Performance





65.9% NHS Lothian within 4 hours (June 2026)

66.2% Scotland within 4 hours (May 2026)

Measure Definition

Number of total A&E attendances, including self-presenters and referrals (e.g. GP, SAS, NHS24).

Why it matters

To understand demand, support planning and operational delivery.

What is this showing?

Total numbers of attendances has been stable within control limits (aside from a single data point in February 2025) for the past two years. Average attendances are ~ 25,000 per month.

Measure Definition

Percentage of A&E patients seen, treated, and either discharged or admitted within four hours of arrival at an A&E department.

Why it matters

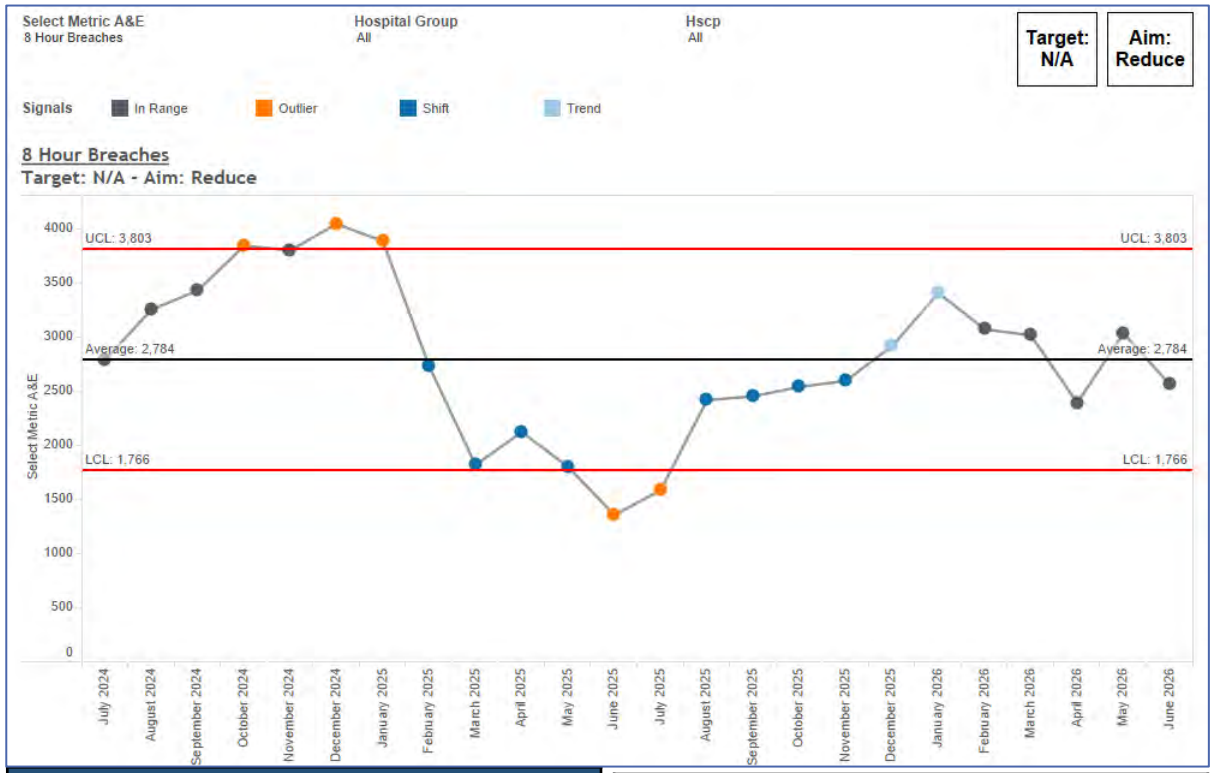
An indicator of 'system flow'; how efficiently patients move through the hospital.

What is this showing?

Delivery remains well below the 95% standard, with a median of 67% at an aggregated Lothian level but remains stable within control limits for the past two years.

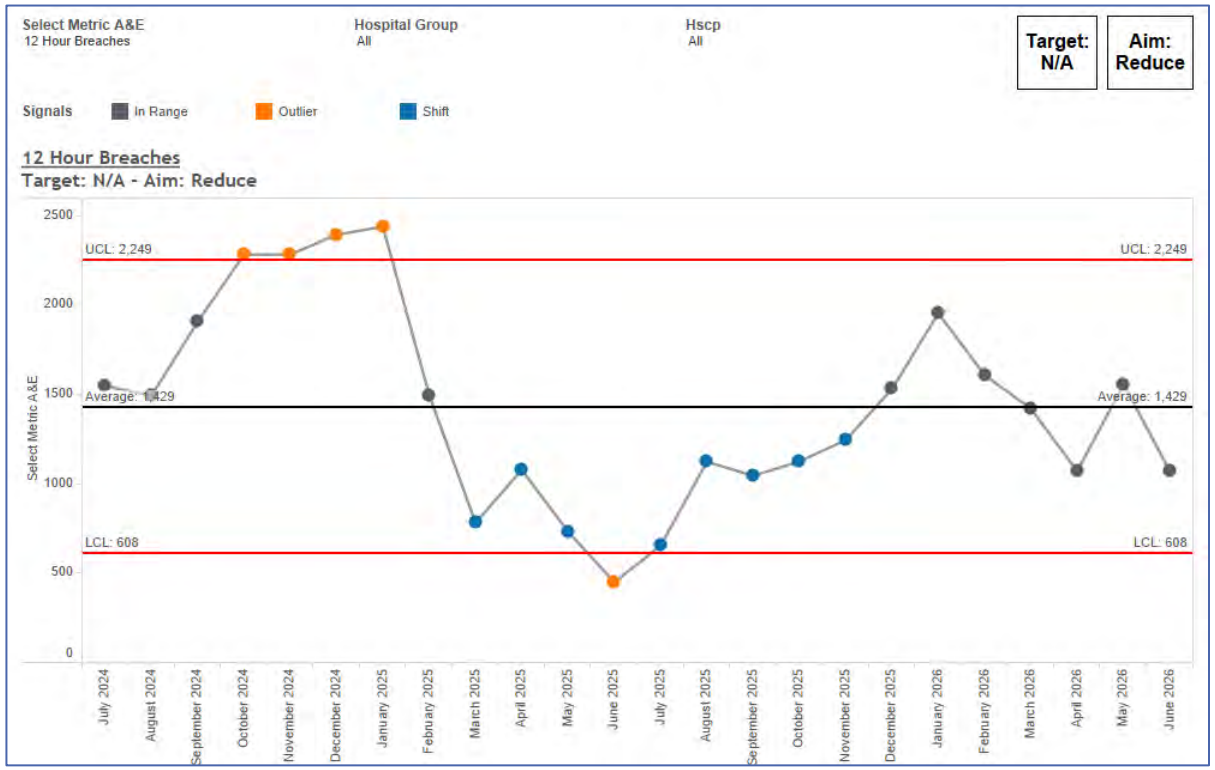
Urgent & Emergency Care – 8 and 12 Hour Breaches

Lead Committee – Strategy, Planning and Performance



2,561 8 Hour Breaches across Lothian (June 2026)

15.5% of 8 Hour Breaches across Scotland (May 2026)



1,071 12 Hour Breaches across Lothian (June 2026)

15.5% of 12 Hour Breaches across Scotland (May 2026)

Measure Definition

Number of patients who have waited more than 8 or 12 hours at A&E to be seen, treated, and either discharged or admitted.

Why it matters

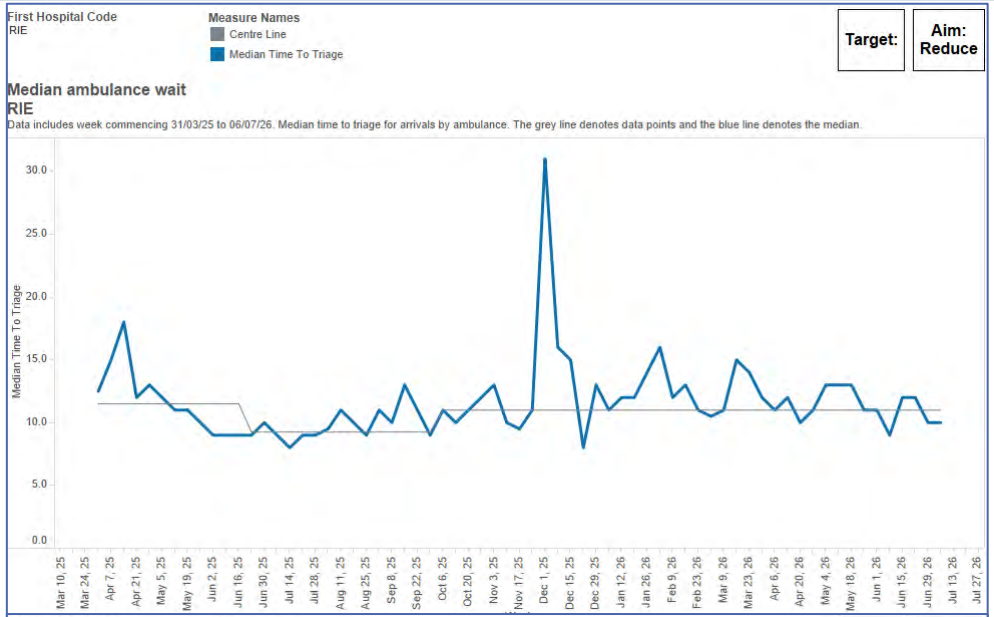
Long waits can be an indicator of the quality-of-care patients receive.

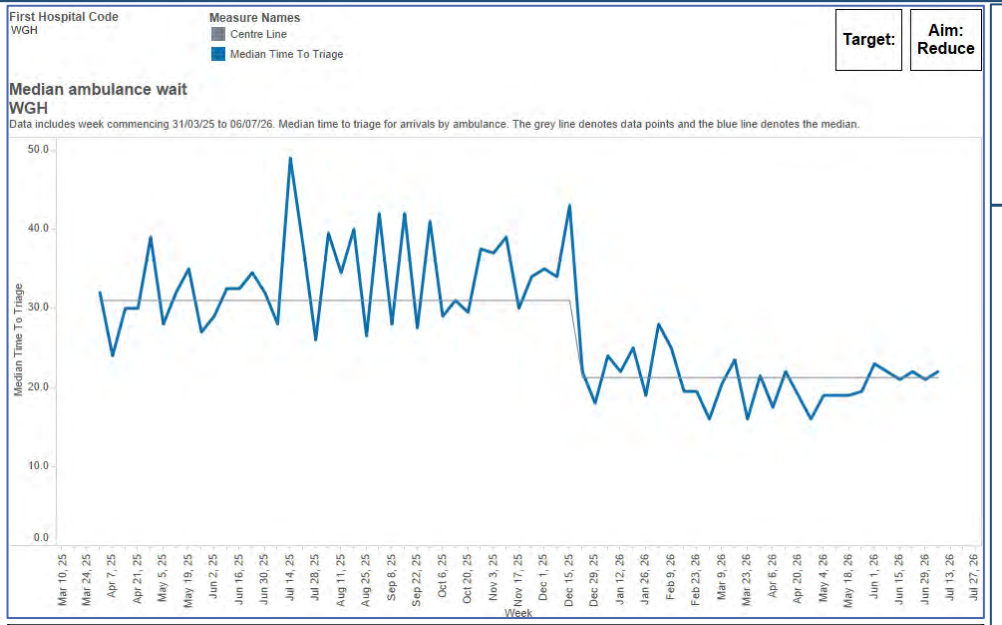
What is this showing?

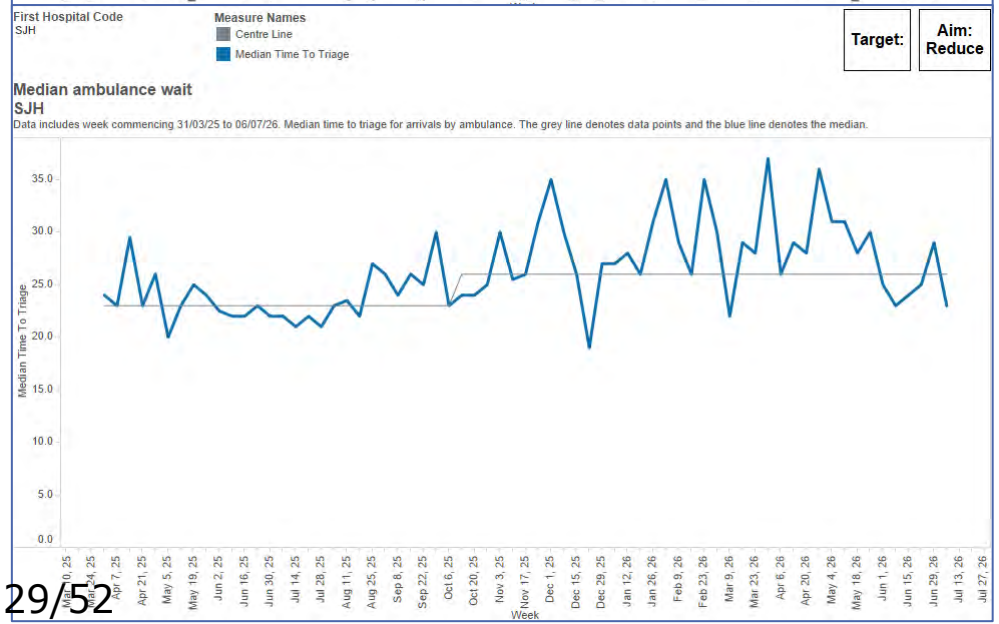
The number of patients waiting over 8 hours in A&E has been variable over the past two years and not always within control limits, indicating special cause variation associated with a change in process with a focus to reduce long waits around February 2025. While a significant reduction was seen, the data has stabilised towards the two-year average.

Urgent & Emergency Care – Median Time to Triage Ambulance Arrivals

Lead Committee – Strategy, Planning and Performance







RIE: 10 mins median ambulance arrival to triage (6 July 2026)

SJH: 23 mins median ambulance arrival to triage (6 July 2026)

WGH: 22.0 mins median ambulance arrival to triage (6 July 2026)

Measure Definition – The median length of time that a patient is waiting from ambulance arrival to triage.

Why it matters

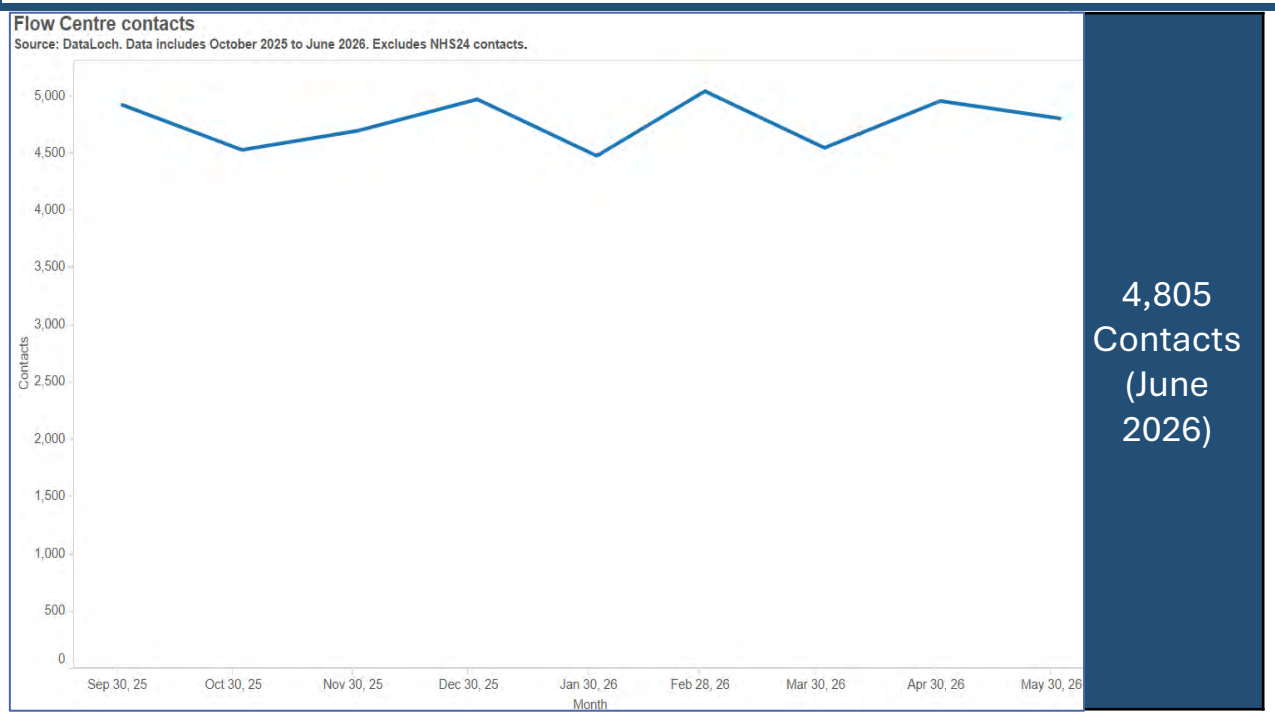
Delays from ambulance arrival to triage can indicate pressure within emergency departments and may contribute to longer ambulance turnaround times, reducing ambulance availability to respond to new emergencies in the community.

What is this showing?

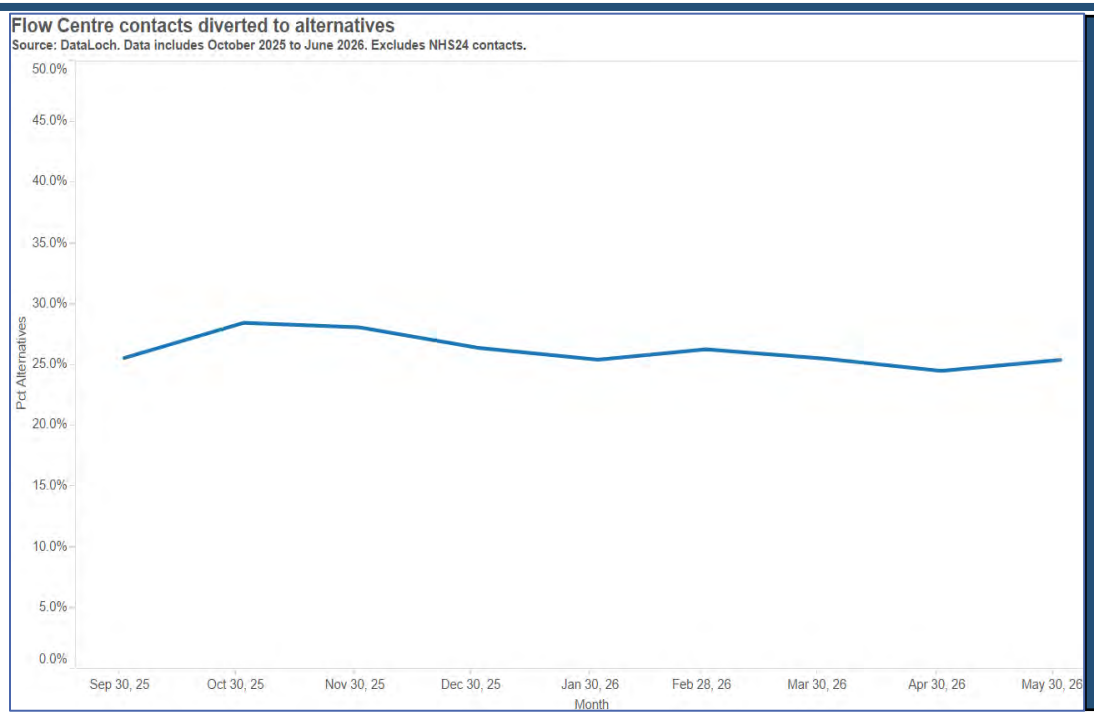
Median time from ambulance arrival to triage remains relatively short across all three adult acute sites. Performance has improved at WGH, remains stable at RIE, and has deteriorated slightly at SJH. The measure provides assurance that ambulance arrivals are being absorbed into hospital pathways without evidence of prolonged handover delays.

Urgent & Emergency Care – Flow Navigation Centre (FNC) Redirection of Urgent Referrals to Non-Emergency Pathways

Lead Committee – Strategy, Planning and Performance



4,805 Contacts (June 2026)



25.4% of Contacts Diverted (June 2026)

Measure Definition

Number of patient contacts through the Flow Navigation Centre. Excluding NHS24 contacts.

Why it matters

We want to provide an alternative for patients to access care without attending Emergency Departments.

What is this showing?

Flow centre contacts remain relatively steady at almost 5,000 per month. Our abandoned call rate remains low suggesting that capacity and demand are well matched.

Measure Definition

Percentage of patients redirected to non-emergency pathways through the Flow Navigation Centre. Excluding NHS24 contacts.

Why it matters

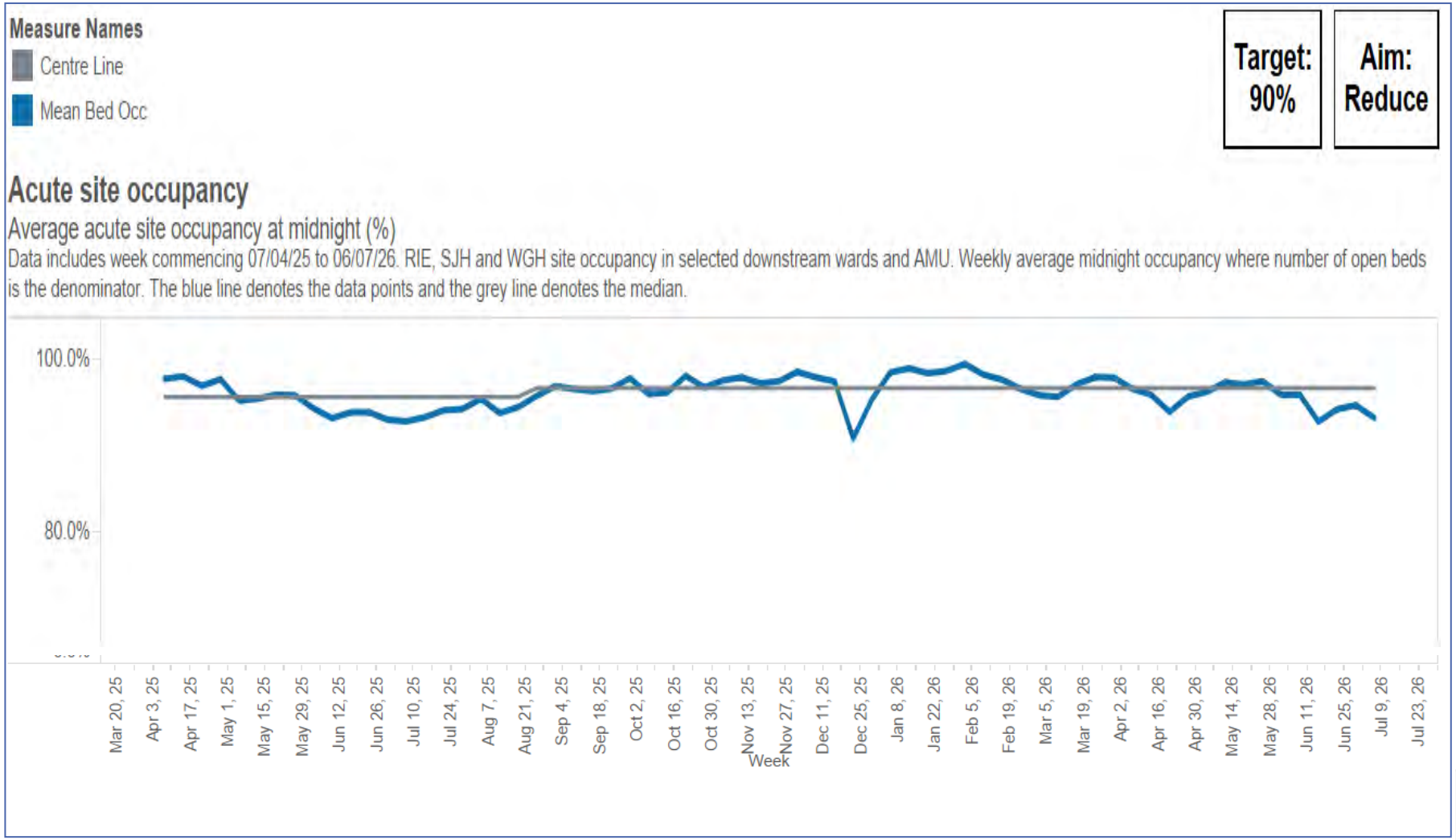
We want to divert as many suitable patients as we can to alternatives to Emergency Departments for a better patient experience.

What is this showing?

We are consistently diverting around 25% of patient contacts away from our Emergency Departments.

System Flow – Acute Site Bed Occupancy

Lead Committee – Strategy, Planning and Performance



Measure Definition – Weekly average midnight bed occupancy across the adult acute sites (RIE, SJH and WGH).

Why it matters

High occupancy levels can lead to patient care delays and increased 'boarding' outside usual ward placement. NICE recommends a pragmatic 90% occupancy level, and there is strong correlation between occupancy and 4hr emergency access performance.

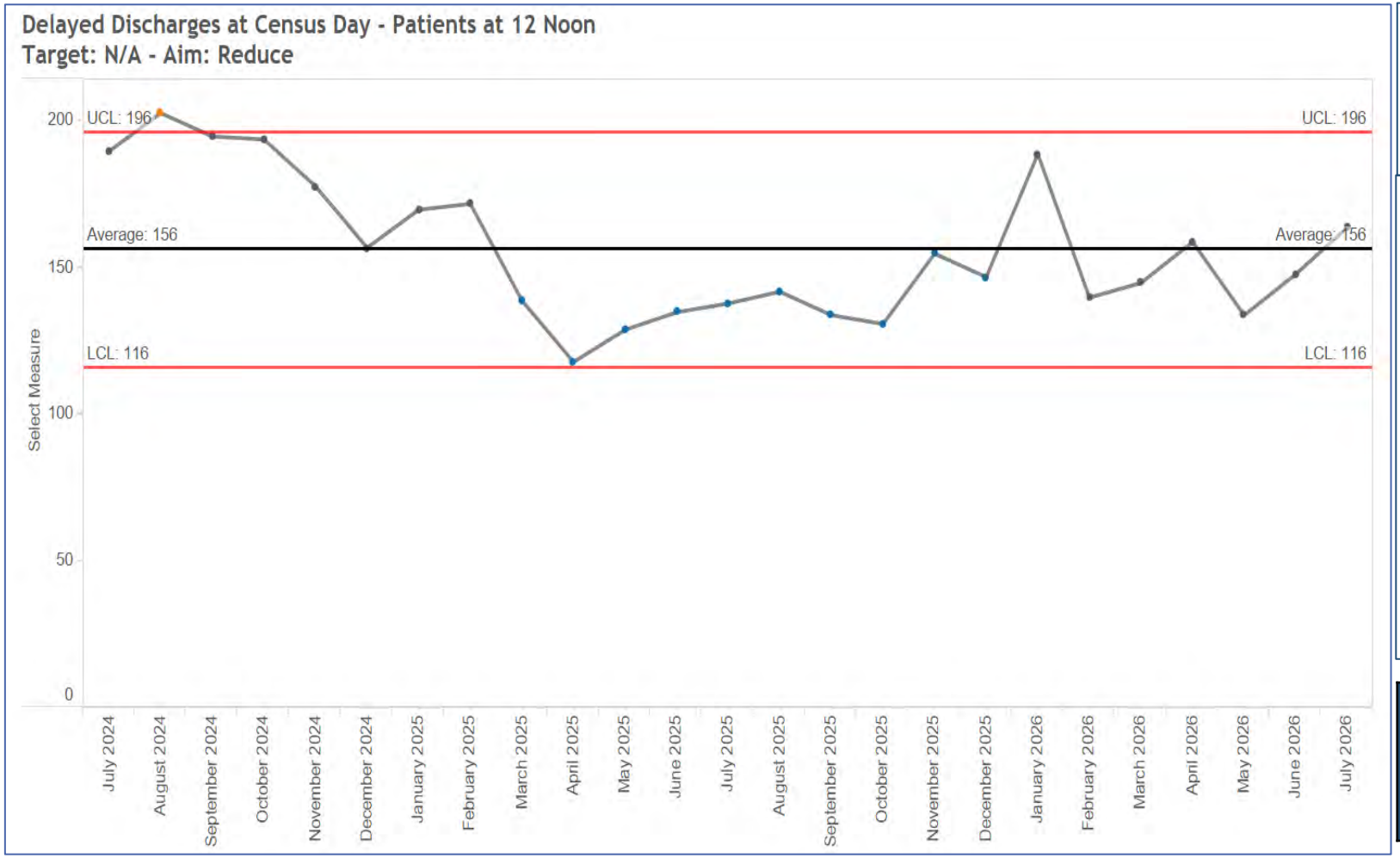
What is this showing?

Occupancy remains consistently high, with only short reductions over holiday periods. Levels exceed those typically associated with optimal patient flow. High occupancy is likely to continue to constrain flow.

93.4% Mean Bed Occupancy
(6 July 2026)

System Flow – Acute Delayed Discharges

Lead Committee – Strategy, Planning and Performance



Measure Definition - Number of patients clinically ready to leave hospital but remain for various reasons at census point (12noon) across the adult acute sites (RIE, SJH and WGH).

Why it matters

Timely discharge from hospital is an important indicator of person-centred care, as well as indicating the effectiveness and efficiency of the whole health and social care system.

What is this showing?

The number of delayed patients exceeded control limits in 2024, followed by significant reduction over 2025. Normal variation can be seen since January 2026 following a downward shift for the majority of 2025.

148 Delayed Discharges across RIE, SJH and WGH (June 2026)

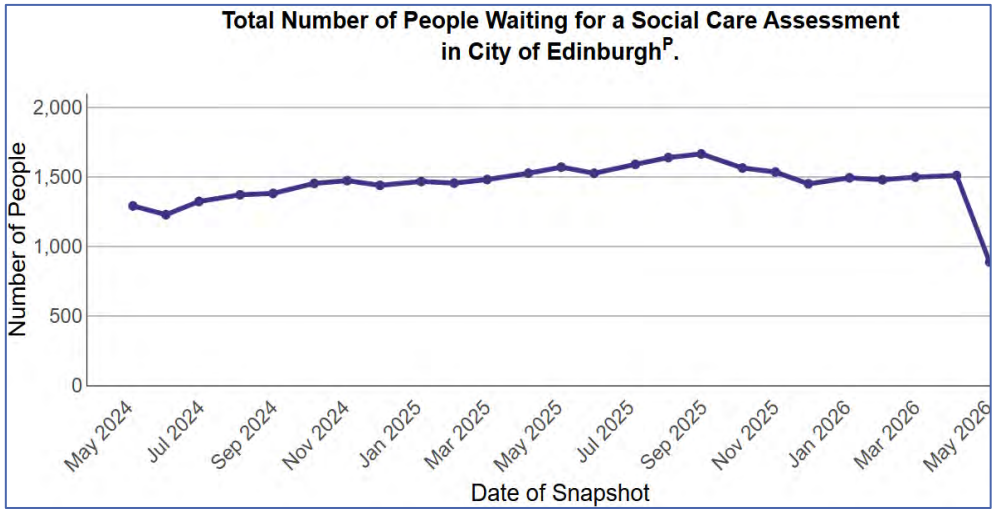
71 Delayed Discharges across RIE (June 2026)

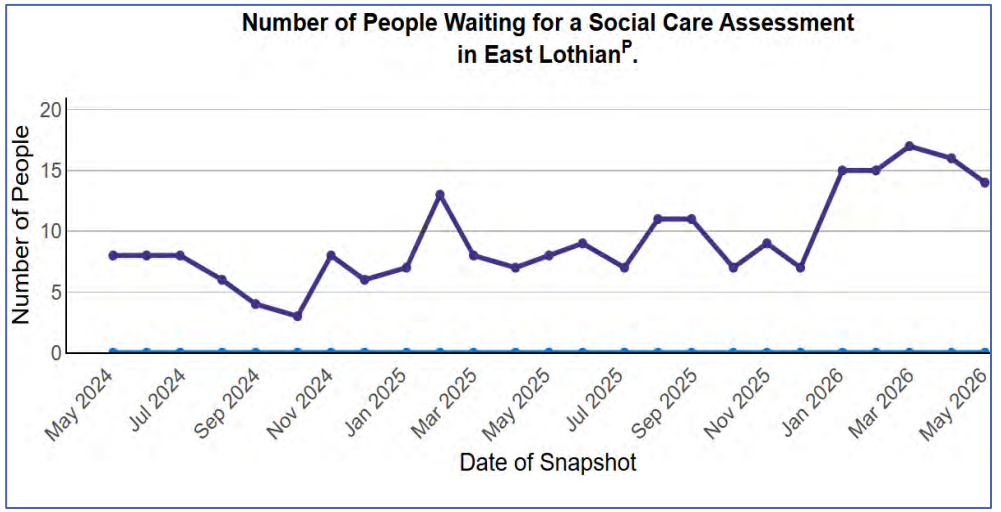
22 Delayed Discharges across SJH (June 2026)

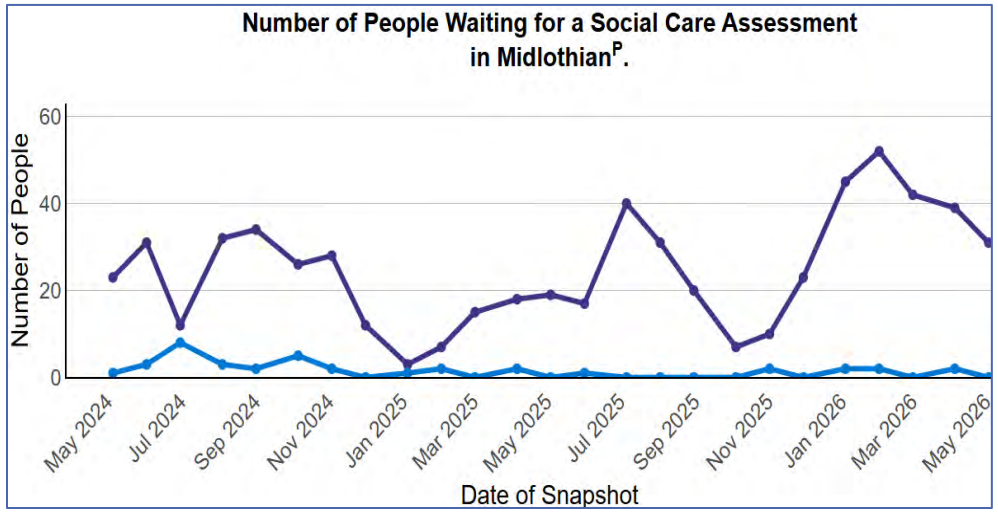
55 Delayed Discharges across WGH (June 2026)

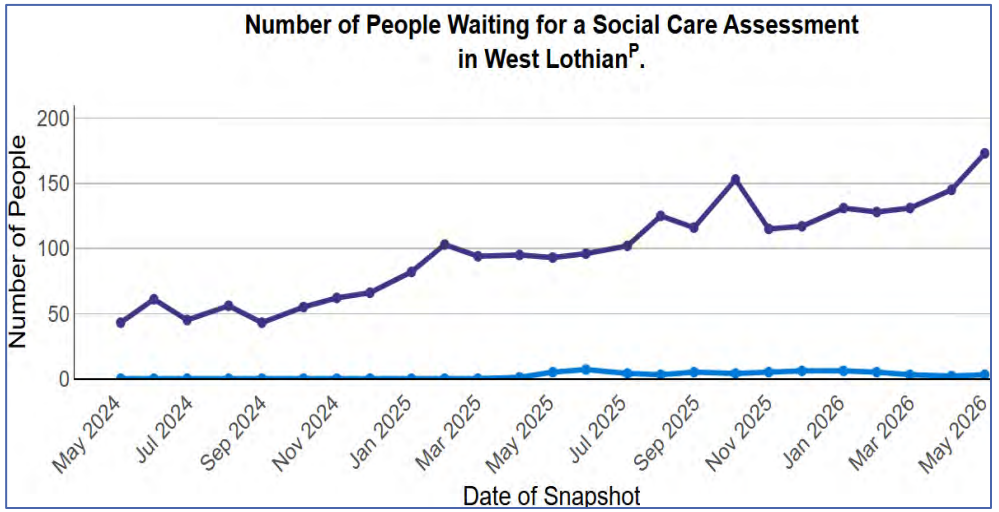
Social Care – Number of People Waiting for a Social Care Assessment (Hospital and Community)

Lead Committee – Strategy, Planning and Performance









Category — Community — Hospital

<u>Why it matters</u>

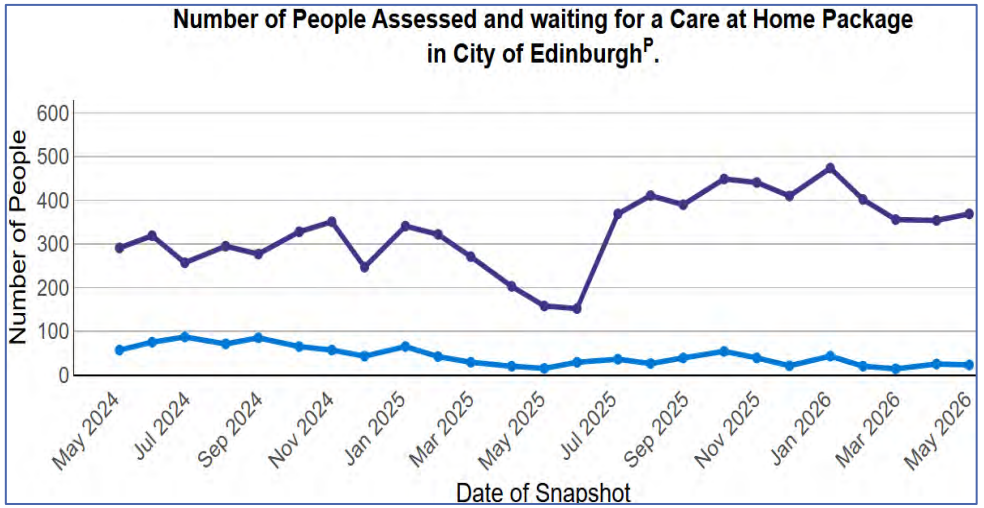
While delayed discharges are a visible indicator of system flow, social care demand exists across both hospital and community settings. Understanding demand across the whole pathway helps ensure resources are directed where they can have the greatest impact.

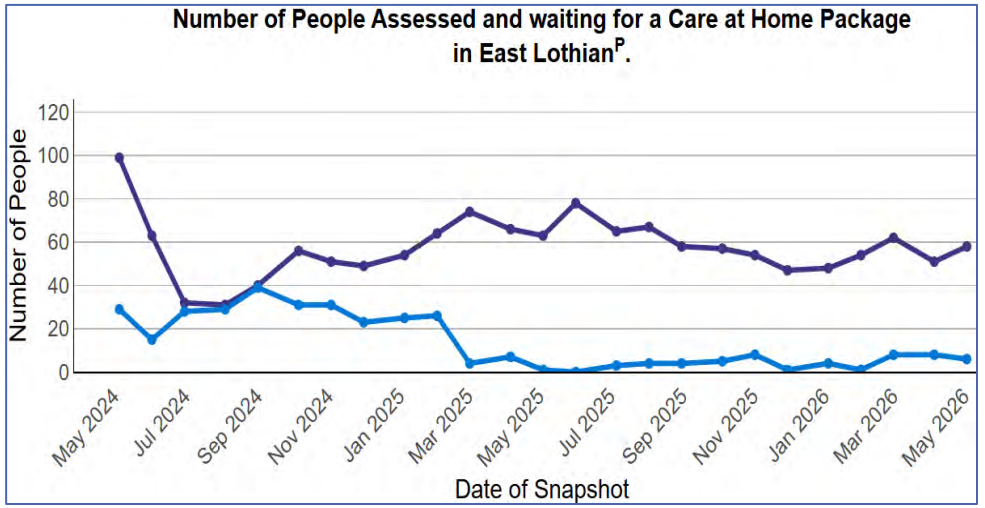
<u>What is this showing?</u>

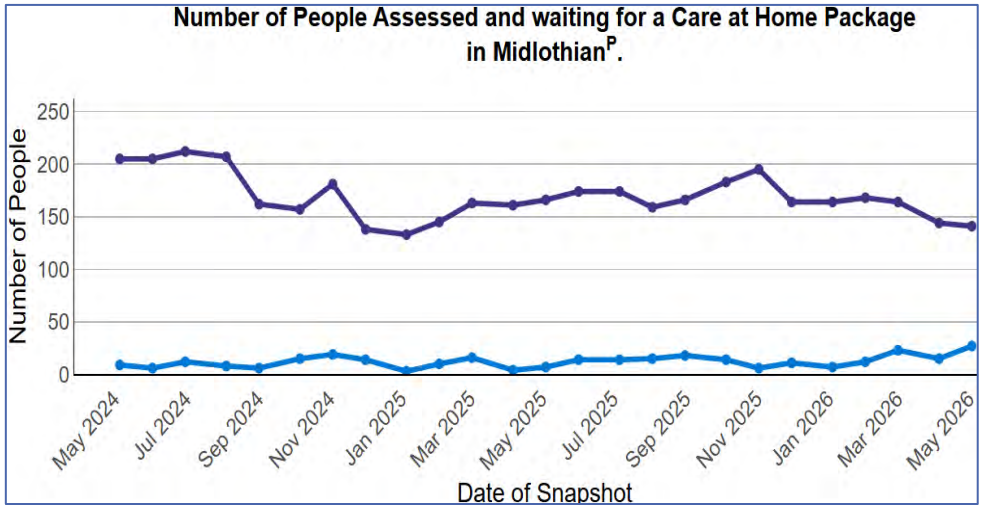
Although delayed discharges remain an important measure of system flow, the majority of demand for social care assessment arises in the community rather than hospital settings. The charts illustrate the scale of ongoing community demand being managed by HSCPs alongside supporting timely hospital discharge.

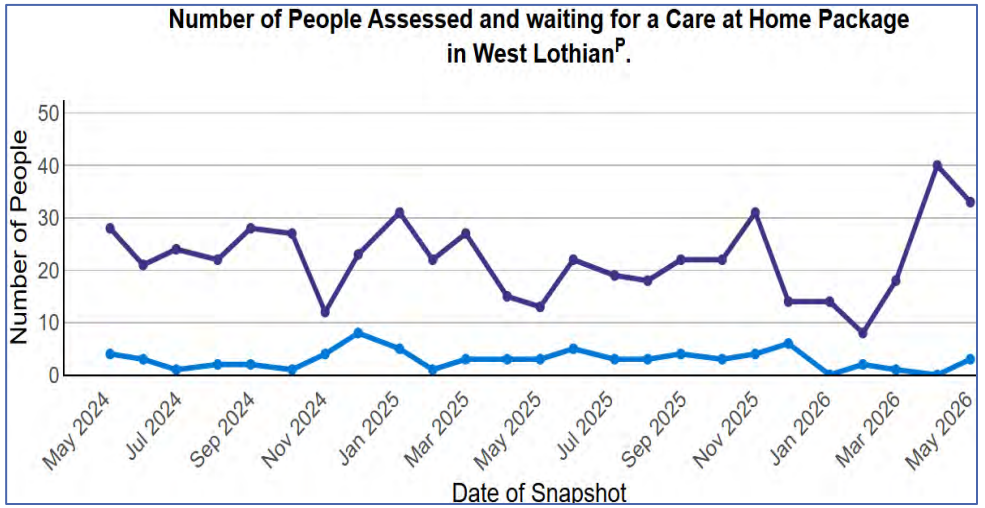
Social Care – Number of People Assessed and Waiting on a Package of Care

Lead Committee – Strategy, Planning and Performance









Category — Community — Hospital

<u>Why it matters</u>

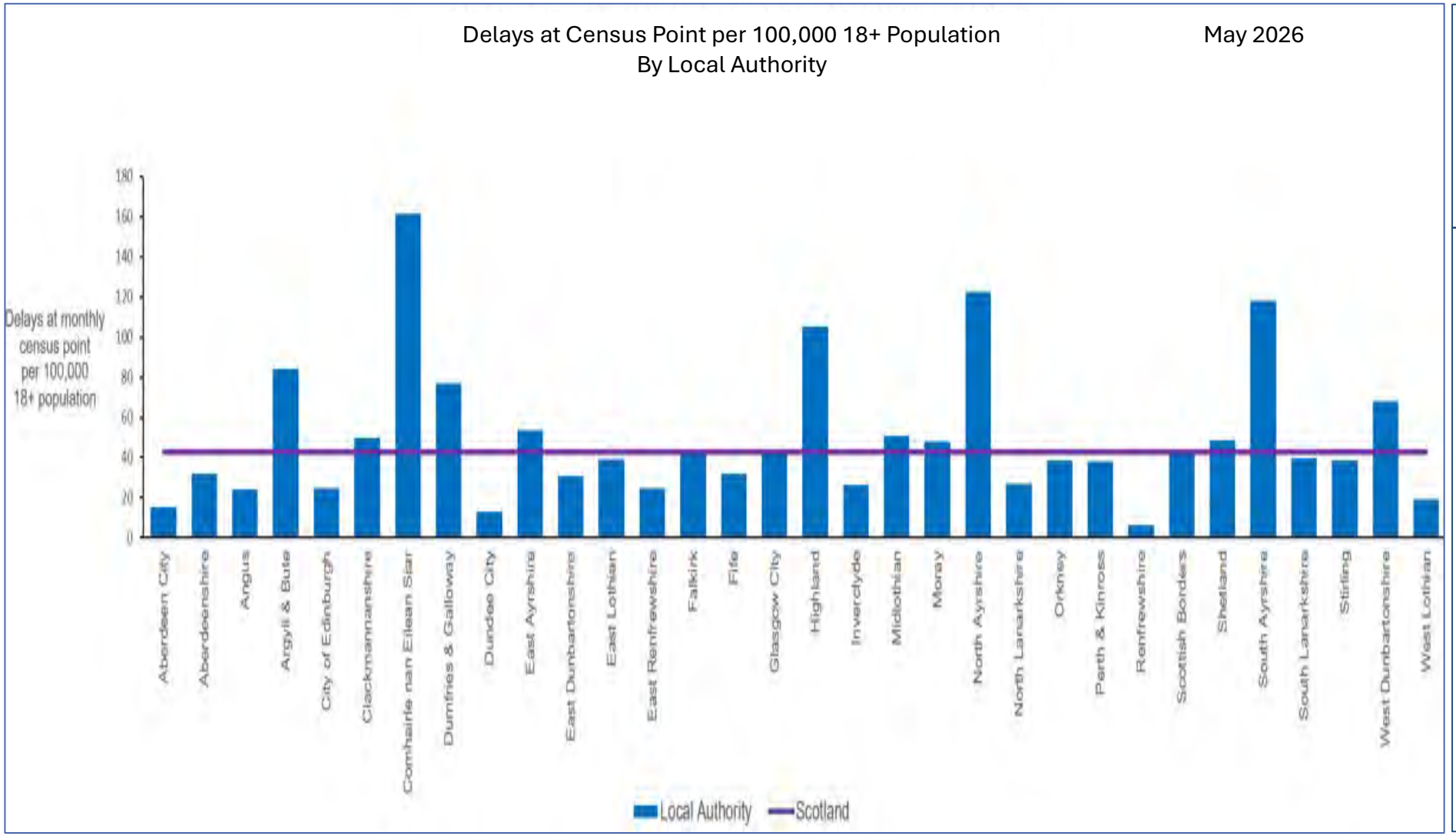
Care at Home packages help people maintain independence and receive care in the most appropriate setting. Delays in accessing a package of care can affect wellbeing in the community and may also contribute to delayed discharge from hospital where ongoing support is required.

<u>What is this showing?</u>

While access to Care at Home can be a factor in delayed discharge, hospital-based waits represent only a small proportion of overall demand. Across all four HSCPs, substantially more people are waiting for support in the community, highlighting the broader role social care services play in managing demand across the whole system.

System Flow – Delayed Discharges: Scottish Comparator

Lead Committee – Strategy, Planning and Performance



Measure Definition - Delayed discharges at census point per 100,000 population aged 18+, shown by local authority area and compared with the Scotland rate.

Why it matters

Comparing delayed discharges by local authority, adjusted for population, provides context on variation across Scotland and helps assess whether local system flow pressures are materially different from other areas.

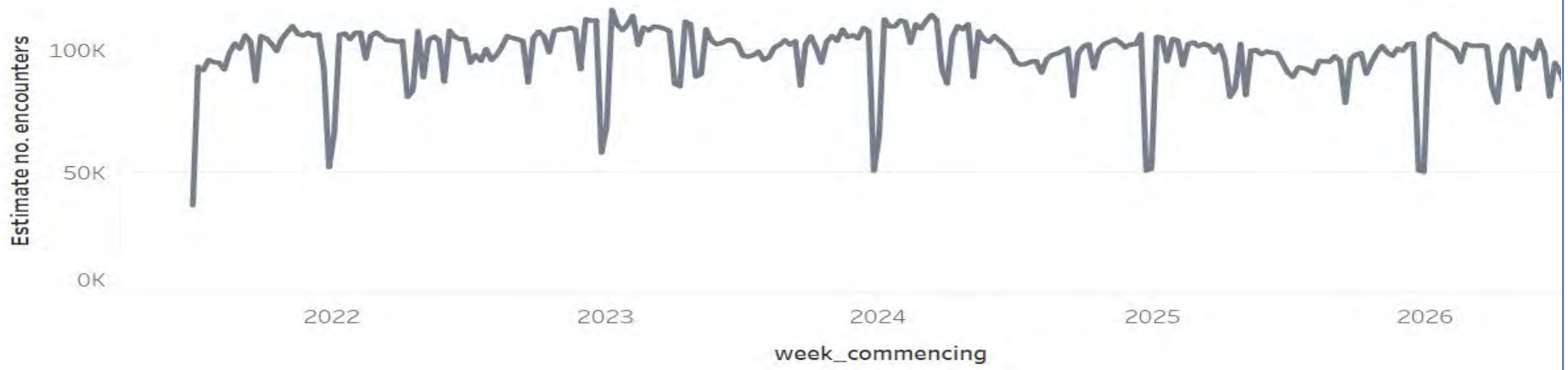
What is this showing?

In May 2026, Lothian local authority areas compare favourably with the Scotland rate. This provides assurance on relative delayed discharge performance, while wider social care demand remains greater in community settings than in hospital.

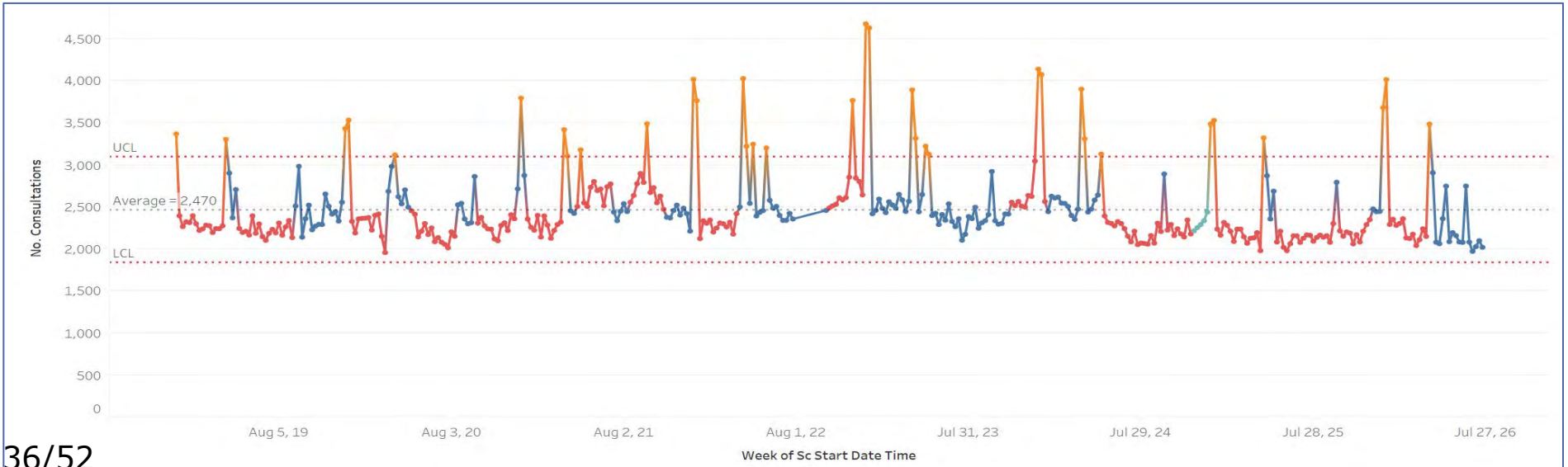
Urgent & Primary Care – General Practice In-Hours and Out-of-Hours Activity

Lead Committee – Strategy, Planning and Performance

General Practice in-hours (8am-6pm, Monday-Friday) weekly direct patient activity (all clinical staff) across Lothian



Lothian GP Out-of-Hours (LUCS) weekly service activity



Measure Definition- Number of patient encounters or consultations (e.g. by phone or face-to-face advice, assessment or test) by any clinical member of the general practice team.

Why it matters

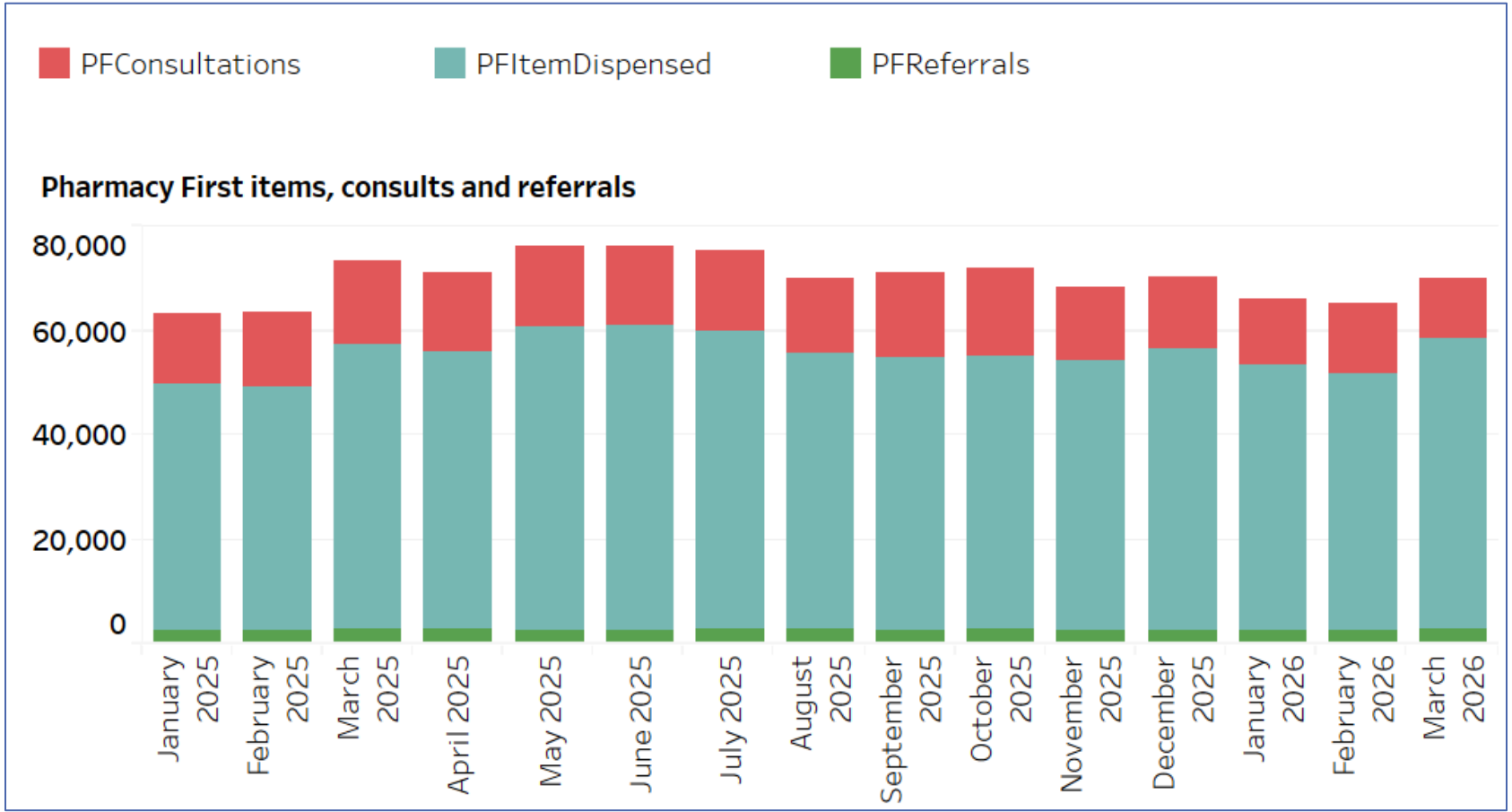
General practice is often the first point of contact with healthcare services. Activity across in-hours and out-of-hours services provides insight into how people access urgent and routine care and can indicate pressures elsewhere in the system.

What is this showing?

General practice activity remains consistently high, with out-of-hours activity showing expected increases during holiday periods when in-hours services are unavailable. While these data do not measure unmet demand, they do not indicate a sustained shift from in-hours to out-of-hours primary care provision over the period shown.

Urgent & Primary Care – Community Pharmacy

Lead Committee – Strategy, Planning and Performance



Measure Definition- Number of Pharmacy First consultations, items supplied and referrals made through community pharmacies across NHS Lothian.

Why it matters

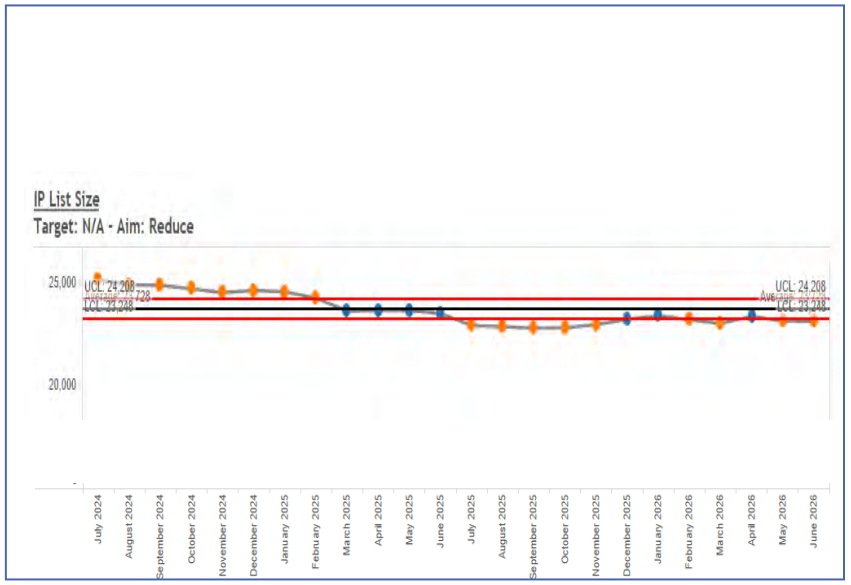
Community pharmacy provides accessible same-day care and treatment for a range of common clinical conditions close to home. Understanding Pharmacy First activity helps demonstrate the contribution community pharmacy makes to managing demand across the wider health and care system.

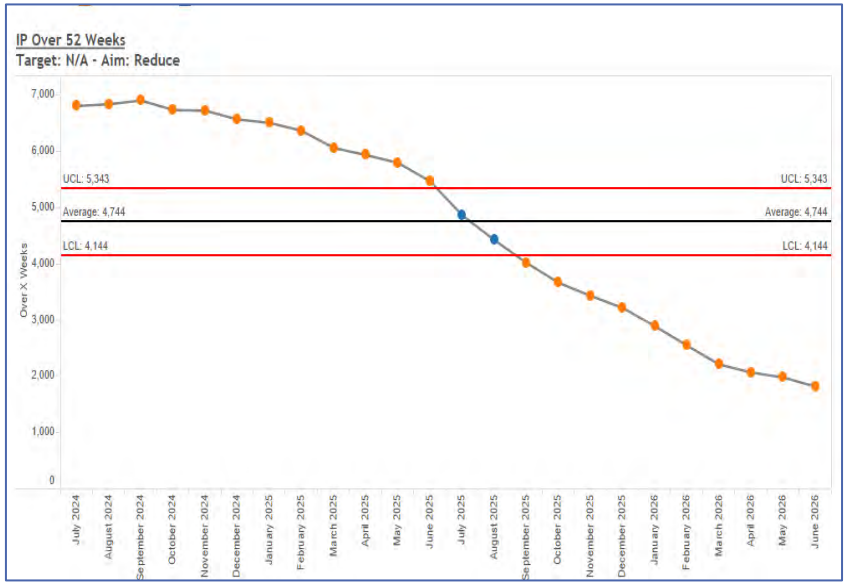
What is this showing?

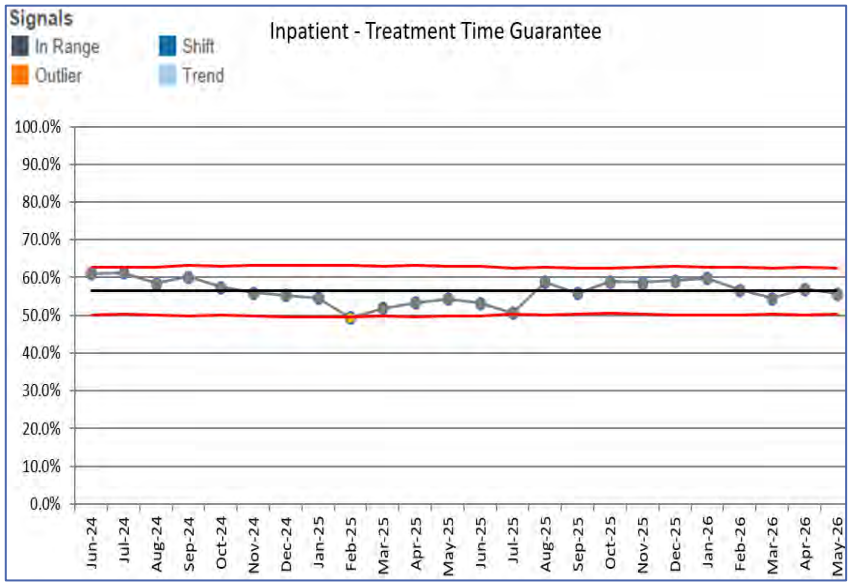
Pharmacy First activity remains consistently high across Lothian, with around 12,000-17,000 consultations and 50,000-60,000 items supplied each month. This demonstrates substantial utilisation of community pharmacy services and highlights the role pharmacies play in managing urgent care demand outside of general practice and emergency departments.

Elective Care – Inpatient & Day Cases (IPDC)

Lead Committee – Strategy, Planning and Performance







22,125 patients waiting for IPDC treatment (June 2026) (14.1% of Scotland waiting list)	1,818 patients waiting more than 52 Weeks (June 2026) (9.6% of Scotland waits >52 Weeks)	55.7% treated within12 Weeks (June 2026) (Scotland Average: 56.3%)
Measure Definition - Number of IPDC patients on the waiting list.	Measure Definition - Number of IPDC patient waits >52 weeks.	Measure Definition - Percentage of patients that receive planned IPDC treatment within 12 weeks of agreeing to the treatment.

Why it matters

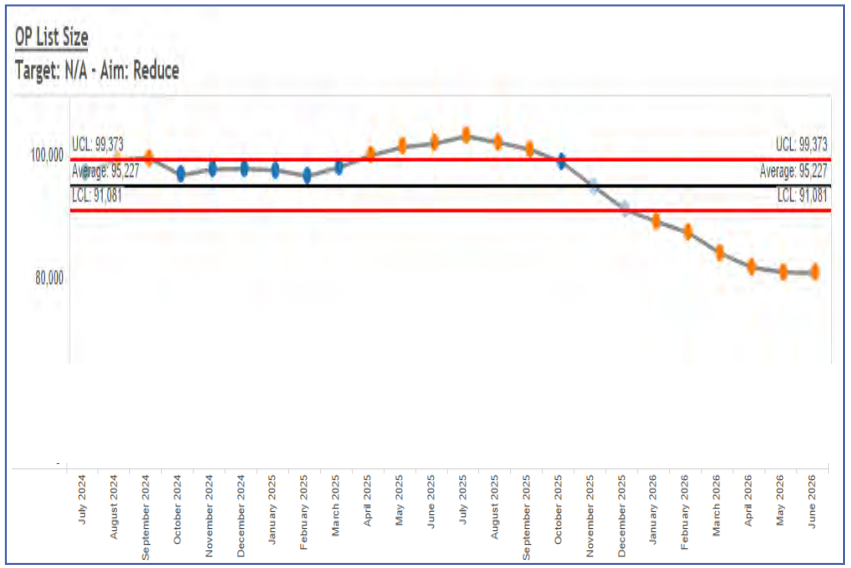
Timely access to planned treatment supports better patient outcomes and experience. Waiting time measures provide an indication of access to elective care and progress in reducing treatment backlogs.

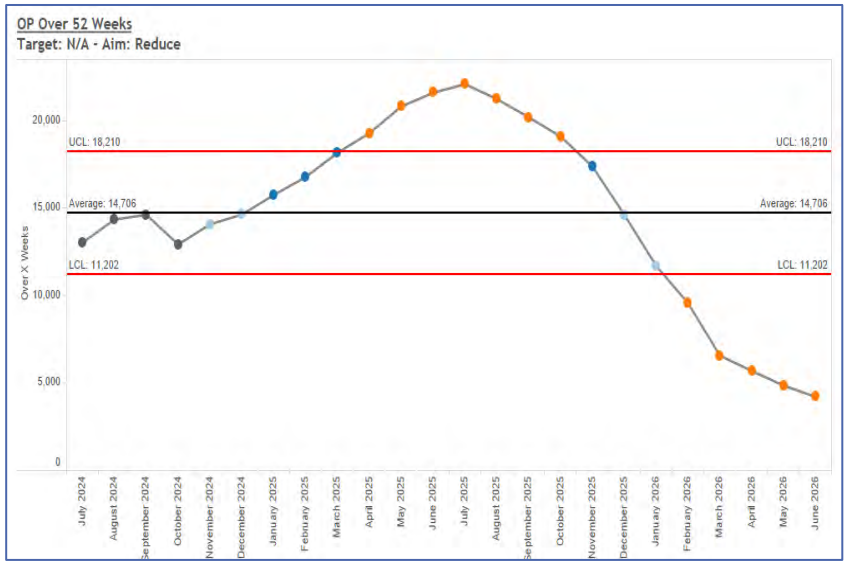
What is this showing?

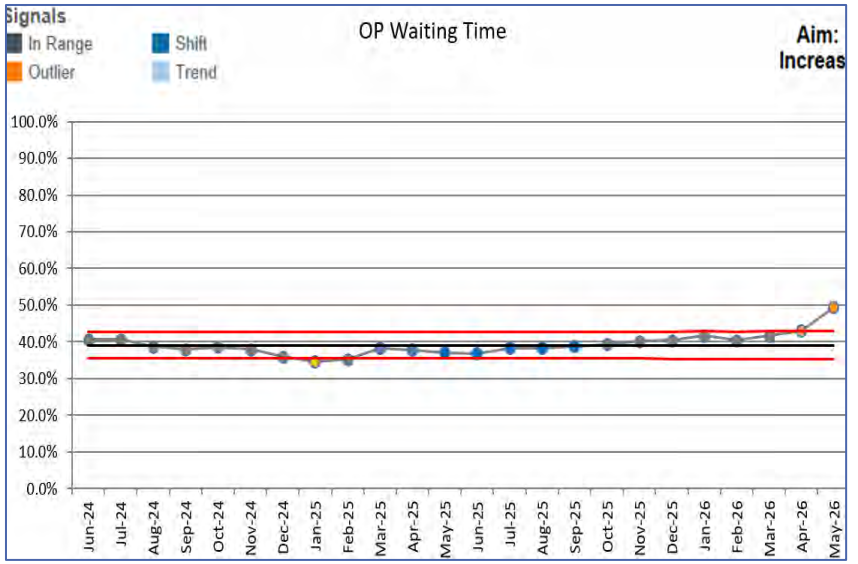
Focused action during 2025/26 has significantly reduced the number of patients waiting more than 52 weeks for treatment. While long waits continue to fall, overall waiting list size and the proportion of patients treated within 12 weeks have remained relatively stable over the past 12 months, reflecting the time required for reductions in long waits to translate into broader improvements across the whole waiting list.

Elective Care – Outpatients

Lead Committee – Strategy, Planning and Performance







80,936 patients waiting for a first outpatient appointment (June 2026) (16.3% of the Scotland waiting list)	4,141 patients waiting more than 52 Weeks (June 2026) (29.1% of Scotland Waits >52 Weeks)	51.5% seen within 12 Weeks (June 2026) (Scotland Average: 49.3%)
Measure Definition - Number of waits for a first outpatient appointment.	Measure Definition - Number of waits for a first outpatient appointment longer than 52 weeks.	Measure Definition - Percentage of patients that receive their first outpatient appointment within 12 weeks of referral.

Why it matters

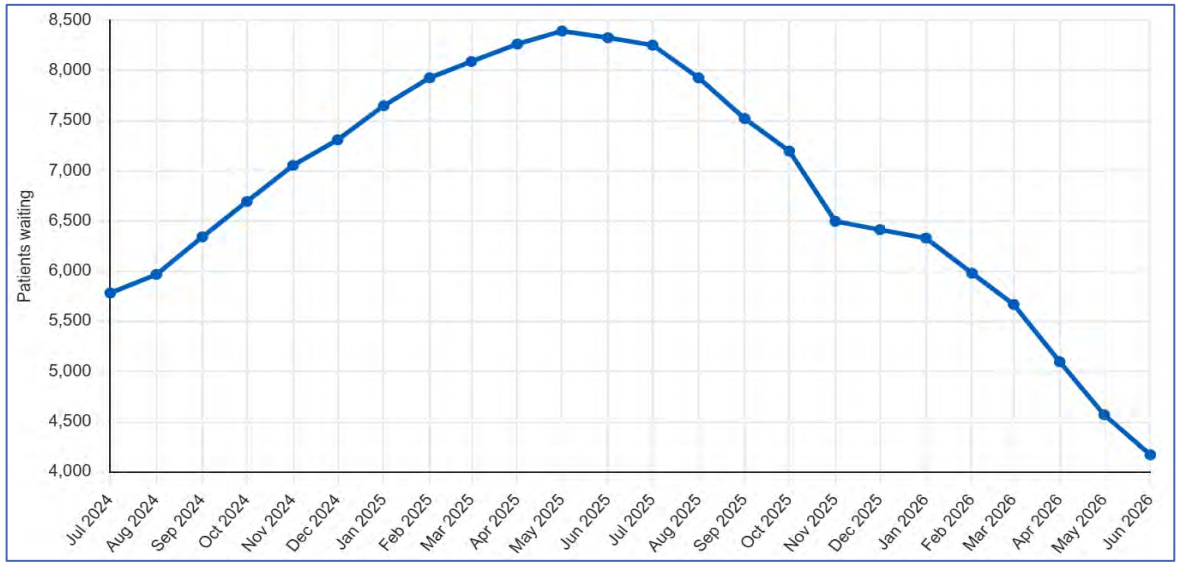
Timely access to specialist assessment and treatment supports better patient outcomes and experience. Waiting time measures provide an indication of access to elective care and progress in reducing treatment backlogs.

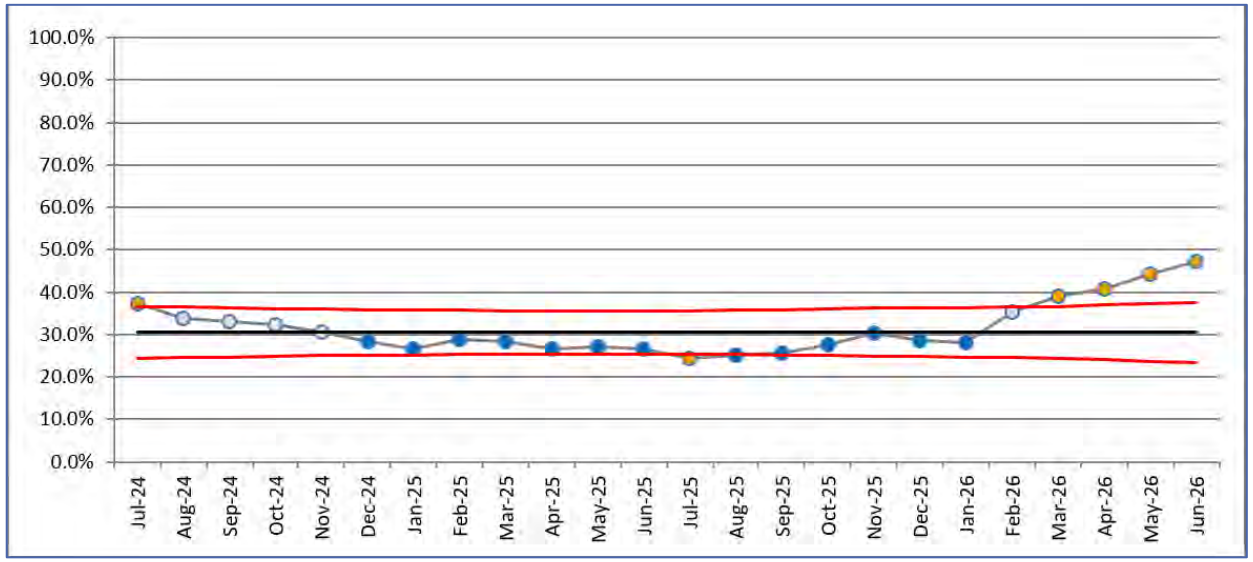
What is this showing?

Sustained improvement has been achieved during 2025/26, with reductions in the overall outpatient waiting list, fewer patients waiting more than 52 weeks, and improved performance against the 12-week standard. Despite this progress, 4,141 patients remained waiting more than 52 weeks at the end of June, and NHS Lothian continues to account for a disproportionate share of Scotland's longest outpatient waits.

Diagnostic Care - Endoscopy

Lead Committee – Strategy, Planning and Performance





4,172 patients waiting for Endoscopy
(June 2026)

47.3% seen within 6 weeks; 2,197 waiting > 6 weeks (June 2026)
(Scotland: 51.6% within 6 weeks, March 2026)

Measure Definition – Patients waiting for endoscopy diagnostics tests, including Upper Endoscopy, Lower Endoscopy (excluding Colonoscopy), Colonoscopy and Cystoscopy. The national standard is that patients should wait no more than six weeks.

Why it matters

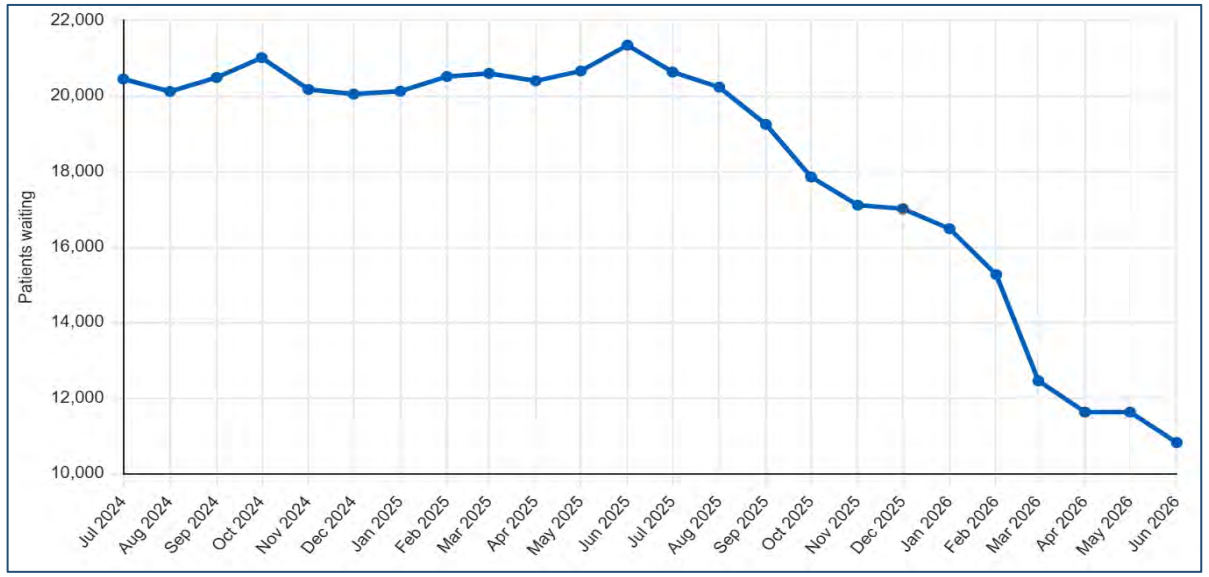
Timely access to endoscopy supports earlier diagnosis, treatment planning and surveillance. Delays can affect patient outcomes and may also increase pressure across planned care, cancer and urgent diagnostic pathways.

What is this showing?

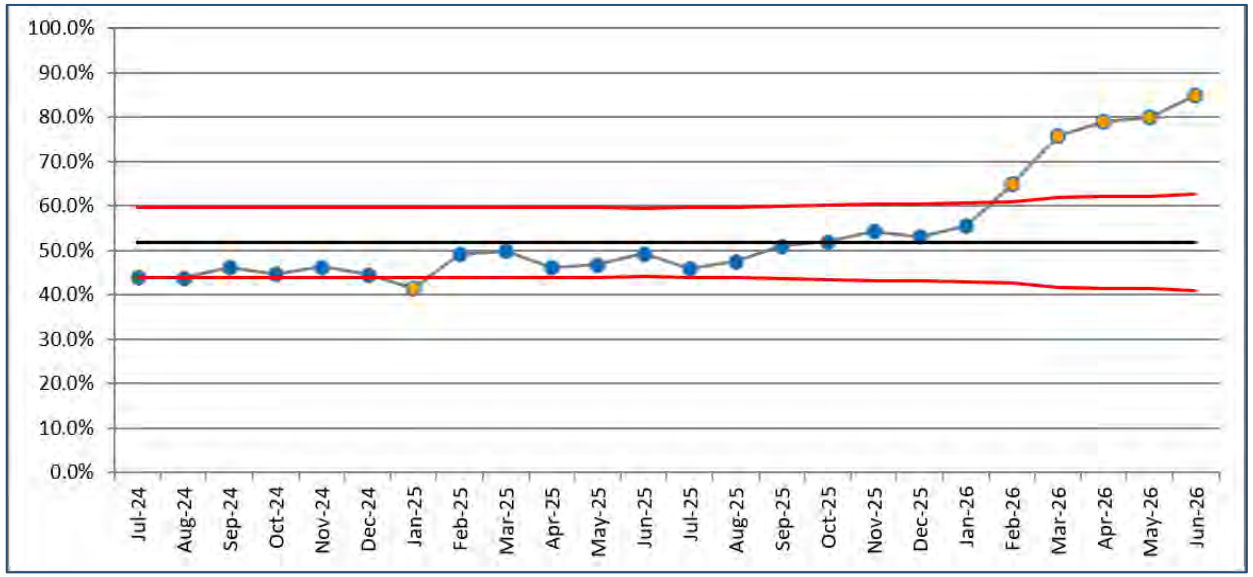
Endoscopy performance improved during 2026, with the proportion of patients seen within six weeks increasing to 47.3% by June. The overall waiting list has reduced from its 2025 peak, but 2,197 patients remained waiting more than six weeks at the end of June. The 2026/27 trajectory anticipates further reduction in long waits through ongoing additional activity, reducing waits over six weeks to around 807 patients by March 2027 (approximately 75% performance against the national standard).

Diagnostic Care - Radiology

Lead Committee – Strategy, Planning and Performance



10,827 patients waiting for Radiology
(June 2026)



84.9% seen within 6 weeks; 1,639 patients waiting > 6 weeks (June 2026)
(Scotland: 78.3% within 6 weeks, March 2026)

Measure Definition – Patients waiting for radiology diagnostic tests, including CT, ultrasound, MRI and barium tests.
The national standard is that 95% of patients should wait no more than six weeks.

Why it matters

Timely access to radiology supports diagnosis, treatment decisions and monitoring of disease progression. Delays can affect patient outcomes and contribute to pressure across elective, urgent and cancer pathways.

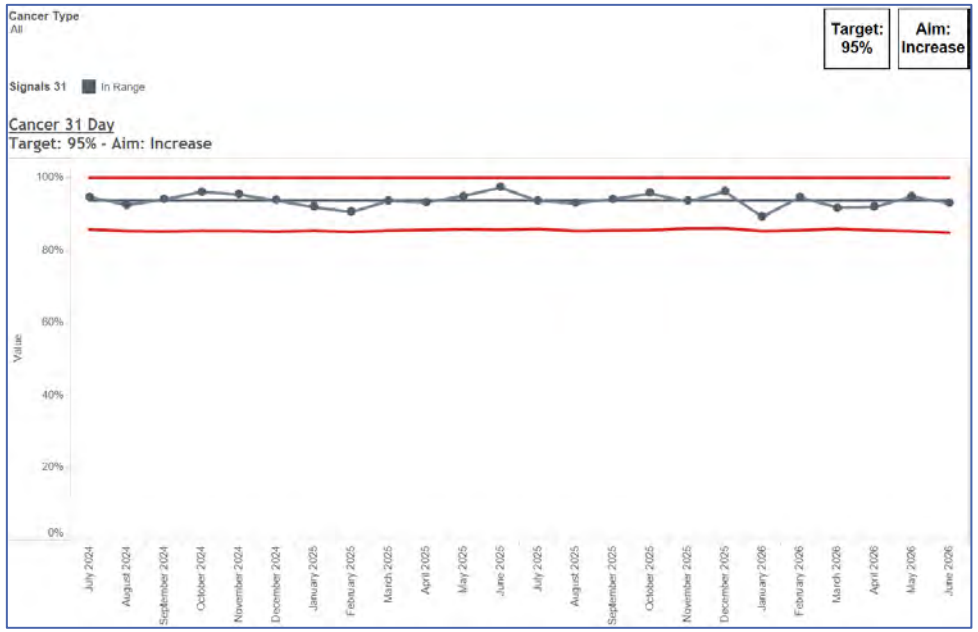
What is this showing?

Radiology performance has improved significantly during 2026, with 84.9% of patients seen within six weeks by June. The overall waiting list has reduced substantially, and the number waiting more than six weeks has fallen to 1,639, indicating sustained progress towards achievement of the national standard. The 2026/27 trajectory anticipates further improvement with an anticipated reduction to 551 patients waiting over 6 weeks by March 2027, which would achieve the national standard of 95%.

Cancer Care

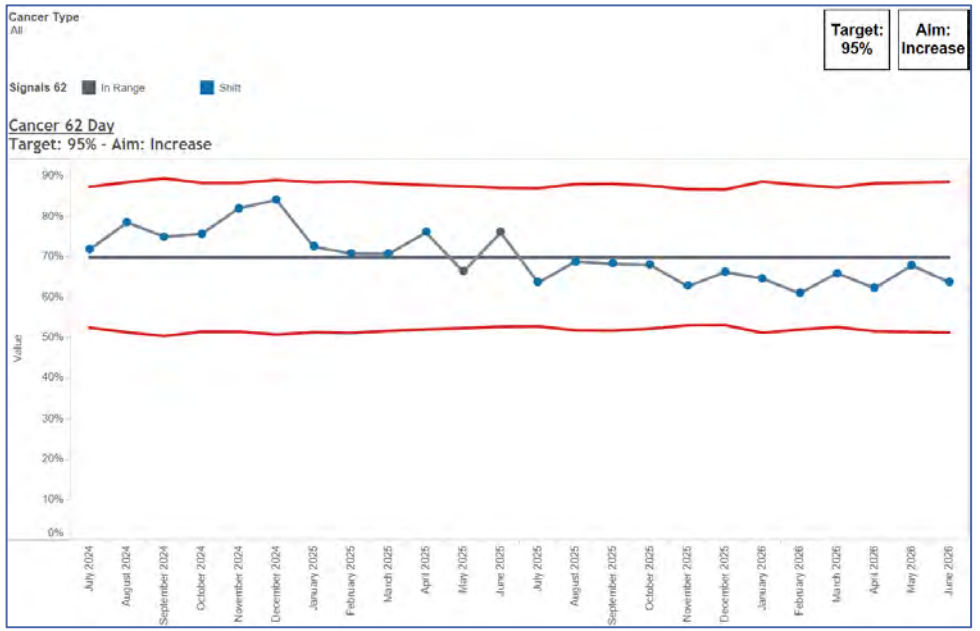
Lead Committee – Strategy, Planning and Performance

NHS Lothian



93.0% began treatment within 31 Days (June 2026)

NHS Scotland: 94.5% (March 2026)



63.8% began treatment within 62 Days (June 2026)

NHS Scotland: 72.2% (March 2026)

Measure Definition - Percentage of patients starting treatment within 31 days of a decision to treat.

Measure Definition - Percentage of patients starting treatment within 62 days of an urgent suspicion of cancer referral.

Why it matters

Timely access to cancer diagnosis and treatment supports improved patient outcomes and experience. Cancer waiting time standards provide an indication of how effectively patients are progressing through diagnostic and treatment pathways.

What is this showing?

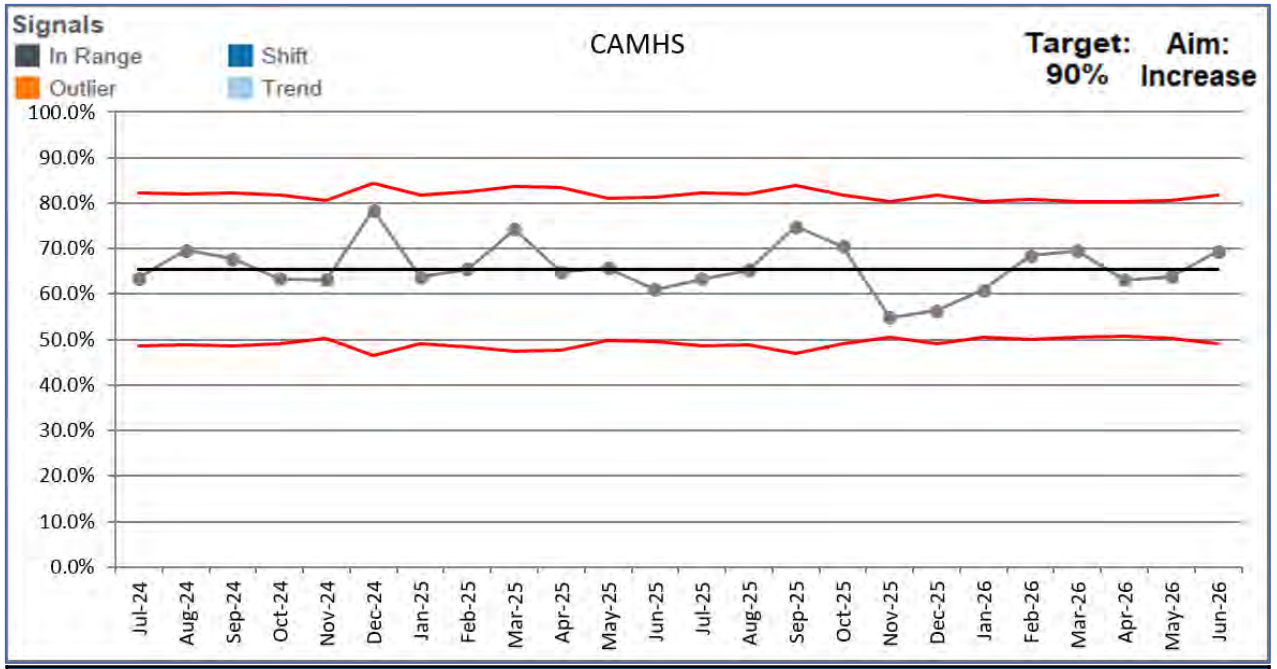
Performance against the 31-day standard has remained stable at around 94% over the past two years. Most tumour groups consistently achieve or are close to the 95% standard, with lower performance in some urological cancers, particularly bladder and prostate pathways.

What is this showing?

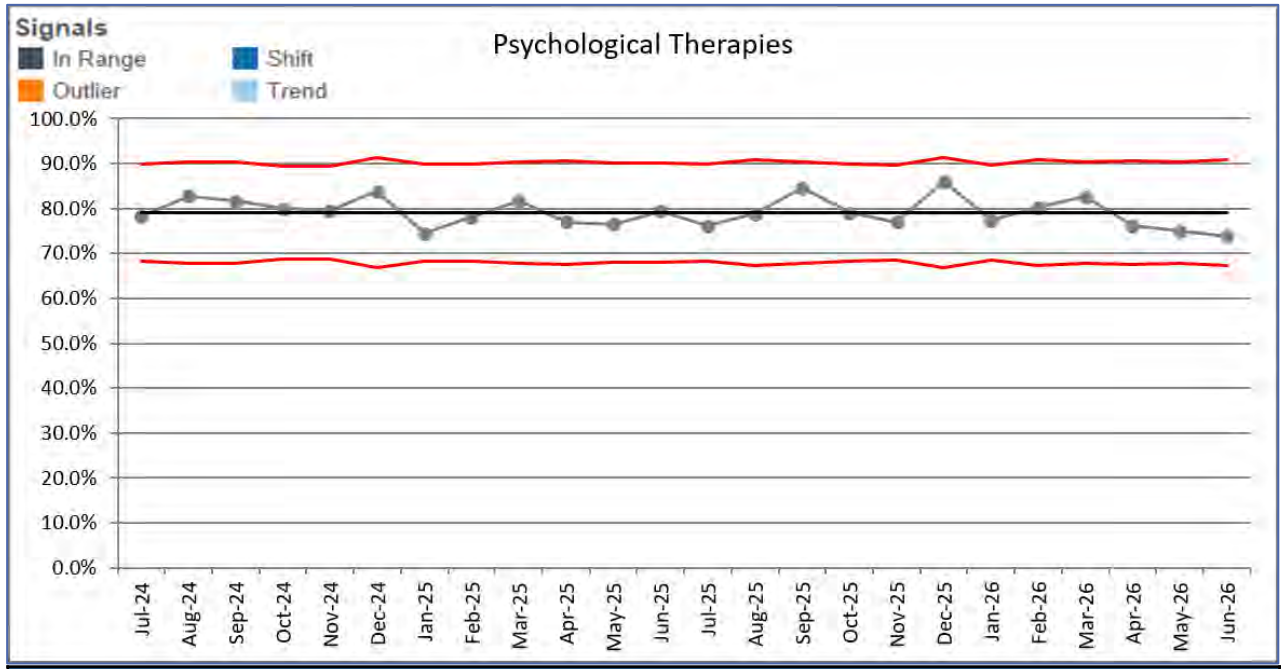
Performance against the 62-day standard remains significantly below the national standard and local trajectory. Recent performance has been affected by a focus on treating patients with the longest waits, increasing activity but reducing reported performance as many patients had already exceeded the 62-day standard before treatment commenced. Improvement is therefore expected to lag behind the recovery of underlying backlog and pathway capacity.

Mental Health – CAMHS and Psychological Therapies

Lead Committee – Strategy, Planning and Performance



69.3% seen within 18 Weeks (June 2026)
Scotland: 92% (March 2026)



73.8% seen within 18 Weeks (June 2026)
Scotland: 81.1% (March 2026)

Measure Definition – Percentage of patients starting treatment within 18 weeks of referral.

Why it matters

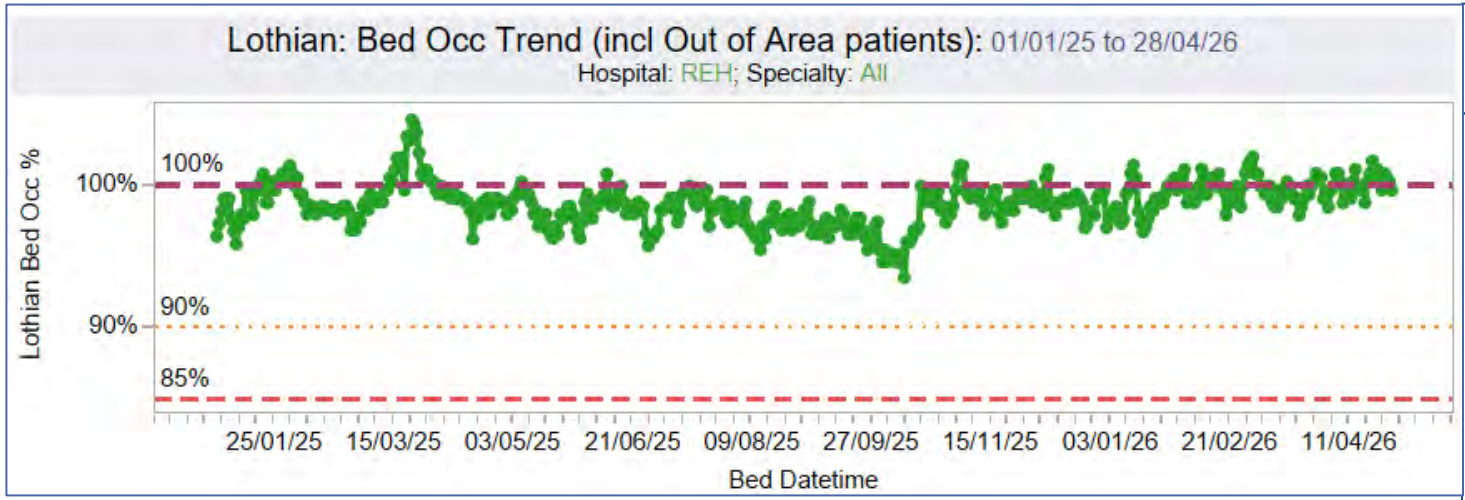
Timely access to mental health services supports improved outcomes, patient experience and early intervention. Waiting time standards provide an indication of access across mental health pathways.

What is this showing?

Performance against the 18-week standard remains below the national target for both CAMHS and Psychological Therapies. Psychological Therapies performance has remained stable and broadly in line with the Scottish average, while CAMHS performance remains substantially below both the 90% standard and national performance. However, CAMHS has eliminated waits over 52 weeks and reduced waits over 18 weeks faster than planned. Improvement in overall RTT performance is expected to lag behind reductions in the longest waits as the backlog is cleared.

Mental Health - REH Bed Occupancy and Delayed Discharges

Lead Committee – Strategy, Planning and Performance



Measure Definition

Percentage of available staffed beds occupied.

Why it matters

High occupancy levels can lead to patient care delays and increased use of beds outside usual ward placement.

What is this showing?

Following a period of improvement during 2025, bed occupancy increased from October 2025 and has remained at or near 100% since. Occupancy at this level indicates sustained pressure within inpatient mental health services and limited flexibility to accommodate fluctuations in demand.

Measure Definition

Number of patients clinically ready to leave hospital but remain for various reasons.

Why it matters

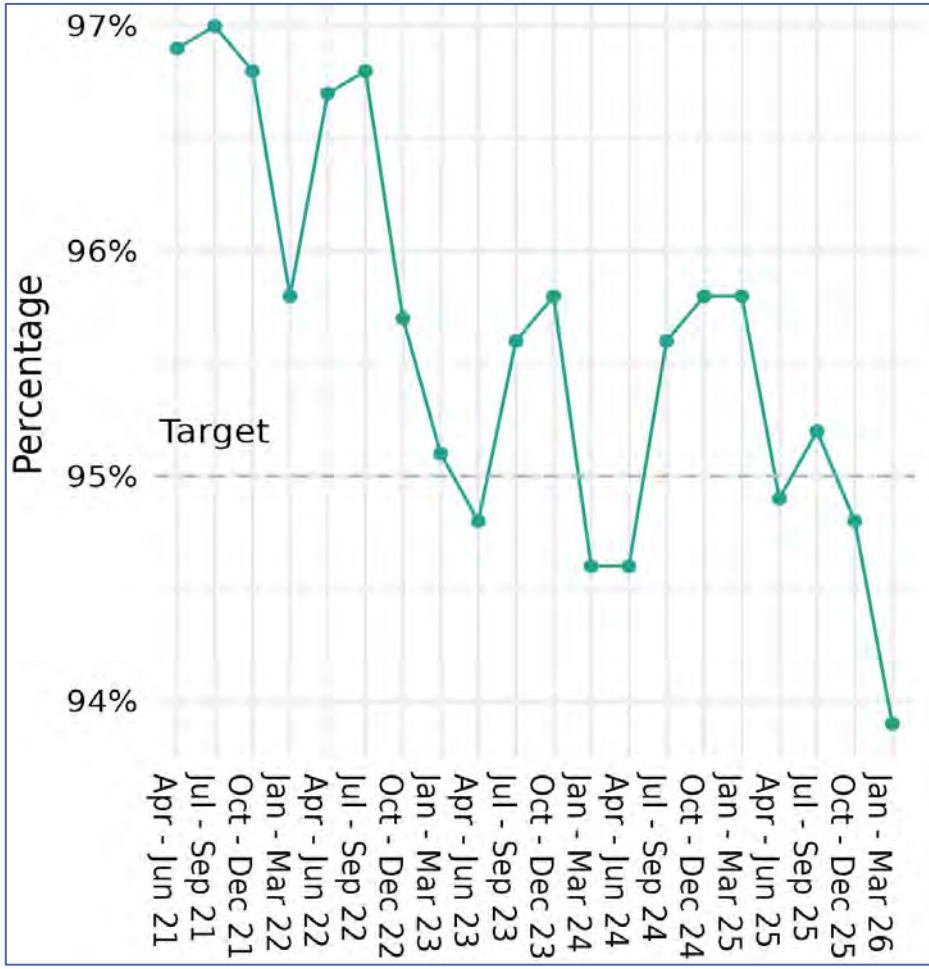
Timely discharge from hospital is an important component of person-centred care and an indicator of how effectively health and social care services work together to support patients in the most appropriate setting.

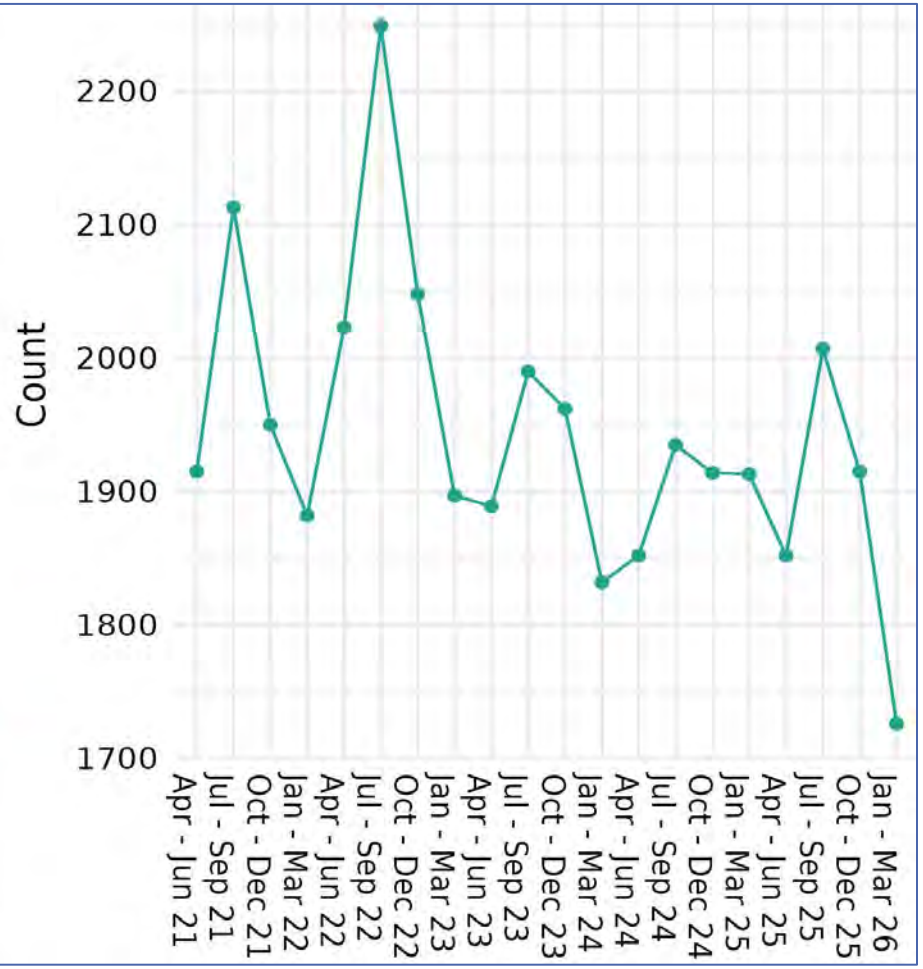
What is this showing?

The number of delayed discharge patients has reduced over the period shown. Despite this improvement, bed occupancy remains close to 100%, indicating that pressures within inpatient mental health services extend beyond delayed discharge alone.

Population Health– 6 in 1 Vaccine Uptake for Children aged 12 Months

Lead Committee – Strategy, Planning and Performance





Measure Definition - Percentage uptake of 6 in 1 vaccine (diphtheria, tetanus, whooping cough (pertussis), polio, Hib and hepatitis B) for children aged 12 months in Lothian on a quarterly basis.

Why it matters

Maximised and equitable uptake reduces proportion of the population at elevated risk of severe illness, limits spread of disease, and eases health & social care pressures. The wider impact of immunisations in protecting the individual and communities cannot be underestimated.

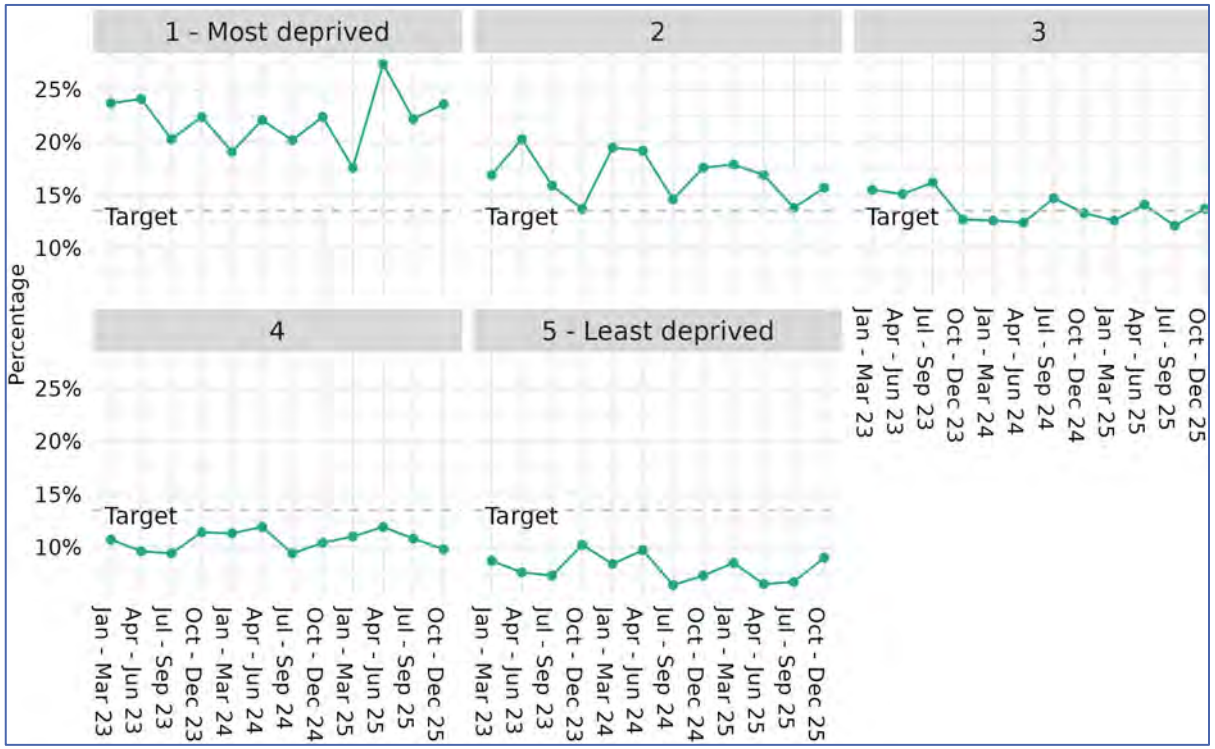
What is this showing?

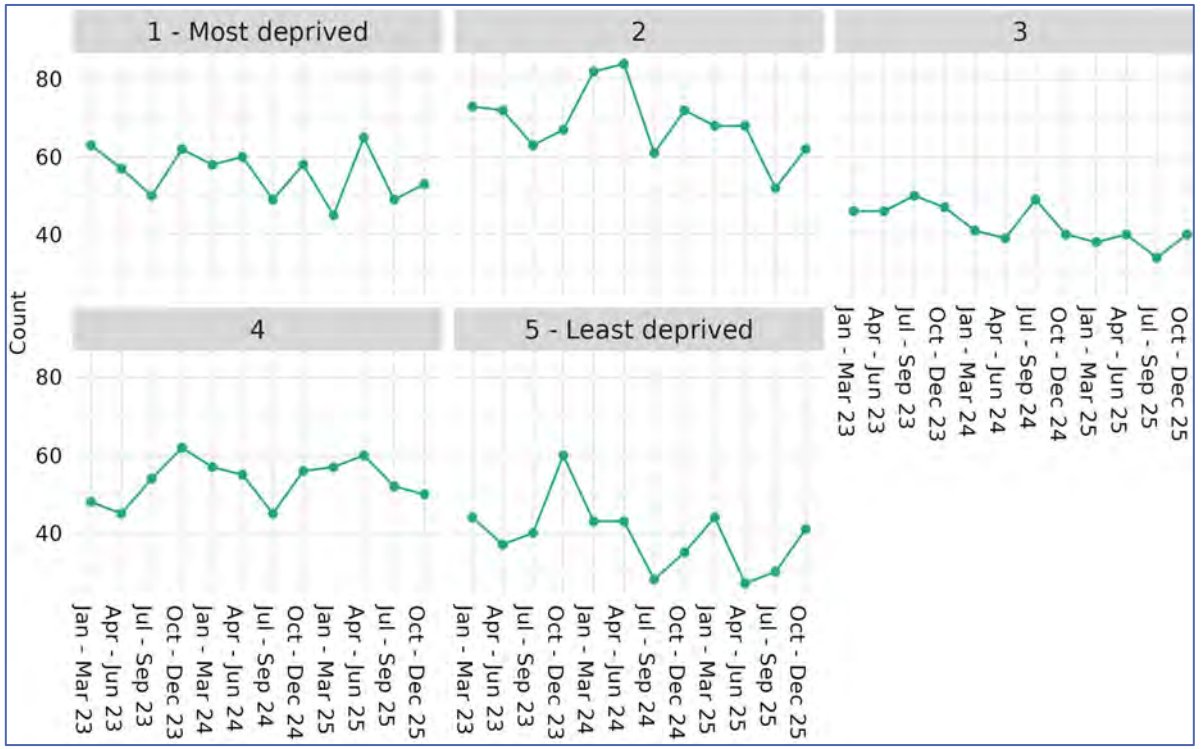
Uptake remains high but has fallen consistently since Q1 2021/22 and reached it's lowest (93.9%) in Q4 2025/26. Uptake fluctuates from quarter to quarter. The Lothian uptake is in line with the national average.

Lothian Uptake – 93.9% / 1,726 Patients Seen (Q4 2025/26)	Scotland Uptake – 93.2% / 10,040 Patients Seen (Q4 2025/26)	NHS Lothian Target – Increase to 95% by March 2027

Population Health – Child Health Reviews at 27-30 Months

Lead Committee – Strategy, Planning and Performance





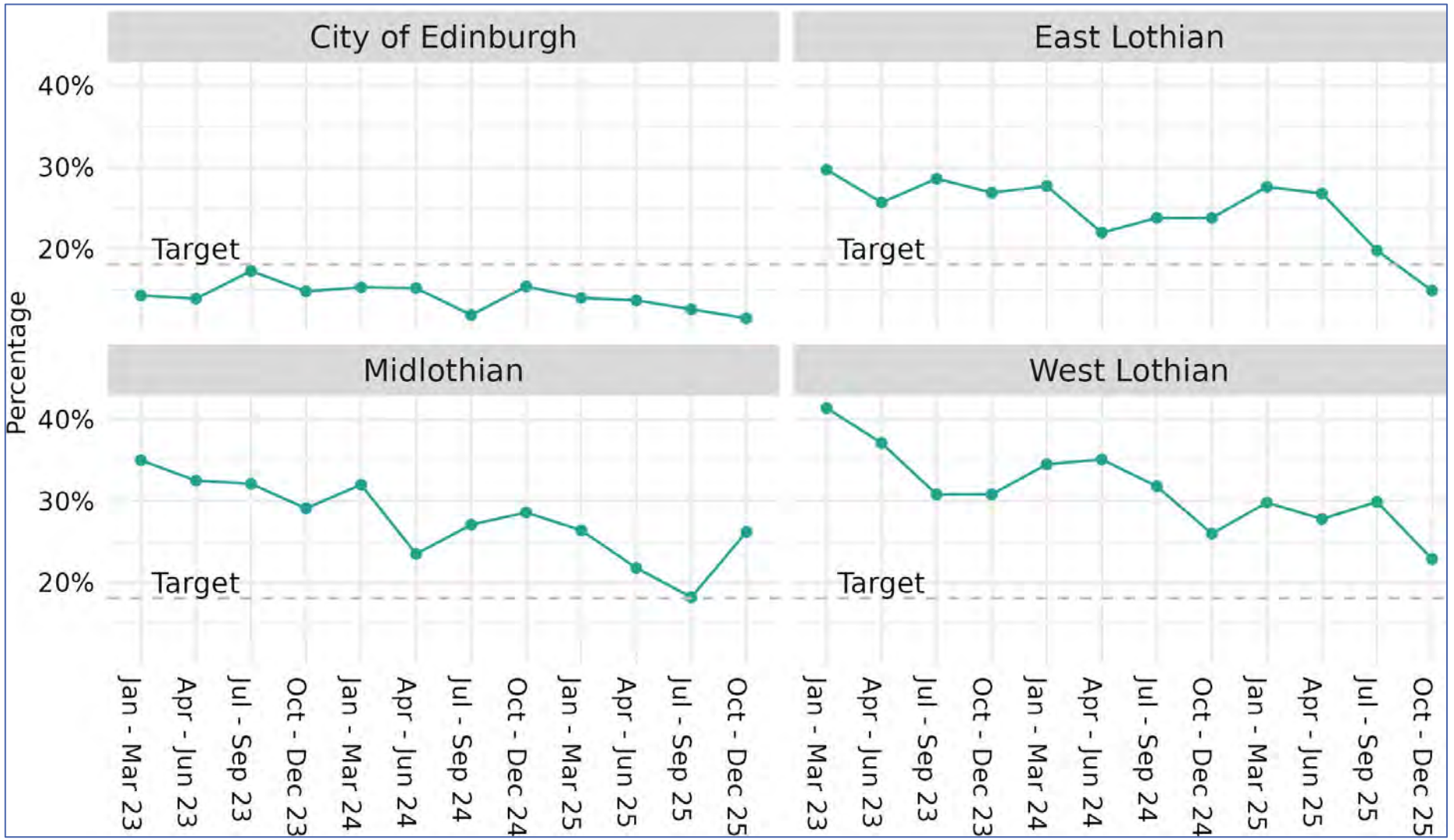
Lothian – 13.1% (Q3 25/26)	Scotland – 15.9% (Q3 25/26)	SIMD 1 – 23.6% (Q3 25/26)	SIMD 2 – 15.7% (Q3 25/26)	SIMD 3 – 13.7% (Q3 25/26)	SIMD 4 – 9.8% (Q3 25/26)	SIMD 5 – 9.0% (Q3 25/26)

Measure Definition - Percentage and Count of child health reviews at 27-30 months in Lothian identifying a developmental concern by SIMD area on a quarterly basis. Target is below 13.5%.

Why it matters	What is this showing?
Early identification of developmental concerns enables timely, targeted support, helping to improve longer term outcomes.	Consistent with Scottish trends, there remains a strong deprivation gradient in the identification of any developmental concern, with Lothian's most deprived two quintiles consistently sitting above the national 'target'. Coverage of reviews is both high and consistent across SIMD quintiles hence it is likely that differences in absolute numbers reflect differing populations of young children in each SIMD quintile.

Population Health – Percentage Drop-Off in Breastfeeding

Lead Committee – Strategy, Planning and Performance



Measure Definition - Percentage drop-off in breastfeeding between initiation and 6-8 week follow up, by HSCP area on a quarterly basis. Target is below 18.1% by 2030.

Why it matters

Reducing breastfeeding drop-off in line with the national target will help more mothers and babies benefit from breastfeeding for longer.

What is this showing?

Breastfeeding drop-off declining across all areas, with the City of Edinburgh consistently meeting the national target.

Note: Fluctuations in monthly locality data in East and Midlothian can be due to small numbers.

Q3 25/26 Drop Off Across Lothian – 15.6%

Edinburgh HSCP Q3 25/26 Drop Off – 11.5%

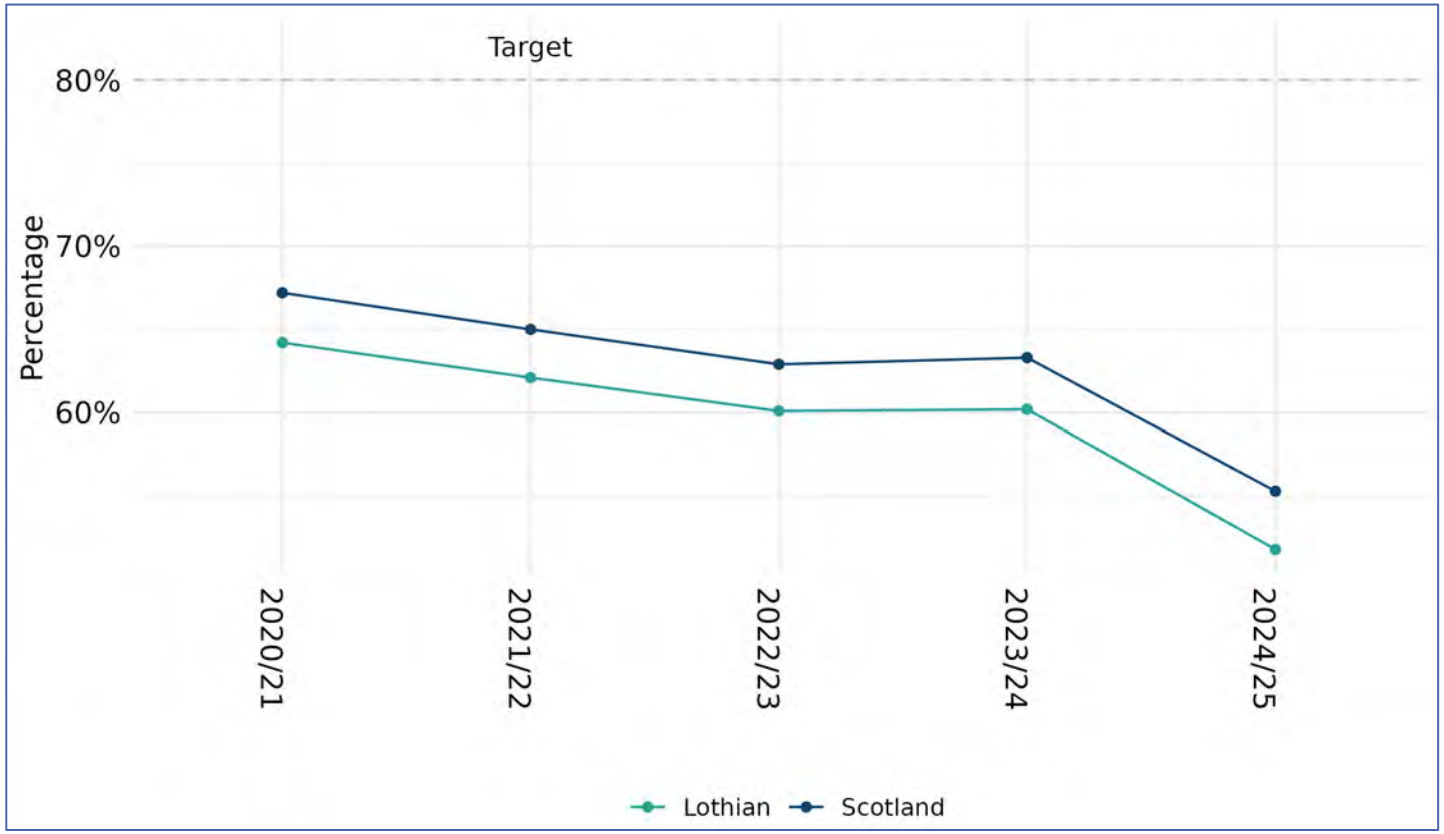
East Lothian HSCP Q3 25/26 Drop Off – 14.9%

Midlothian HSCP Q3 25/26 Drop Off – 26.2%

West Lothian HSCP Q3 25/26 Drop Off – 22.9%

Population Health – Eligible Women Who have Attended Cervical Screening

Lead Committee – Strategy, Planning and Performance



Lothian Uptake – 52% / 156,017 Patients (2024/25)

Scotland Uptake – 55% / 887,524 Patients (2024/25)

NHS Lothian Target – Increase to National Target (80%) by March 2027

Measure Definition

Coverage: the percentage of the target population eligible for screening at a given point in time who have had a cervical screening encounter within the past 3.5 or 5.5 years (depending on their age group).

Why it matters

Maximising cervical screening uptake and ensuring equitable participation across all population groups helps detect abnormalities early, reducing the risk of and moving toward the goal of eliminating cervical cancer in Scotland by 2040.

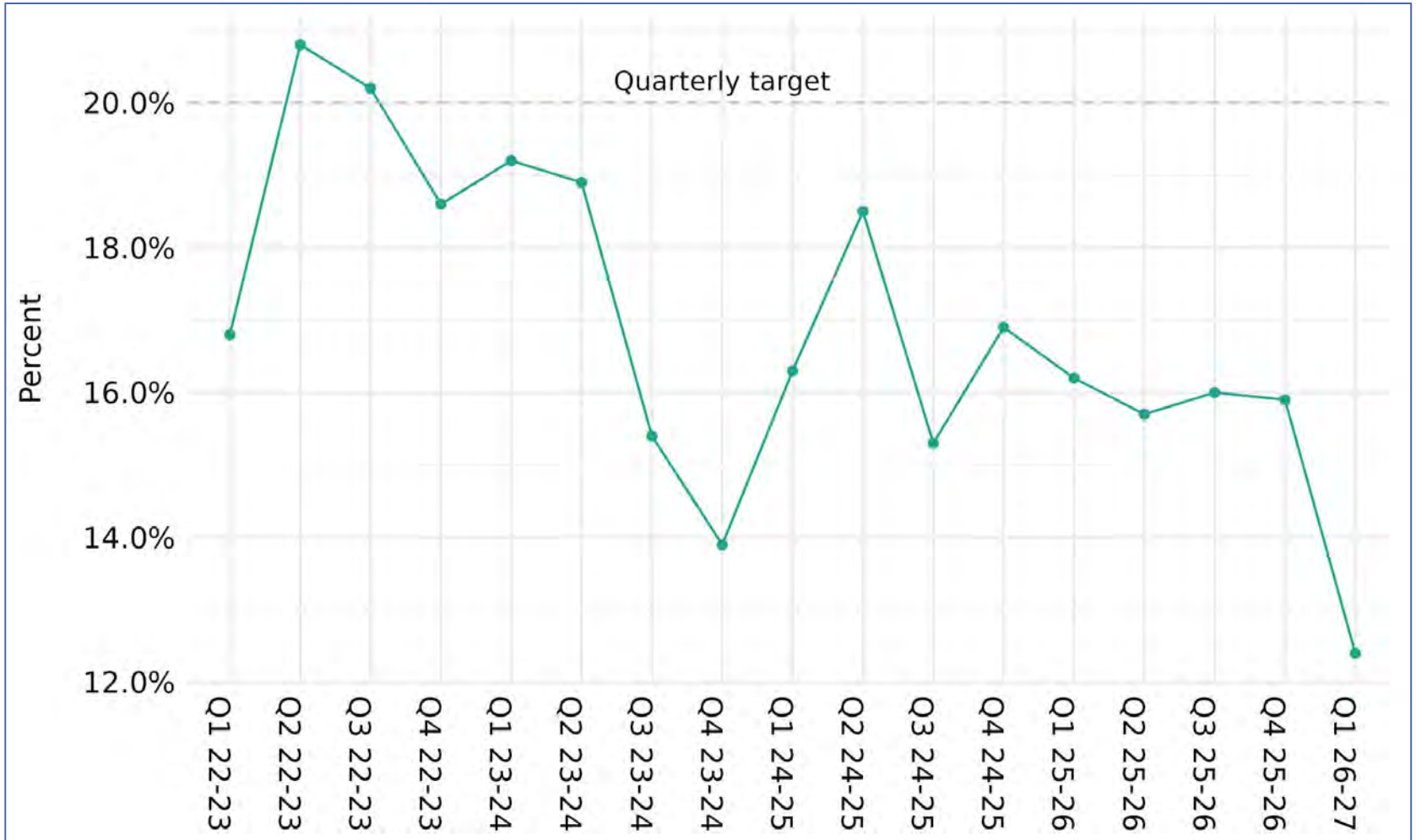
What is this showing?

Coverage continues to fall and reached a low of 52% in 2024/25. This reduction is mirrored in the Scotland uptake which continues to be below the national target of 80% every year. There has been changes in the frequency of cervical screening of those aged 25-49 together with the effects of pausing screening during the COVID-19 pandemic that are likely to explain some of the observed reductions in coverage in 2024/25.

Local work focusses on taking a data led approach to target areas and specific groups. For example, developing specific targeted messaging and interventions based on a local online young women's survey looking at supporting individuals to attend cervical screening. Ongoing work continues with primary care to ensure there are accurate records of the eligible population to target.

Population Health – Eligible Population Successfully Screened for Diabetic Retinopathy

Lead Committee – Strategy, Planning and Performance



Lothian Uptake – 12.4% / 6,763 Patients Seen (Q1 2026/27)

NHS Lothian Target – Increase to 20% by March 2027

Measure Definition - Percentage of eligible population who have been successfully screened for diabetic retinopathy during the report range. Quarterly performance target is 20%, calculated cumulatively on a monthly basis.

Why it matters

Maximising uptake and ensuring equitable participation across population groups enables early detection and treatment of diabetic eye disease, helping to prevent vision loss and reduce the wider health impacts of diabetes.

What is this showing?

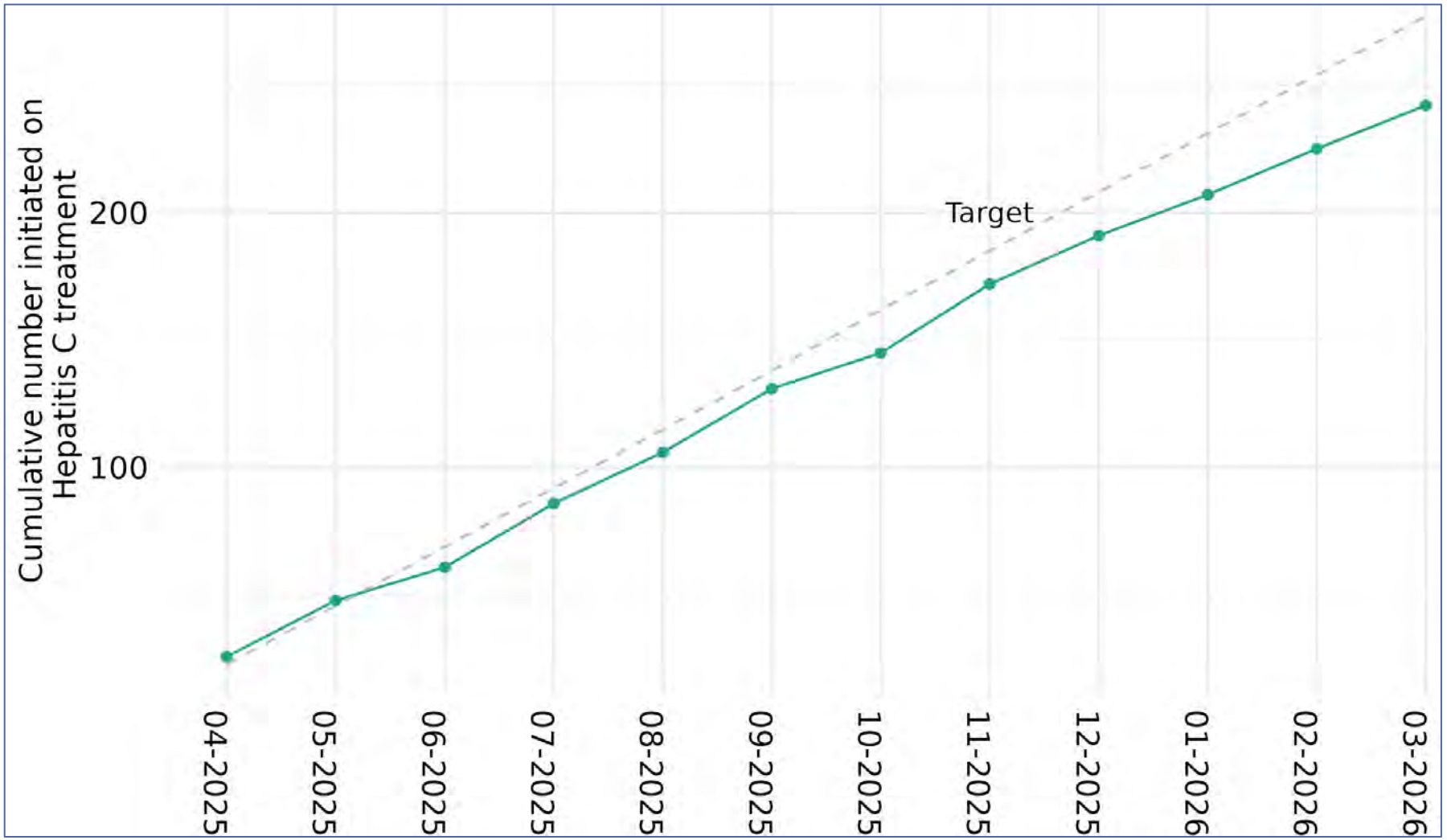
Uptake has varied across the past three years, reaching a low of 12.4% in Q1 26/27.

Uptake has been affected by relocation from the main screening site (PAEP) in 2024, both mobile cameras breaking without replacement (2025/26) and ongoing staffing shortages.

Work is underway across the screening programme to support recovery, including ongoing work to reduce DNAs, analysis of attendance patterns by venue, and consideration of additional approaches to support attendance among higher-risk patients.

Population Health – Number of People Initiated on Treatment for Hepatitis C Virus

Lead Committee – Strategy, Planning and Performance



2025/26 Performance – 242 Initiates	National 2025/26 Target – 1,750 Initiates	NHS Lothian Target – Increase to 277 by March 2027

Measure Definition - Number of people initiated on treatment for HCV (Hepatitis C Virus) in Lothian monthly.

Why it matters

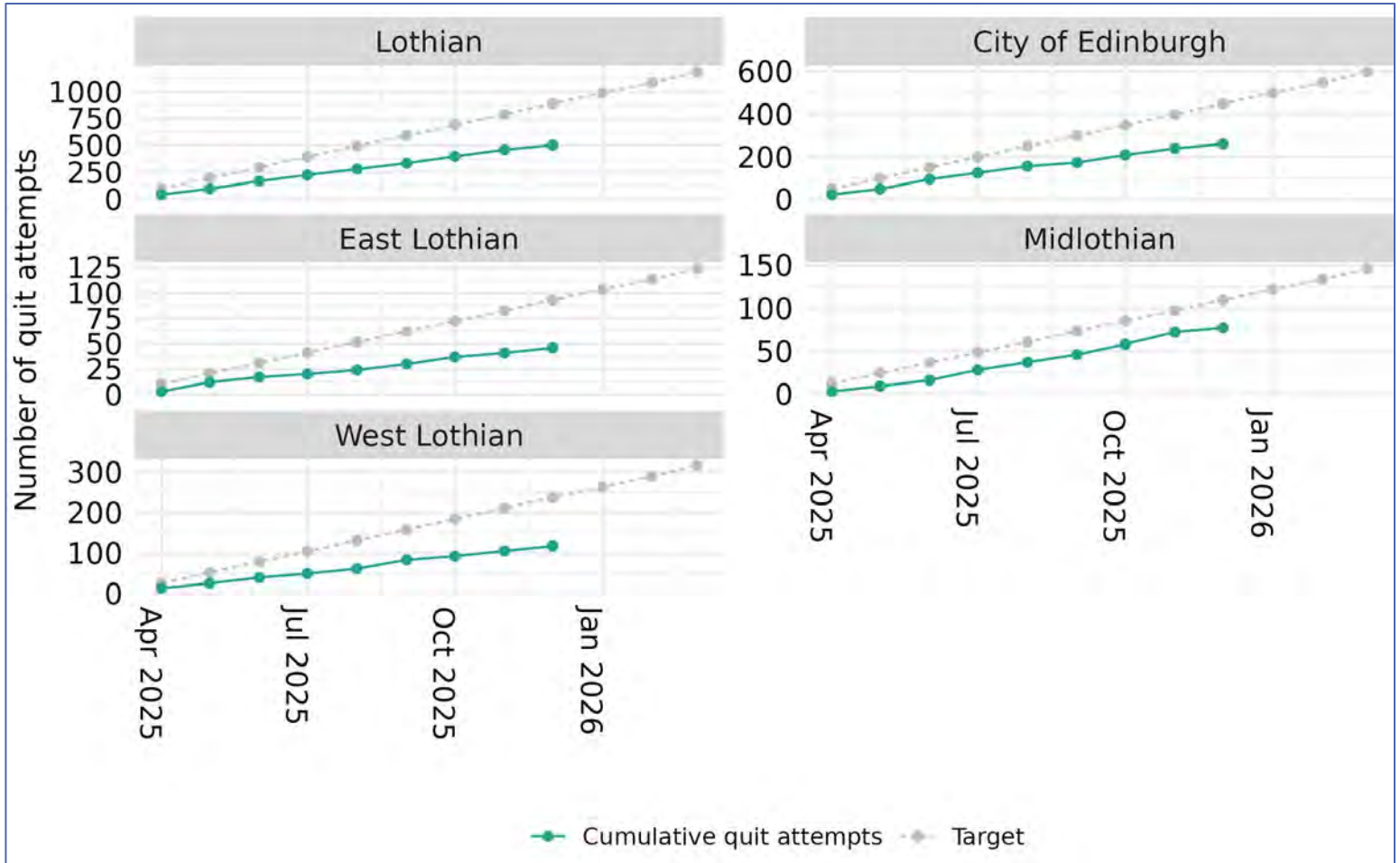
Meeting the treatment initiation target reduces mortality, increases the number of people with chronic hepatitis C who are successfully treated and cured, and supports progress towards national elimination goals.

Significant barriers to access to and adherence with HCV treatment such as community pharmacy opt out, changing substance use patterns and high retreatment rates, have been partially mitigated locally by the introduction of pre-labelled medication packs, the commissioning of a third-sector outreach service to deliver medications and support patients, and continued national advocacy to address pharmacy service limitations

What is this showing?

Initiation on treatment fell short of the 2025/26 cumulative target (277 initiates) by 35 patients.

Population Health – Smoking Cessation
12-Week Quit Rate



Measure Definition - Cumulative monthly number of successful 12-week LDP quits against local target.

Why it matters

Reducing smoking prevalence lowers the risk of developing major long-term conditions, including cardiovascular disease, type 2 diabetes, COPD and several cancers.

What is this showing?

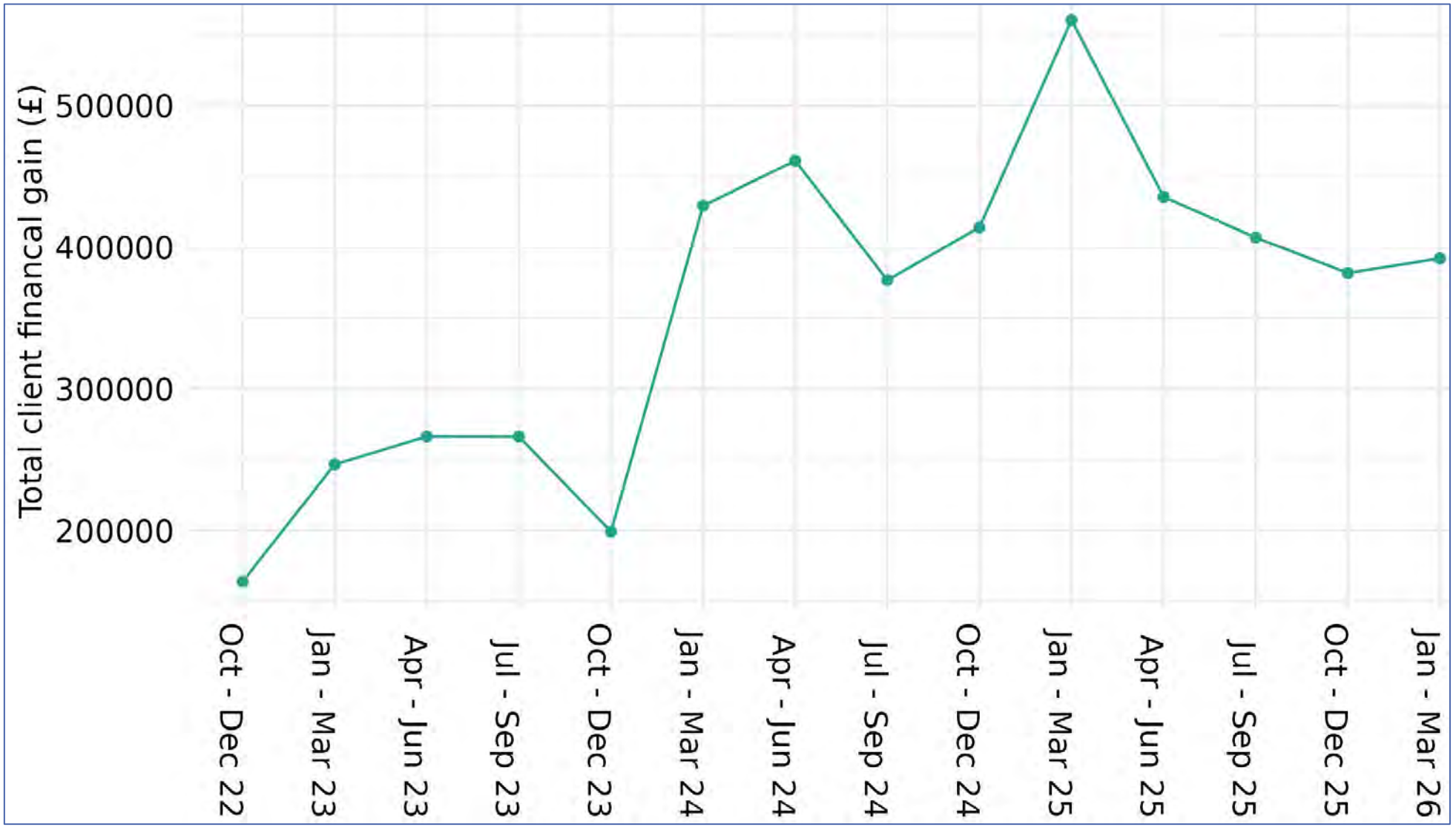
These charts show the total successful quit numbers assigned to partnership areas and Lothian. The service model is, however, configured around pharmacy and non-pharmacy quits. Non-pharmacy quits only have delivered 89% of target by end Q3 compared with 25% for community pharmacy quits.

- **Lothian:** Number of successful 12wk quits had reached 503 by Dec 2025 but was shy of the target by 305
- **COE:** Number of successful 12wk quits had reached 260 by Dec 2025
- **EL:** Number of successful 12wk quits had reached 46 by Dec 2025
- **ML:** Number of successful 12wk quits had reached 77 by Dec 2025
- **WL:** Number of successful 12wk quits had reached 118 by Dec 2025

Edinburgh HSCP – 58% (Dec 2025)	Midlothian HSCP – 70% (Dec 2025)
East Lothian HSCP – 49% (Dec 2025)	West Lothian HSCP – 50% (Dec 2025)

Lothian – 57% (Dec 2025)

Population Health – Total Client Financial Gain (£) through NHSL Hospital Welfare Advice Services



Measure Definition - Total client financial gain (£) through NHS Lothian Hospital Welfare Advice Services on a quarterly basis.

Why it matters

Increased financial gains indicate that more people are successfully accessing financial support, resulting in higher household incomes and reduced financial hardship.

What is this showing?

Client financial gain reached a peak in Q4 2024/25, and although gains have fallen slightly, they have roughly remained stable across FY 2025/26.

Q4 2025/26 Total - £392,304

2025/26 Total - £1,617,008

NHS Lothian

10.

Meeting: NHS Lothian Board

Meeting date: 12 August 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	☒	Decision	☒
Discussion	☒	Awareness	☐

This report relates to:

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

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

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

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

Safe	☒	Effective	☐
Person-Centred	☐		

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

2 Report summary

2.1 Situation

The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

Board members are asked to:

2.1.1 Review the July 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 Agree that risk **1076 – Healthcare associated infection (HAI)** is removed from the corporate risk register.

2.1.4 Note that CMT requires service directors, managers and service leads to:

- identify HAI related risks for inclusion in their risk registers and submit to PLiCC for review
- Provide routine reports on progress and effectiveness of risk mitigation plans to PLiCC

2.1.5 Note that the chair of Staff governance committee and lead executives have agreed that F&R will become the sole assurance committee for risk **5737- Royal Infirmary of Edinburgh Fire Safety.**

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 2026.

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 Board members are asked to agree that **risk 1076 – Healthcare associated infection (HAI)** is removed from the corporate risk register.

It is recognised that risks relating to HAI arise from several sources as described in the IPC (Infection prevention and control) Assurance and Accountability Framework (established April 2026):

- Clinical care
- Care environments
- Ineffective assurance and monitoring

It is therefore not possible to align a clear, effective risk mitigation plan to a generic HAI risk with a single owner and handler.

The current description of the risk is noted below:

There is a risk of patients developing a preventable infection while receiving healthcare as a result of:

- sub-optimal clinical practice
- exposure to healthcare environmental hazards
- patient to patient or staff to patient transmission

Due to inadequate or inconsistent implementation and monitoring of HAI prevention and control measures, leading to potential harm and poor experience for both staff and patients

Whilst all of these elements exist, it is recommended that a more effective approach to management of HAI risk would be a requirement for services and corporate departments to identify specific HAI risks for inclusion in their risk registers. This would ensure clear alignment of controls/risk mitigation plans and accountability for actions to reduce those risks.
Services would be required to report on their HAI risks and mitigation through established governance arrangements, as detailed in the IPC Assurance and Accountability Framework, to the Pan Lothian infection control committee (PLiCC) and ultimately the Board via Healthcare Governance Committee and NHS Lothian Health & Safety committee.

It is acknowledged that risks are already included in some relevant risk registers, however this approach is not comprehensive and gaps exist. Examples of risk registers where they are included are listed below:

- Corporate nursing and IPCT corporate team registers - workforce, data and systems

- Estates and facilities – water safety, fabric of buildings, HSDU (also escalated to CRR)
- Acute services – clinical practice, decontamination facilities
- Sites - specific infrastructure/fabric building issues/estate
- Capital projects e.g. PAEP

The recommendation to remove the risk from the CRR is contingent on the requirements on service directors, managers and service leads to

- identify HAI related risks for inclusion in their risk registers and submit to PLiCC for review
- provide routine reports on progress with and effectiveness of risk mitigation plans to PLiCC

2.3.2 The chair of Staff governance committee and lead executives have agreed that F&R will become the sole assurance committee for risk **5737- Royal Infirmary of Edinburgh Fire Safety**, on the basis that all mitigation activities overseen by Staff governance committee are complete or embedded in BAU. Updates will, however, be provided to the Staff Governance Committee twice a year to ensure legal elements and compliance with the Fire and Rescue service requirements are captured through Health and Safety reporting.

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	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25	Sep-25	Oct-25	Dec-25	Apr-26	Jun-26	Jul-26
3600 - Finance	25	25	25	25	25	20	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	12
6185 - Safe Delivery of Maternity Services										20	20	20	20
6274 - National Delivery of Digital System Replacements												16	16

Risk Removed from CRR (April 2026)													
5020 - Water Safety and Quality	12	12	12	12	8								
3828 - Nursing Workforce	12	12	12	12	6								
5784 - Low Secure Accommodation	15	15	15	15	10								
5785 - High Secure Female Accommodation	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

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

2.3.6 Financial

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

2.3.7 Risk Assessment/Management

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

2.3.8 Communication, involvement, engagement, and consultation

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

2.3.9 Route to the Meeting

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

2.4 Recommendation

Decision and discussion – Board members are asked to:

- Review the July 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
- Agree that risk 1076 – Healthcare associated infection (HAI) is removed from the corporate risk register
- Note that CMT requires service directors, managers and service leads to:
    - identify HAI related risks for inclusion in their risk registers and submit to PLiCC for review
    - Provide routine reports on progress with and effectiveness of risk mitigation plans to PLiCC
- Note that the chair of Staff governance committee and lead executives have agreed that F&R will become the sole assurance committee for risk **5737- Royal Infirmary of Edinburgh Fire Safety.**

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Risk assurance table

Appendix 1

Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
3600	Finance *Financial breakeven*	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	• The start of the new financial year has brought with it a number of consistent financial challenges from 2025/26. These can be broken down into 4 areas ○ Nursing overspend in REAS, which is a concern as we have invested additional resources in the service. This has been escalated through the finance oversight board. ○ Nursing pressures in women's and children's services, which also receives additional investment in 2025/26. The executive nurse director is investigating this concerning financial performance. ○ At WGH, there is an initial overspend in drugs budget which will require a deep dive to fully understand. This could be linked to new drugs and anticipated rebates from pharmaceutical companies, but this is a worrying trend. ○ We started the year with a known gap in our efficiency programme of £18m. Focussed work is required across the system to ensure this gap is mitigated. • As we come to the end of the first quarter, we will undertake a full review of the financial plan and project our revised year end forecast. The ongoing requirement to fully deliver 3% recurrent savings again must be a focus for the organisation. Work continues in the sub-national arena to design a financial recovery plan over the next 3 years to try and get the sub-national system closer to recurrent financial balance. The challenge is significant and will also need to recognise the requirement to improve service performance. This will potentially cause greater pressure on the financial deficit.
5186	4 Hours Emergency Access Target *Unscheduled Care*	Jim Crombie	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	High: 15 **Likelihood:** Possible (3) **Impact:** Extreme (5)	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited November 2025 Limited November 2025	**NHS Lothian's 4-hour Emergency Access Standard (EAS):** NHS Lothian's 4-hour Emergency Access Standard (EAS) performance during the first two months of FY2026/27 (April–May 2026) averaged 66%, compared with the full-year average of 64% in FY2025/26 and 64% in FY2024/25. This demonstrates improvement despite continued operational pressures. Admitted patient performance averaged 37% in April-May 2026/27, compared with 30% in FY2025/26 and 29% in FY2024/25. While admitted flow remains the principal constraint on overall performance, this represents continued improvement and reflects the ongoing focus on discharge flow, admission avoidance and whole-system coordination. Demand has remained above both FY2025/26 and FY2024/25 levels. Attendances averaged 865 per day during April–May 2026, compared with 848 during FY2025/26 and 808 during FY2024/25. Admissions from Emergency Departments averaged 195 per day, compared with 191 and 173 respectively. This indicates that performance gains continue to be achieved despite sustained increases in demand and throughput. **Front Door Performance and Flow:** Non-admitted performance averaged 74%, broadly in line with both FY2025/26 and FY2024/25. Average time to triage improved significantly to 24 minutes compared with 28 minutes during FY2025/26 and 34 minutes during FY2024/25, reflecting continued improvement in front-door processes. Average time to first assessment averaged 99 minutes, broadly in line with FY2025/26 performance, although remaining above the FY2024/25 baseline. **Long Waits and Delays:** Long waits improved

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
								• 8-hour breaches averaged 89 per day compared with 103 during FY2025/26 and 111 during FY2024/25. • 12-hour breaches averaged 42 per day compared with 56 during FY2025/26 and 61 during FY2024/25. This indicates continued improvement in the management of extended waits despite sustained occupancy and demand pressures. **Site-Level Variation:** • RIE remains the site under the most pressure, although 4-hour performance improved to 55% compared with 53% during FY2025/26 and 51% during FY2024/25. Demand and admissions remain above baseline levels, with time to first assessment remaining the principal challenge. • WGH continues to demonstrate strong performance across a range of flow measures, with 66% 4-hour performance, strong non-admitted performance, shorter times to first assessment and comparatively low levels of long waits. • SJH performance remains broadly stable at 67%, with improvements in admitted performance and sustained front-door flow. • RHCYP continues to be the strongest performing site, achieving 89% compliance with minimal long waits despite demand remaining above historic levels. **Targeted System Interventions:** Frailty pathways, Hospital at Home services, Care at Home capacity and HSCP-delivered flow initiatives continue to support admission avoidance and discharge flow. The consultant-led Flow Navigation Centre continues to redirect approximately 20–25% of urgent referrals to alternative pathways, supporting front-door resilience and reducing unnecessary attendance and admission. The Scottish Ambulance Service Call Before Convey Test of Change continues within the Flow Navigation Centre, with increasing referral volumes and positive operational feedback. The NHS Lothian Command Centre is now operational and is supporting enhanced system oversight through real-time monitoring of demand, capacity, escalation and patient flow. Continued development of predictive analytics, operational dashboards and system intelligence is strengthening proactive management of flow across acute and community services. Despite continued demand and occupancy pressures, the system continues to demonstrate sustained improvement in admitted performance, long waits and front-door flow compared with both FY2025/26 and FY2024/25. **Funding & System Resilience**: The £1.1 million Hospital @ Home funding continues to support community capacity, complementing frailty and system-flow work. The main operational risks remain acute-bed capacity and delayed-discharge pressure however, coordinated whole-system flow initiatives continue to support improvements in patient flow and discharge performance across sites.

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
3726	Hospital Bed Occupancy *Unscheduled Care*	Jim Crombie	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	High: 15 **Likelihood:** Possible (3) **Impact:** Extreme (5)	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited November 2025 Limited November 2025	**Sustained High Bed Occupancy Across Acute Sites:** Bed occupancy across adult acute sites remains above optimal levels, continuing to constrain surge capacity and contribute to operational pressure across the system. Despite this, performance has been maintained against a backdrop of sustained demand and increased emergency admissions. Demand across the system remains above previous levels. During April–May 2026, attendances averaged 865 per day compared with 848 during FY2025/26 and 808 during FY2024/25. Admissions from Emergency Departments averaged 195 per day compared with 191 during FY2025/26 and 173 during FY2024/25. **Occupied Bed Days and Length of Stay:** Whilst occupancy remains high, delayed occupied beds continue to show improvement. Average occupied beds attributable to delay reduced to 334 per day during April–May 2026, compared with 361 during FY2025/26 and 415 during FY2024/25. This represents a significant improvement in delayed discharge performance compared with the FY2024/25 baseline and reflects continued progress in discharge coordination, community capacity and patient flow initiatives. **Delays and Discharge Flow:** Reductions in delayed occupied beds continue to support downstream flow and bed availability across the acute system. However, occupancy across adult acute sites remains above optimal levels and sustained demand continues to place pressure on system resilience. While discharge performance has improved significantly, the resulting capacity gains have not yet been sufficient to consistently achieve Emergency Access Standard performance across all sites. Planned Date of Discharge processes, discharge coordination arrangements and whole-system flow remain key operational priorities. **Site-Level Flow:** • **RIE** continues to experience the greatest occupancy and flow pressure, with delayed occupied beds averaging approximately 99 per day during April–May 2026. Demand, admissions and downstream bed utilisation remain the principal constraints on system performance. • **WGH** continues to support system resilience and balancing across the acute sector, maintaining comparatively lower levels of delayed occupancy and strong same-day emergency care performance. • **SJH** remains comparatively stable, with delayed occupied beds remaining below FY2025/26 levels, although performance remains sensitive to variation in community capacity and discharge demand. **System Demand and Resilience:** Occupancy pressures continue to be managed in the context of sustained demand rather than reduced activity. Improvements in delayed discharge performance, frailty pathways, Hospital at Home services and community capacity have supported flow; however, overall occupancy remains above optimal levels and continues to limit system flexibility. **Targeted Improvements:** Frailty pathways, Hospital at Home services, Care at Home provision and strengthened HSCP collaboration continue to support reductions in bed utilisation amongst older people and improve discharge flow. The Flow Navigation Centre continues to support admission avoidance through redirection to alternative pathways, while the NHS Lothian Command Centre is strengthening operational oversight through real-time monitoring of demand, capacity and escalation.

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
								Further improvement remains dependent on continued whole-system coordination across acute services, HSCP capacity, discharge pathways and community-based alternatives to admission.
5185	Access to Treatment *Scheduled Care*	Jim Crombie	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	*Not yet agreed	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited November 2025 Limited May 2026	**Performance Against SG Trajectory/ Targets** **As of end of May 26** • Over 52-week performance for OP was better than planned trajectory of 5,341 with 4,518 patients waiting over 52 weeks for an OP appointment. • Over 52-week performance for IPs is slightly behind the planned > 52-week trajectory for May of 1,922 with 1,952 patients waiting over 52 weeks for IP treatment. • The number of patients waiting over 6 weeks for endoscopy, has reduced to 2,565 at end of May 2026. • The number of patients waiting over 6 weeks for radiology was 2,282. 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. • Performance against the 31-day cancer target was 92.2% in April 2026 with May performance not yet published. 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%. • Performance against the 62-day cancer standard was 60.8%. in April 2026 with May performance not yet published. This was below the NHS Lothian trajectory of 67.3% and was below the 95% standard. **Monitoring & Governance:** • Weekly and monthly Access meetings are in place to track activity delivery, address deviations, and drive productivity improvements across pathways. • Additional monthly oversight of >62-day Cancer performance recovery at PSOB **Capacity Planning 26/27:** • Funding has been confirmed for £10.7m expenditure in Q1 (initial estimate) in addition to existing recurring allocation of £14.4m (£16.4m with pay uplift) per letter of May 2025. A further £17.4m has now been allocated non-recurringly against 52-week targets • As per the established planning cycle, services have developed capacity plans for 26/27 based on core capacity plus additional activity in Q1 as described above. This produced a 52-week trajectory position and performance is currently being managed against these. • It is important to note that there is an assumption that the same volume of USoC and Urgent activity delivered in 25/26 will be delivered in 26/27. If these activity levels need to increase in response to meet Cancer performance trajectories, this will reduce the activity available for routine long waiting patients without further additional activity & investment. • On 19th May, a letter was received from Christine McLaughlin, requesting sub national structures were used to develop a clear, deliverable & expedited plan to eradicate all long waits over 52 weeks, with the ambition of doing so within this calendar year, recognising that current modelling suggested it may take longer. • Plans to deliver this volume of additional activity were developed. These plans consist of internal high impact lists, insource provision and external private providers.

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
								• These plans aim to deliver 0 patients waiting over 52 weeks by end March 2027. In addition, trajectories have been set to achieve 0 patients over 104 weeks by end September 26 and 0 over 78 weeks by end December 26. • The bids were reviewed by the sub national teams, and all NHS Lothian bids have been supported and submitted to Scottish Government for final approval • The bids included reference to diagnostic requirements of c£9m which have not been formally requested by SG, however, are required to support delivery of 6-week diagnostic targets, USC and cancer. • A paper is in development for CMT in July recommending support for the progression of scheduled care bids £17.4m submitted and diagnostic bids for c.£9m whilst SG funding is secured. **31 & 62-day Cancer Trajectories 26/27:** Detailed DCAQ modelling and Value Stream Mapping underway for each tumour group to support development of final cancer trajectories. Prostate DCAQ model finalised & Colorectal model drafted. Breast services will be next.
5388	HSDU Capacity *Supports quality and safety of delivery of services throughout NHS Lothian*	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	• A programme of national review, support and resilience is underway for all NHS Scotland decontamination units, led by the Decontamination Collaborative Programme (DCP). NHS Lothian Director of Estates & facilities is now on the national group. 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 • Plans 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. • It is recognised that a substantial proportion 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 • Further actions also include continued infrastructure investment in the NHS Lothian unit as we progress throughout 2026/27. The impact of this will increase overall resilience and reduce the risk profile. • Monitoring of the Risk Mitigation Plan comes via the following governance groups. 1. HSDU Risk Mitigation Group 2. HSDU Quality Management Meeting (for specific items only). 3. Estates & Facilities Senior Management Team (where escalation is required). • 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

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update

5189	RIE Facilities
	
	Supports quality and safety of delivery of services throughout NHS Lothian RIE
		Jim Crombie	High: 15
			
			Likelihood: Possible (3)
			Impact: Extreme (5)
				High: 15
				
				Likelihood: Possible (3)
				Impact: Extreme (5
					Medium: 8
					
					Likelihood: Unlikely (2)
					Impact: Major (4)
						Finance & Resources Committee	Limited February 2026	• 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 & Facilities, Site Management and the PFI Provider as well as appropriate technical and assurance representation.
								  • This risk continues to be reviewed to ensure the mitigation plan is accurate and addresses ongoing areas of risk.
								  • Early recommendations for amends are now in place. It is noted, however, that ongoing contractual legal discussions may impact the outcome of any proposed changes. As a result, formal presentation of any change will continue to be held until an outcome on legal matters, with this process still ongoing
								  • Elements of the risk mitigation plan will be impacted by the hand back of the RIE from Consort to NHS Lothian due by 2027 and will be revised at the appropriate time. Funding has been allocated to E&F director to establish a shadow team ahead of hand back

3455	Violence & Aggression *Underpins the quality and safety of delivery of services throughout NHS Lothian*	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	• Internal audits of all departments (n=58) management of V&A have now been completed, and all individual services have received bespoke reports. A summary report will be presented to the H&S committee in August. • It has now been agreed to merge the Management of Aggression Team (currently manged by Clinical Education) with Health and Safety Corporate Services. This will create a unified board wide service, supporting a more robust risk management framework with improved governance and reporting, enhancing the Board's visibility of the overall risk. • Risk mitigation plan will be presented to the August meeting of the Staff governance committee
3328	Roadways/Traffic Management *Underpins the quality and safety of delivery of services throughout NHS Lothian*	Jim Crombie	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	Staff Governance Committee	Limited December 2025	• Traffic Management risks are managed via local Soft FM Management Teams and site Traffic Management • The Pan Lothian Traffic Management Group have recently established a dedicated Risk Register under the E&F risk management process, which will provide the group with clear oversight on traffic risks that cannot be managed at a site level. • **REH** – 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 however it is noted that staff continue to park within prohibited areas, particularly during evening periods (with Security staff currently in place during morning/afternoon to patrol the area). Further engagement with the local Council is underway to explore potential further mitigation. • **WGH** - A one-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 – consideration will be given on how this area of mitigation, now being in place, reflects on the wider risk profile. • 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. • **RIE** – Waiting emergency vehicles at the Emergency department (most notably Police Scotland) are now diverted to Plot 1 to ease congestion. Traffic Management Teams also patrol the area.

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
								• Funding has now been awarded, via Backlog Maintenance, for works to relocate the long 'zebra' pedestrian crossing at the entrance to the RIE. Works to address this high risk are in the early preliminary phase.
1076	Healthcare Associated Infection *Underpins the quality and safety of delivery of services throughout NHS Lothian*	Alison MacDonald	High: 16 **Likelihood:** Likely (4) **Impact:** Major (4)	High: 16 **Likelihood:** Likely (4) **Impact:** Major (4)	Medium: 9 **Likelihood:** Possible (3) **Impact:** Moderate (3)	Healthcare Governance Committee	Moderate March 2026	• 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) • All internal audit actions are now complete apart from one which is contingent on NES releasing resources • Recruitment to deputy associate nurse director post was unsuccessful therefore further options to fill gap are being explored • NHS Lothian currently meets target for CDI but not SAB or ECB, however benchmarks positively with other Boards • The annual report, which includes the end of year position will be used to inform focus on key risks • As previously reported, LDP targets and mandatory surveillance requirements for 2026/27 have not yet been advised by SG • A further review of this risk and mitigations will be undertaken to refine and identify where specific elements of HAI risk should be managed
5322	Cyber Security *Digital enablement*	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	No change from May update • 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 '**360 Assurance Cyber Resilience 'will** be implemented for the 2026/27 audit year • Results will be presented to the Audit & Risk committee when available • Work is underway to prepare for the Cyber Security resilience Bill.
5510	Royal Edinburgh Bed Occupancy *Mental Health*	Jim Crombie	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	Medium: 9 **Likelihood:** Possible (3) **Impact:** Moderate (3)	Healthcare Governance Committee	Limited January 2026	**System Leadership** Mental Health Whole System Executive Improvement Board and Operational Improvement Group continue to provide system oversight supporting flow and capacity management. • Agreed workstreams remain in progress. **Infrastructure & Capacity** • Divert Suite remains operational following an agreed extension, reflecting ongoing system capacity pressures. • Continued focus on safely reducing reliance on divert; however, sustained demand continues to limit progress. • Workstream regarding Alternatives to Admission progressing **Rehabilitation & Flow** • The planned reduction of seven rehabilitation beds by end June 2026 continues to progress, however is unlikely to be completed on time due to demands on beds and delays. There is a plan in place to achieve by end of August 2026. • Review of the Rehab model is progressing via a specific workstream.

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
								• There is ongoing work with Edinburgh HSCP to address delayed discharges and improve patient flow, with only slight improvement in position noted to date. **Camus Tigh Closure** • Camus Tigh decommissioning continues • All patients have been transferred to alternative provision, and remaining staff redeployed **Strategic System Developments** • Discussions regarding transition of IHTT from REAS to Edinburgh HSCP continue which aims to provide a more consolidated community-based service Awaiting confirmation from Edinburgh HSCP regarding management capacity to support this transition.
5737	Royal Infirmary of Edinburgh Fire Safety *Supports quality and safety of delivery of services throughout NHS Lothian*	Caroline Hiscox	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	Staff Governance Committee Finance & Resources Committee	Limited March 2026 Limited December 2025	• The chair of Staff governance committee and lead executives have agreed that F&R will become the sole assurance committee for this risk, on the basis that all mitigation activities overseen by Staff governance committee are complete or embedded in BAU. • A dedicated fire officer is in place for RIE site, who reports progress to the H&S group on a regular basis • Measurement of the implementation and impact of the Fire Safety action plan continue to be reported to the local Fire Safety Group, the Estates & Facilities Senior Management Team and to the Royal Infirmary of Edinburgh Health & Safety Group. • 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 & Implementation Group is also now in place to provide longer-term focus on strategy surrounding the sites fire safety requirements. Both groups report to the local fire safety group and continue to meet to focus on fire safety and strategy on the site. 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.
6134	Reduced Working Week *Supports quality and safety of delivery of services throughout NHS Lothian*	Tom Power	High: 16 **Likelihood:** Likely (4) **Impact:** Major (4)	High: 12 **Likelihood:** Likely (3) **Impact:** Major (4)	Medium: 9 **Likelihood:** Possible (3) **Impact:** Moderate (3)	Staff Governance Committee Healthcare Governance Committee Finance & Resource Committee	Limited March 2026	• An impact assessment framework is now in place to measure effectiveness of mitigation. • The role of the implementation group is now one of monitoring spend of funding allocated to services to support backfill, assessing impact and risk mitigation if residual risk exists. Oversight of areas who did not receive funding is also retained, i.e. where previous assessment was as low /medium risk • Potential future pressure on limited budget 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 which does not currently have a deadline for applications. • Based on current evidence, the risk grading is reduced to high (12) with likelihood reduced to possible (3), impact remaining as major (4)

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Risk Assurance Table – Executive/Director Updates

Risk Number	Objective	Executive Lead	Score (May)	Score (July)	Target Score	Assurance Committee	Assurance Level	July 2026 Update
6185	Safe Delivery of Maternity Services *Supports quality and safety of delivery of services throughout NHS Lothian*	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	• Robust monitoring arrangements continue to ensure delivery of the mitigation plan through established management and governance structures. • Monthly meetings with Scottish Government governance colleagues continue to provide ongoing oversight and alignment. • One outstanding HIS action remains, which is aligned to the conclusion of the Environmental Improvement Lifecycle Programme at the RIE and is due for completion by December 2027 • Progress continues across 11 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) • One action relating to the Whistleblowing Action Plan is still to be completed with progress actively monitored via the Maternity SLWG • The impact of actions delivered to date is not yet fully evidenced. Additional time is required to embed, sustain, and regularly review improvements, particularly those relating to culture, which will take longer to demonstrate measurable change. • To gauge what progress has been made in the last twelve months with our improvement work a repeat culture survey will open in July. Results will inform next steps in the culture workplan. • Targeted recruitment activity continues to focus on sustaining workforce stability, mitigating turnover and reducing the need for 'on the day' changes in resource deployment • A three-year midwifery workforce plan is in development. This will look across the population needs, demographics and data to ensure that the midwifery workforce is designed to meet that need • Workforce modelling and projected retirement and turnover analysis continue to inform future recruitment requirements to ensure the service can maintain safe staffing levels and respond to anticipated service demand over the coming years
6274	National Delivery of Digital System Replacements *Digital enablement*	Caroline Hiscox	High: 16 **Likelihood:** Likely (4) **Impact:** Major (4)	High: 16 **Likelihood:** Likely (4) **Impact:** Major (4)		Finance and Resources Committee	TBD	• The Child Health Systems Program has completed as of 30 June • Remaining items are subject to greater scrutiny from relevant CMT leads. Digital colleagues are collating information to populate a comprehensive mitigation plan which will be presented to F&R in August for assurance • Relevant systems are: ○ Sectra PACS - Radiology Picture Archiving and Communication System (PACS) ○ LIMS - Laboratory Information Management System ○ SOLUS - Endoscopy Reporting System ○ Business Systems transformation plan ○ Microsoft 365 – Issue with licencing for required functionality and tenancy security

NHS Lothian

11.

Meeting: **NHS Lothian Board**

Meeting date: **12 August 2026**

Title: **June 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	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☐
Person-Centred	☐		

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

2 Report summary

2.1 Situation

The purpose of this report is to provide the Board with an update on the June financial 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 financial targets and provides an early assessment of performance against forecast projections.

2.3 Assessment

The Board is presented with NHS Lothian's reported financial position for month 3 of 2026/27 which is an overspend of £8.4m. The financial position is comprised of an operational overspend of £16m, offset by the release of Corporate Reserves of £7.6m. Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 3 Summary Financial Performance

	Year to date Variance from Budget £'000
Pay	1,837
Non Pays	(19,708)
Income	1,828
Operational Position	**(16,044)**
Corporate Reserves	7,597
Total	**(8,447)**

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

There are no new workforce implications from this report.

2.3.3 Financial

Financial Position as at 30th June 2026

After the first quarter of the year, key overspend areas are consistent with last year and the Financial Plan. Within Non-pay, Acute Drugs, Medical Supplies and Property Costs are all reporting significant overspends against budget. Within Pay, Medical and Dental continues to be the area reporting a financial pressure. There remains outstanding funding allocations in relation to several pay settlements including the full year Resident Doctor pay contract agreement with further funding due from the Scottish Government, however the working assumption made is that full funding will be made available to Boards for all pay uplift costs.

Translating into Business Unit positions, year to date financial pressures are reported against REAS (£1.7m), Facilities (£2.78m) and several Acute areas (£12.3m). REAS services continue to show financial pressures within Nursing (£2m), relating to ongoing pressures in Adult Mental Health Services. The 2026/27 non-recurring investment funding approved by Corporate Management Team (CMT) in 2025/26 to support sustainable Mental Health services has been phased into areas where recruitment has occurred, but expenditure remains beyond planned level. Across Acute services, a £12.3m overspend is reported, with all Acute Sites reporting an overspend to month 3. Facilities are reporting a £2.8m overspend for the first 3 months. Appendix 2 shows the financial position across all Business Units. Table 2 below gives the current variance against budget for NHS Lothian across expenditure headings.

Table 2 – Breakdown of Variance as at Month 3

Description	Variance from Budget £000's
Medical & Dental	(1,731)
Nursing	633
Administrative Services	1,732
Support Services	(997)
Other Therapeutic	204
Other Pay	1,997
Total Pay	**1,837**
Drugs	(5,816)
Medical Supplies	(5,707)
Property Costs	(3,825)
Equipment Costs	(1,784)
Other Non-Pay	(326)
Pharmaceuticals	(1,255)
Other FHS	(566)
Total Non-pay	**(19,280)**
Income	**1,828**
Other	**(428)**
Operational Position	**(16,044)**
Corporate Reserves	7,596
Total Variance	**(8,447)**

As shown in the table above, offsetting the operational overspend of £16m is a pro rata share of non recurring resources (£7.6m) as identified within the Financial Plan, and this has been released corporately into the position to offset the pressures being reported. This funding is not yet allocated against specific Business Unit service pressures, however following Quarter 1 review process, proposals to agree the distribution of these resources will be discussed through CMT and ratified by Finance and Resources Committee. Redistribution will not impact the overall position but will go to support existing pressures within Business Units operational budgets.

Financial Recovery Plans (FRPs)

To facilitate the analysis of data to support and evidence savings delivery, there is a one month lag in reporting FRPs against planned trajectories. There is a £68m (3%) recurring delivery target for FRPs with £53.8m of plans in place at this stage. The Financial Plan's ability to deliver a balanced outturn is contingent on full delivery of savings at 3%. Within the 2026/27 Financial Plan, this required a further £18m of schemes to be identified and delivered during the year. The latest update on savings highlights an additional £3.8m of schemes identified towards reducing that £18m gap. The level of savings delivered after 2 months is £6.3m against a target planned delivery of £7m, a small £0.7m shortfall being reported. Table 2 below shows delivery of savings against plan and the level of schemes identified. Appendix 3 highlights Business Units identification of savings schemes against the 3% target. Following Quarter 1, there will be an update to the forecast level of savings estimated to be achieved in year and recurrently.

Table 3 – Financial Recovery Plan Summary as at Month 2

Financial Year 26/27				
	Schemes Identified	**Planned April - May**	**Achieved April - May**	**Shortfall April - May**
	£'000	**£'000**	**£'000**	**£'000**
Acute Services Division	24,379	2,747	2,355	(391)
Corporate Services	4,582	1,192	1,291	99
East Lothian Partnership	1,642	274	154	(119)
Edinburgh Partnership	6,279	650	1,051	401
Midlothian Partnership	2,054	296	477	181
West Lothian Partnership	3,269	545	714	169
Facilities	5,092	367	0	(367)
REAS	4,551	759	0	(758)
Directorate of Primary Care	1,438	212	212	0
Income & Associated Healthcare Purchases	465	0	0	0
Total	**53,752**	**7,042**	**6,254**	**(787)**

Quarter 1 Forecast Update Process

Similar to last year, the strategic intent for NHS Lothian's financial position remains to deliver three ambitions throughout 2026/27:

- A **balanced outturn** for the current financial year;
- The creation of funding **flexibility** across budgets to support budget realignment for 2027/28 onwards;
- A **reduction** to the recurrent underlying **financial gap**.

The ongoing challenge to deliver financial balance has a direct impact on the other ambitions. The Quarter 1 review process to update the 2026/27 financial forecast projections is currently underway, with meetings presently being scheduled with Business Units to discuss forecast positions and progress on 3% savings delivery, with escalation required should Business Units report a lack of progress against these key financial targets. An update on the Quarter 1 financial forecast will be reported to the Finance and Resources Committee on the 19th August 2026 for their consideration.

In the meantime, the Quarter 1 Finance Performance Return (FPR) has been submitted to the Scottish Government reporting a balanced year-end outturn position for NHS Lothian, consistent with the Financial Plan. A commitment has been made, by NHS Lothian to the Scottish Government, to deliver the 3% savings programme in full to support delivery of financial balance in 2026/27, and achievement of this target remains key.

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. The month 3 financial position has previously been reporting to CMT on the 30th July 2026.

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the reported position of £8.75m overspend for the period to June 2026.

- **Awareness** – For members to note the latest update on Financial Recovery Plan delivery of savings of £6.3m and the level of schemes identified as at month 2 of £53.8m.

- **Awareness** – For members to note that a balanced outturn position continues to be reported to the Scottish Government with a full Quarter 1 forecast review underway to confirm achievement of financial targets, to be reported to the F&R Committee at its August 19th meeting.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 30th June 2026
- Appendix 2, NHS Lothian Summary by Operational Unit to 30th June 2026
- Appendix 3, Financial Recovery Plans Identified against 3% Target

Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th June 2026

	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	452,199	110,787	112,518	(1,731)
Nursing	758,316	190,972	190,339	633
Administrative Services	234,176	53,035	51,303	1,732
Allied Health Professionals	141,259	35,439	34,654	785
Health Science Services	65,718	16,782	16,206	576
Management	7,513	1,889	1,718	171
Support Services	116,512	28,882	29,880	(997)
Medical & Dental Support	22,300	5,573	5,620	(46)
Other Therapeutic	81,097	20,287	20,083	204
Personal & Social Care	3,984	847	760	87
Other Pay	(19,230)	(19,402)	(19,760)	358
Vacancy Factor	264	66	0	66
Pay	**1,864,109**	**445,157**	**443,320**	**1,837**
Drugs	113,514	42,796	48,612	(5,816)
Medical Supplies	110,786	30,250	35,957	(5,707)
Maintenance Costs	6,373	1,448	1,894	(446)
Property Costs	46,275	11,173	14,999	(3,825)
Equipment Costs	37,163	9,936	11,721	(1,784)
Transport Costs	8,823	2,343	2,879	(536)
Administration Costs	305,301	16,269	15,825	443
Ancillary Costs	13,309	3,346	4,384	(1,038)
Other	8,245	(8,022)	(8,231)	209
Service Agreement Patient Services	20,314	(5,338)	(5,440)	102
Savings Target Non-pay	2,474	667	0	667
Resource Transfer/LA Payments	120,700	3,672	3,399	273
Non-pay	**793,279**	**108,540**	**125,999**	**(17,459)**
GMS2 Expenditure	196,704	49,039	49,592	(552)
NCL Expenditure	813	203	222	(19)
Other Primary Care Expenditure	87	22	15	6
Pharmaceuticals	178,013	43,943	45,198	(1,255)
Primary Care	**375,616**	**93,207**	**95,028**	**(1,821)**
Other	**271**	**78**	**506**	**(428)**
Income	**(416,539)**	**(115,361)**	**(117,189)**	**1,828**
Operational Position	**2,616,737**	**531,621**	**547,665**	**(16,044)**
Corporate Reserves Flexibility	7,596	7,596	0	7,596
Total Variance	**2,624,333**	**539,218**	**547,665**	**(8,447)**

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 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	(2,003)	90	(26)	107	(69)	432	(431)	186	0	0	(17)	0	(1,731)	0	**(1,731)**
Nursing	532	146	1,113	58	270	(25)	(1,961)	375	10	0	115	0	633	0	**633**
Administrative Services	706	302	608	(1)	80	77	11	266	(119)	0	(199)	0	1,732	0	**1,732**
Allied Health Professionals	(478)	166	498	198	226	(3)	84	80	8	0	6	0	785	0	**785**
Health Science Services	609	0	31	(3)	13	0	(12)	(97)	0	0	34	0	576	0	**576**
Management	(45)	0	77	4	1	(40)	(3)	82	71	0	25	0	171	0	**171**
Support Services	54	0	30	56	2	(20)	85	31	(1,235)	0	0	0	(997)	0	**(997)**
Medical & Dental Support	(358)	(3)	18	0	0	310	(0)	(13)	0	0	0	0	(46)	0	**(46)**
Other Therapeutic	19	34	324	10	49	8	35	(276)	0	0	2	0	204	0	**204**
Personal & Social Care	17	(14)	29	0	(9)	0	(34)	104	0	0	(6)	0	87	0	**87**
Other Pay	10	(1)	15	0	0	(7)	(0)	(5)	48	0	297	0	358	0	**358**
Vacancy Factor	0	0	0	0	0	66	0	0	0	0	0	0	66	0	**66**
Pay	**(938)**	**720**	**2,718**	**430**	**562**	**798**	**(2,227)**	**732**	**(1,216)**	**0**	**257**	**0**	**1,837**	**0**	**1,837**
Drugs	(4,973)	(170)	(258)	(69)	(32)	(247)	(208)	142	0	0	0	0	(5,816)	0	**(5,816)**
Medical Supplies	(4,401)	(194)	(733)	(88)	(117)	36	(39)	(75)	(96)	0	0	0	(5,707)	0	**(5,707)**
Maintenance Costs	(300)	(7)	(23)	(4)	(35)	1	(26)	10	(91)	30	0	0	(446)	0	**(446)**
Property Costs	(9)	(20)	(25)	(27)	(21)	(43)	4	1	(3,685)	0	0	0	(3,825)	0	**(3,825)**
Equipment Costs	(771)	(107)	(308)	(9)	(78)	(33)	4	(546)	64	0	(0)	0	(1,784)	0	**(1,784)**
Transport Costs	(366)	(99)	(99)	(10)	(20)	12	(48)	6	79	6	(1)	4	(536)	0	**(536)**
Administration Costs	(393)	383	(832)	8	17	39	725	(1,346)	2,533	(446)	(251)	7	443	0	**443**
Ancillary Costs	(392)	(10)	7	(5)	(13)	(1)	(17)	(250)	(358)	0	0	0	(1,038)	0	**(1,038)**
Other	0	(1)	(2)	(0)	0	0	1	138	72	0	0	0	209	0	**209**
Service Agreement Patient Serv	(50)	10	(12)	(2)	26	4	81	29	(3)	0	0	19	102	0	**102**
Savings Target Non-pay	0	0	0	0	0	0	0	588	0	79	0	0	667	0	**667**
Resource Trf + L/a Payments	53	(1)	182	38	0	0	12	(12)	0	0	0	0	273	0	**273**
Non-pay	**(11,603)**	**(216)**	**(2,102)**	**(169)**	**(273)**	**(231)**	**488**	**(1,314)**	**(1,484)**	**(332)**	**(252)**	**30**	**(17,459)**	**0**	**(17,459)**
Premises	(1)	0	0	0	0	0	0	0	0	0	0	0	(1)	0	**(1)**
Gms2 Expenditure	(7)	(88)	(422)	(101)	57	6	0	(4)	6	0	0	0	(552)	0	**(552)**
Pharmaceuticals	0	(234)	(461)	15	(309)	(265)	0	0	0	0	0	0	(1,255)	0	**(1,255)**
Primary Care	**(2)**	**(322)**	**(883)**	**(87)**	**(253)**	**(278)**	**0**	**(4)**	**6**	**0**	**0**	**0**	**(1,821)**	**0**	**(1,821)**
Other	**(4)**	**(8)**	**(5)**	**0**	**0**	**0**	**0**	**(17)**	**(293)**	**0**	**0**	**(101)**	**(428)**	**0**	**(428)**
Income	**280**	**51**	**(26)**	**16**	**(19)**	**16**	**11**	**135**	**214**	**115**	**(5)**	**1,041**	**1,828**	**0**	**1,828**
Operational Position	**(12,266)**	**225**	**(297)**	**190**	**18**	**305**	**(1,728)**	**(469)**	**(2,773)**	**(217)**	**0**	**970**	**(16,044)**	**0**	**(16,044)**
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	7,596	**7,596**
Total Variance	**(12,266)**	**225**	**(297)**	**190**	**18**	**305**	**(1,728)**	**(469)**	**(2,773)**	**(217)**	**0**	**970**	**(16,044)**	**7,596**	**(8,447)**

Appendix 3 – Financial Recovery Plans Identified against 3% Target as at Month 2

		Indicative Target @ 3%	Schemes Identified	% Identified
		£'000	£'000	
Acute Services Division	Acute Divisional Management	193	1,814	28.2%
	DATCC	7,658	3,420	1.3%
	AHP Services	813	492	1.8%
	Outpatients & Associated Services	685	585	2.6%
	Royal Infirmary Edinburgh Site	6,816	4,546	2.0%
	St John's Hospital Site	2,980	3,526	3.6%
	Western General Hospital Site	6,339	6,394	3.0%
	Women & Children Services	4,744	3,603	2.3%
Acute Services Division Total		**30,228**	**24,379**	**2.4%**
Corporate Services	Chief Executive Management	247	223	2.7%
	Ehealth	1,563	1,190	2.3%
	Finance	510	510	3.0%
	Director Of People and Culture	370	516	4.2%
	Medical Directors Office	314	206	2.0%
	Nursing	750	593	2.4%
	Pharmacy	919	919	3.0%
	Public Health	424	424	3.0%
Corporate Services Total		**5,098**	**4,582**	**2.7%**
Directorate Of Primary Care		1,419	1,438	3.0%
East Lothian Partnership		3,677	1,642	1.3%
Edinburgh Partnership		11,048	6,279	1.7%
Midlothian Partnership		2,589	2,054	2.4%
West Lothian Partnership		4,678	3,269	2.1%
REAS		4,250	4,551	3.2%
Facilities		5,092	5,092	3.0%
Income + Associated Healthcare Purchases		465	465	3.0%
Total		**68,545**	**53,752**	**2.4%**