



Agenda

09:30 - 09:33 1. Welcome
3 min
Verbal John Connaghan

09:33 - 09:34 2. Apologies for Absence
1 min
Verbal John Connaghan

09:34 - 09:35 3. Declaration of Interests
1 min
Verbal John Connaghan

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

Please notify changes to loth.corporategovernanceteam@nhs.scot

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

Items for Approval or Noting

09:35 - 09:40 4. Items proposed for Approval or Noting without further discussion
5 min
Decision John Connaghan

4.1. Minutes of Previous Board Meeting - 12 August 2026

For Approval John Connaghan

2026-10-07-Board-Paper-Item-4-1-2026-08-12-Public-Board-Minutes-Draft-to-Meeting.pdf (6 pages)

4.2. Staff Governance Committee Minutes - 29 July 2026

For Noting Val de Souza

2026-10-07-Board-Paper-Item-4-2-2026-05-27-Staff-Governance-Committee-Minutes-Final.pdf (10 pages)

4.3. Finance and Resources Committee Minutes - 10 June 2026

For Noting Ralph Roberts

2026-10-07-Board-Paper-Item-4-3-2026-06-10-Finance-Resources-Committee-Minutes-Final.pdf (10 pages)

4.4. Healthcare Governance Committee Minutes - 21 July 2026

For Noting *Andrew Cogan*

 2026-10-07-Board-Paper-Item-4-4-2026-07-21-Heathcare-Governance-Minutes-Final.pdf (5 pages)

4.5. Audit and Risk Committee Minutes - 15 June 2026

For Noting *Jonathan Blazeby*

 2026-10-07-Board-Paper-Item-4-5-2026-06-15-Audit-Risk-Committee-Minutes-Final.pdf (8 pages)

4.6. Midlothian Integration Joint Board Minutes - 11 June 2026

For Noting *Val de Souza*

 2026-10-07-Board-Paper-Item-4-6-Midlothian-IJB-Minute-2026-06-11.pdf (26 pages)

4.7. West Lothian Integration Joint Board Minutes - 10 August 2026

For Noting *Alison White*

 2026-10-07-Board-Paper-Item-4-7-West-Lothian-IJB-Minute-2026-08-10.pdf (6 pages)

4.8. Edinburgh Integration Joint Board Minutes - 25 August 2026

For Noting *Christine Laverty*

 2026-10-07-Board-Paper-Item-4-8-Edinburgh-IJB-Minute-2026-08-25.pdf (3 pages)

4.9. East Lothian Integration Joint Board Minutes - 27 August 2026

For Noting *Andrew Cogan*

 2026-10-07-Board-Paper-Item-4-9-East-Lothian-IJB-Minute-2026-08-27.pdf (12 pages)

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

For Noting *Alison Macdonald*

 2026-10-07-Board-Paper-Item-4-10-HealthCare(Staffing)(Scotland)-Act-2019-Qtr2-Compliance-Report-(Inc-Appendix).pdf (19 pages)

4.11. Area Clinical Forum Report

For Noting *Eddie Balfour*

 2026-10-07-Board-Paper-Item-4-11-ACF-Report-To-Board-2026-10-07-Final.pdf (3 pages)

4.12. Board Appointments - October 2026

For Approval *Andrew Fleming*

 2026-10-07-Board-Paper-Item-4-12-Appointments-October-2026.pdf (3 pages)

4.13. Q2 Whistleblowing Performance Report 2026/27

For Noting *Tom Power*

 2026-10-07-Board-Paper-Item-4-13-Whistleblowing-Performance-Report-Final-Inc-Appendix.pdf (16 pages)

4.14. Pharmacy Practices Committee Outcomes – Q2 2026/27

For Noting *Tracey Mckigen*

 2026-10-07-Board-Paper-Item-4-14-PPC-Outcomes-Q2-2026.27-Final.pdf (4 pages)

Items for Discussion

09:40 - 09:45 5. Board Chair's Report - October 2026

5 min

Verbal

John Connaghan

09:45 - 10:00 6. Chief Executive's Report - October 2026

15 min

Discussion

Caroline Hiscox

 2026-10-07-Board-Paper-Item-06-Board-Chief-Executive-Report-Final.pdf (6 pages)

10:00 - 10:05 7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

5 min

Verbal

John Connaghan

10:05 - 10:35 8. Community Asset Transfer Request for Belhaven Community Garden

30 min

Discussion

Craig Marriott

 2026-10-07-Board-Paper-Item-08-Sustaining-Dunbar-CAT-Evaluation-Final.pdf (7 pages)

10:35 - 10:55 9. Programme for Government

20 min

Verbal

John Connaghan & Caroline Hiscox

10:55 - 11:05 *Comfort Break*

10 min

11:05 - 11:15 10. Escalation Update Maternity Services & CAMHS (Standing Item)

10 min

10.1. Maternity Services Report

Verbal

Tracey Gillies

10.2. CAMHS Performance – Pathway to De-Escalation

Discussion

Jillian Torrens

 2026-10-07-Board-Paper-Item-10-2-CAMHS-Pathway-to-Deescalation-Final-Inc-Appendices.pdf (12 pages)

11:15 - 11:25 11. July 2026 Financial Update and Quarter 1 Forecast

10 min

Discussion

Craig Marriott

 2026-10-07-Board-Paper-Item-11-Finance-Update-Q1-Final.pdf (9 pages)

11:25 - 11:35 12. NHS Lothian Children's Rights Report 2024-26

10 min

Discussion

Susan Webb

 2026-10-07-Board-Paper-Item-12-UNCRC-Final.pdf (5 pages)

 2026-10-07-Board-Paper-Item-12-UNCRC-Appendix-01-NHSL-Childrens-Rights-Report-2024-26.pdf (46 pages)

11:35 - 11:45 13. Corporate Risk Register

10 min

Discussion

Tracey Gillies

11:45 - 12:00 14. NHS Lothian Integrated Performance and Quality Report (IPQR)

15 min

Discussion Jenny Long

- 2026-10-07-Board-Paper-Item-14-Board-Integrated-Performance-and-Quality-Report-October-2026-Final.pdf (4 pages)
 - 2026-10-07-Board-Paper-Item-14-Appendix-01-Integrated-Performance-and-Quality-Report -October-2026-Final.pdf (50 pages)
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12:00 - 12:10 15. Winter Planning Update

10 min

Verbal Colin Briggs

12:10 - 12:12 16. Any Other Business

2 min

Verbal John Connaghan

12:12 - 12:14 17. Reflections on the Meeting

2 min

Verbal John Connaghan

12:14 - 12:15 18. Future Meeting Dates

1 min

For Noting John Connaghan

- 02 December 2026
- 03 February 2027
- 21 April 2027
- 23 June 2027 - Annual Accounts
- 11 August 2027
- 06 October 2027
- 01 December 2027
- 02 February 2028

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 0930hrs on Wednesday 12 August 2026 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Mr A. Fleming (Vice Chair)(in the Chair); Mr P. Allenby; Cllr S. Akhtar; Mr E. Balfour; Mr J. Blazeby; Ms H. Campbell; Dr P. Cantley; Mr A. Cogan; Mr G. Gordon; Cllr J. Griffiths; Prof J. Innes; Prof. A. Khan; Mr P. Knight; Mr R. Roberts and Ms V. de Souza.

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

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

Apologies for Absence: Prof. J. Connaghan (Board Chair); Ms M. Barrow (Chief Officer, Midlothian IJB). Mr C. Briggs (Director of Strategic Planning); Cllr H. Cartmill (Non-Executive Director); Ms E. Gordon (Non-Executive Director); Prof. L. Marson (Non-Executive Director); Cllr D. Milligan (Non-Executive Director), Ms A. White (Chief Officer, West Lothian IJB) and Ms T. A. Miller (Non-Executive Director).

35. Welcome & Declaration of Interests

- 35.1 The Chair welcomed members and attendees to the meeting, noting that he would undertake the formal charring duties in the absence of the Board Chair, who was currently on annual leave.
- 35.2 Members were asked to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations of interest were made.

ITEMS FOR APPROVAL OR NOTING**36. Items proposed for Approval or Noting without further discussion**

- 36.1 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.
- 36.2 Minutes of Previous Board Meeting held on 24 June 2026 – Minutes were approved.
- 36.3 Staff Governance Committee Minutes – 27 May 2026 – Minutes were noted.
- 36.4 Healthcare Governance Committee Minutes – 19 May 2026 – Minutes were noted.

- 36.5 Midlothian IJB Minutes – 02 April 2026 – Minutes were noted.
- 36.6 West Lothian IJB Minutes – 30 June 2026 – Minutes were noted.
- 36.7 Edinburgh IJB Minutes – 19 May 2026 – Minutes were noted.
- 36.8 East Lothian IJB Minutes – 28 May 2026 – Minutes were noted.
- 36.9 Q1 Whistleblowing Performance Report 2026/27 – The report was noted.
- 36.10 Health and Care (Staffing) (Scotland) Act - Quarter 1 Board Compliance Report – The report was noted.
- 36.11 Declaration of Surplus Status – Camus Tigh – The Board approved the declaration of Camus Tigh as surplus to NHS Lothian requirements following confirmation that there is no ongoing operational need for the property and the successful relocation of all residents. The Board also approved progressing disposal of the site in line with NHS Lothian property procedures, noting its contribution to the Board's wider property rationalisation programme and the anticipated financial benefits arising from closure of the facility.
- 36.12 Pharmacy Practices Committee Outcomes – Q1 2026/27 – The report was noted.
- 36.13 NHS Lothian Area Clinical Forum Report – The report was noted.
- 36.14 Appointments – April 2026 – The Board 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 Board also confirmed 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 and the appointment of Elizabeth Gordon, on a permanent basis, as the Board's Non-Executive Whistleblowing Champion with immediate effect.

ITEMS FOR DISCUSSION

37. Board Chair's Report – August 2026

- 37.1 The Chair highlighted a number of matters of note, including the anticipated publication of the Programme for Government in early September, the commencement of recruitment for two new Non-Executive Board Members and the forthcoming Charity Showcase Event on 28 September, which will celebrate the impact of NHS Lothian Charity's work over the past year.
- 37.2 The Board noted ongoing work to develop a new strategic direction for NHS Lothian Charity following a recent workshop, with further engagement planned before finalisation of the strategy.
- 37.3 The Chair also encouraged members to attend the Annual Review on 30 October, recognising its importance as a key element of the Board's governance arrangements.
- 37.4 The Board conveyed its best wishes to Harry Cartmill following a recent period of ill health and wished him a full recovery.

38. Chief Executive's Report – August 2026

- 38.1 The Chief Executive presented her formal report to the Board, highlighting areas of key interest for the Board's attention. She also informed the Board of a recent national event held to discuss the future of planned care, as part of supporting the Scottish Government commitment to produce a National Flow Plan within the first 100 days of the new administration. Reassurance was offered that, in addition to a regional collaborative focus on shared priorities, colleagues within NHS Lothian continued their significant efforts to support the delivery of agreed local trajectories in diagnostics, cancer, maternity and mental health, all of which was evident from information to be discussed elsewhere on the agenda.
- 38.3 Board members received and discussed the update on Subnational East activity appended to the Chief Executive's Report, including collaborative work to improve planned and unscheduled care, develop future models of care, strengthen financial sustainability and support public sector reform.
- 38.4 Members noted that joint working across the East Region had enabled revised planned care proposals which reduced costs while increasing activity and improving delivery of waiting time ambitions.
- 38.5 The Board also noted assurances that local Board accountability and governance arrangements remain unchanged, with formal governance structures continuing to support oversight of subnational programmes and future reform activity.

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

- 39.1 Members received updates from Committee Chairs and Integration Joint Board representatives, including ongoing national discussions regarding the implementation of voting rights for lived experience representatives on Integration Joint Boards, with further guidance awaited from the Scottish Government on recruitment, eligibility and transitional arrangements.
- 39.2 Ongoing scrutiny of the Board's whistleblowing arrangements, overseen by the Staff Governance Committee, was noted, including continued work to deliver improvements in investigation times. In relation to risk management, It was reported that the Committee had endorsed proposals to move the workforce related elements of fire safety assurance to business-as-usual reporting, with ongoing oversight of the overall Corporate Risk continuing through the Finance and Resources Committee.
- 39.3 Assurance was provided from the Audit and Risk Committee Chair that progress continued to be made in addressing outstanding management actions that had arisen from internal audits. Efforts were supported by strengthened management oversight arrangements to improve monitoring and the timely completion of outstanding recommendations.

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

40.1 Maternity Services

- 40.1.1 The Board received an update on the ongoing escalation of maternity services. Members noted continued engagement with the Scottish Government, with constructive discussions taking place regarding the evidence and actions required to support de-escalation. A significant focus was being applied to St John's Hospital, in order to ensure that improvement work already adopted within the Royal Infirmary of Edinburgh was applied consistently across all relevant sites.
- 40.1.2 It was noted that a comprehensive maternity services report would be presented to the Board in October, with a further update on patient-facing quality and safety matters due to be considered by the Healthcare Governance Committee in September.

40.2 Child and Adolescent Mental Health Services (CAMHS)

- 40.2.1 Members received an update on the continued improvement and escalation management of CAMHS. It was noted that delivery remained on track, with no patients waiting over 52 weeks and a continued focus on achieving the target of 90% of patients being seen within 18 weeks by March 2027. Members were advised that an update had been provided to the Scottish Government and that a formal de-escalation decision was anticipated in September, subject to publication of the relevant performance data.
- 40.2.2 Discussion also highlighted patient and family experience of services, with positive feedback indicating a reduction in concerns regarding waiting times, while recognising that neurodevelopmental service waiting times remain subject to separate reporting and oversight. Members noted that the Healthcare Governance Committee had undertaken more detailed scrutiny of progress and performance in this area.

41. NHS Lothian Board Integrated Performance and Quality Report

- 41.1 The Board received and considered the first Integrated Performance and Quality Report (IPQR), which brought together performance, quality, workforce, finance and population health measures into a single report to support strategic oversight and the triangulation of information across key domains. Members welcomed the report positively, noting that it was intended to offer a summation of more detailed performance scrutiny undertaken through the Board's committee structure and operational management arrangements.
- 41.2 In discussing performance, members noted continued progress in reducing the longest waits across planned care, diagnostics and CAMHS, improvements in radiology performance, a reduction in delayed discharges and inpatient falls, and stable quality and workforce indicators. The report also highlighted ongoing challenges in urgent and emergency care performance, hospital occupancy, cancer waiting times, mental health access, financial sustainability and appraisal compliance. Members noted that enhanced oversight of these areas continued through the relevant governance committees.
- 41.3 Members welcomed the increased and enhanced use of run charts and statistical process control methodology to support interpretation of performance trends. Comments emphasised the importance of clear presentation, consistent narratives and accessible public reporting. Specific observations were made regarding performance measures, vaccination uptake, complaints reporting, environmental sustainability metrics and workforce data, with a request that future iterations continue to strengthen the explanation of what the data shows and why it matters for Board assurance.

- 41.4 The Board discussed how the report could support enhanced strategic oversight, by more clearly demonstrating the relationship between organisational objectives, outcomes and performance trends rather than operational detail. Members emphasised the importance of ensuring that the outcomes of prior committee scrutiny is clearly reflected in Board reporting, including highlighting areas where assurance has been obtained, where further work is required and where issues require escalation to the Board.
- 41.5 The Board welcomed the report as a significant step forward in integrated performance reporting and agreed that further development should continue through engagement with Board members, committees and the Strategic Change Group to ensure the report provides meaningful assurance and supports informed strategic decision-making.

42. Corporate Risk Register

- 42.1 The Board reviewed the latest Corporate Risk Register and noted the current risk profile and mitigation activity across a range of significant organisational risks, including financial sustainability, unscheduled care performance, hospital bed occupancy, access to treatment, maternity services, fire safety and digital system replacement programmes.
- 42.2 Members approved the removal of the Healthcare Associated Infection (HAI) corporate risk from the register, recognising that the risk had been escalated during the Covid-19 period and that current assurance arrangements no longer justified its inclusion at corporate level. It was noted that HAI risks would continue to be managed through local risk registers and established governance processes.
- 42.3 The Board also noted progress in embedding workforce-related fire safety assurance arrangements at the Royal Infirmary of Edinburgh within business-as-usual governance processes. Members heard that the Staff Governance Committee had considered the matter and agreed that assurance reporting could move to routine oversight arrangements. The overall risk remained on the Corporate Risk Register and would continue to be monitored through the Finance and Resources Committee. The Staff Governance Committee would nonetheless receive regular assurance on workforce-related fire safety compliance through its existing health and safety reports.
- 42.4 Discussion also focused on the Royal Edinburgh and Associated Services (REAS) risk and broader mental health service planning. Members noted ongoing work to develop both an Edinburgh and Lothian-wide strategic plan for mental health services, incorporating operational improvements, service redesign and longer-term transformation. It was recognised that progress had taken longer than anticipated due to the need to first stabilise services and address immediate capacity and demand pressures; however, work was continuing to establish a clear direction of travel and supporting infrastructure arrangements from April 2027. The Board noted that the Healthcare Governance Committee would continue to provide oversight of the REAS risk as this work develops.

43. June 2026 Financial Update

- 43.1 The Board noted the June 2026 Financial Update and the reported Month 3 overspend of £8.4m, comprising a £16.0m operational overspend partially offset by the release of £7.6m of corporate reserves. Members noted that financial pressures remained concentrated within Acute Services, Facilities and REAS, particularly in relation to drugs, medical supplies and property costs, and that a balanced year-end outturn continued to be reported to the Scottish Government pending completion of the Quarter 1 forecast review.

- 43.2 Discussion focused on the scale of the financial challenge and the requirement to reduce the underlying deficit while maintaining service performance and progressing transformation. Members noted progress in delivering the 3% savings programme, with £53.8m of schemes identified and £6.3m delivered to date, and received assurance that work was continuing to create additional financial flexibility and reduce the current recurring deficit position.
- 43.3 Members also discussed the contribution of workforce planning, service redesign, digital transformation and subnational collaboration to long-term financial sustainability. It was noted that workforce cost reductions would require a balanced approach, recognising the important contribution of support services alongside clinical services, while ensuring changes are aligned to service needs and transformation objectives.
- 43.4 The Board further noted the importance of considering whole-system opportunities across NHS Scotland and the East Region to improve efficiency, optimise resources and support sustainable service delivery.
- 43.5 The Board noted the report and the actions underway to support financial recovery, delivery of savings plans and achievement of a balanced year-end position.

44. Any Other Business

- 44.1 **Departure of Board Secretary** - The Chair acknowledged that this was the Board Secretary's final Board meeting before leaving NHS Lothian to commence a new role in the higher education sector. On behalf of the Board, the Chair thanked the Board Secretary for his exemplary service to NHS Lothian and for the leadership and expertise he had brought to the development and stewardship of the Board's governance and assurance arrangements. Members agreed to record their appreciation of his contribution and wished him every success in the next stage of his career.

45. Reflections on the Meeting

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

46. Date of Next Board Meeting

- Wednesday 07 October 2026, 9:30am

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 Speak Up Report

- 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 Traffic Management

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

NHS Lothian

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 10 June 2026 via Microsoft Teams.

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

In attendance: Mr B. Barron, Director of Capital Planning; Ms M. Campbell, Director of Estates and Facilities; Mr J. Crombie, Deputy Chief Executive; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr D. Thompson, Board Secretary; Mr C. Kerr, Programme Director, Capital Planning; Ms I. Tricker, Interim Head of Property and Asset Management; Mr C. Adam, Programme Director, Capital Planning & Projects; Mr D. Mill, Interim Programme Director (Item 6); Ms D. Carmichael, Special Projects & Assurance Associate Director (Item 4.2); Ms M. Cuthbert, Associate Director of Pharmacy Acute & SCAN (Items 4.4 and 4.6); Mr K. Brennan, Assistant Finance Manager (Item 4.4); Mr D. Clifford, Lead Pharmacist, West Port (Item 4.4); Mr E. Henderson, Project Manager, eHealth (Item 4.4); Mr M. Higgins, Head of Healthy Places, Public Health & Health Policy (Item 4.5); Dr S. Garden, Director of Pharmacy & Medicines (Item 4.6); Mr A. Milne, Programme Director, Capital Planning (Item 4.6); Mr K. Kolodziejczyk, Senior Capital Programme Manager, Capital Planning (Item 4.6); Mr L. Stewart, Healthcare Science Manager, Infection Science (Item 4.10); Mr I. Gorman, Director, DACC (Item 4.10); Mr C. VanRietvelde, Land & Property Manager, Facilities (Item 4.11); Ms K. Smith, Head of Nursing for QI and Standards (observing); and Mr G. Ormerod, Committee Administrator (minutes)

Apologies: Professor C. Hiscox, Chief Executive; Ms A. MacDonald, Executive Nurse Director; and Ms T. Gillies, Medical Director.

Chair's Welcome

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

1 Welcome and Introductions

1.1 The Chair welcomed members to today's meeting.

2 Declaration of Interests

2.1.1 Cllr Akhtar noted her role as a Councillor and Depute Leader of East Lothian Council. She acknowledged a connection to the subject matter, as the Council has a strategic planning function which may, in due course, influence the future context and valuation of the site. However, having reviewed the Board's Code of Conduct, she did not consider this to amount to a declarable interest in relation to the item.

3 Committee Business

3.1 Draft minutes of the meeting held on 25 March 2026

- 3.1.1 The Minutes of the previous meeting held on 25 March were approved as an accurate record.

3.2 Running Action Note

- 3.2.1 Action note was updated.

3.3 Final Committee Annual Report

- 3.3.1 The Board Secretary confirmed that no comments had been received since the paper was circulated and that the draft had previously been considered at the last meeting. He noted that the summary statement had been updated. Discussion had also taken place with Committee Chairs, providing collective assurance, and the audit statement would be submitted to the Audit and Risk Committee the following week.
- 3.3.2 The Committee approved the report.

4 Capital

4.1 Property and Asset Management Improvement Programme (PAMIP)

- 4.1.1 The Programme Director, Capital Planning & Projects, presented an update on the Property and Asset Management Improvement Programme (PAMIP), highlighting the key points from the report.
- 4.1.2 Members noted the latest position on the project tracker and Appendix 1. Key updates included slight delays to the WGH septic unit and energy infrastructure projects due to demolition of the laundry room, together with an update on radiopharmacy, which had been delayed to 2027/28 following a request approved by the Scottish Government. Members also noted that, although a site for the PAEP project had been acquired, a shortage of IPC staff had increased the project risk rating to red.
- 4.1.3 In relation to the rolling programme, Members heard that a review had been undertaken across the five rolling programmes, including backlog maintenance, digital and sustainability. The report provided a consolidated overview of the agreed capital budget, funding received and expenditure against planned delivery. It was noted that 94% of available funding had been utilised during the year. Backlog maintenance expenditure had reached 79% of budget, reflecting ongoing resource challenges.
- 4.1.4 Members noted that the key lessons arising related to recruitment and resourcing pressures, with mitigation focused on increasing recruitment and prioritising maintenance activity. The establishment of a Property Oversight Board was also noted. Members heard that complex medical equipment projects continued to

present additional challenges, as these frequently extended beyond straightforward equipment replacement and had wider implications for the estate environment.

- 4.1.5 Members noted that the Business Continuity Plan had been approved in 2025 and that the next submission was due in November 2026. Projected funding through the BCP was £2.68m against a requirement of £44.36m. Members heard that the principal delivery risks related to resource gaps and cost increases, with the Scottish Government unlikely to fund rising costs. It was also noted that £4.19m had been confirmed through the equipping workstream, which would reduce replacement programmes for pharmacy, catering and laundry equipment. Members also noted that section 2.2.4 set out the programme of reviews for 2026/27.
- 4.1.6 The Committee noted the update on the PAEP reprovision project and the proposal to appoint an external engineer. It was explained that the appointment required to be made outside the usual approach because of the greater scope of the requirement and the limited procurement pool. Members also noted the proposed updates to the Lothian Capital Investment Group Terms of Reference, reflecting changes in membership and postholders.
- 4.1.7 Members heard that the year-end outturn remained subject to audit and noted an underspend of £3.2m on low-risk receipts. In relation to the LMERG programme, Members were asked to approve the replacement of two items of medical equipment: an MRI scanner at a cost of £1.6m and a Philips Allura System at a cost of £1.7m, with funding available from year-end slippage of £5m.
- 4.1.8 Members discussed the recurring theme of resource pressures and asked whether the Committee may need to consider the adequacy of available staffing resources more broadly. In response, it was noted that the profession faced an ageing workforce, retirements and wider pressures in the construction industry. Delays in recruitment processes and retirements linked to age and ill health were also highlighted.
- 4.1.9 Members also raised the position at WGH and asked how interdependencies were being managed, including any capacity implications arising from decanting. It was advised that the Property Oversight Board had been established to ensure space was evaluated and used to maximum effect. The WGH was currently being reviewed across both clinical and non-clinical activity, and a further paper would be brought to the next meeting on how demolitions would be delivered.
- 4.1.10 An update was also provided on MRI and CT replacement, with ongoing feasibility work involving both Medical Equipment and Estates in relation to ventilation and wider environmental requirements. Members heard that these matters would be supported through the contingency process.
- 4.1.11 The Committee approved the proposed funding allocations, the appointment of an engineer for the PAEP reprovision project, the updated Terms of Reference for the Lothian Capital Investment Group, the MRI and Philips replacement projects, and support for the medical equipment slippage.
- 4.1.12 The Committee noted and accepted the recommendations set out in the report.

4.2 Outline Business Case – RIE Handover

- 4.2.1 The paper advised that the RIE contract would come to an end on Monday 13 December 2027, at which point responsibility for services would return to NHS Lothian.
- 4.2.2 Members noted that three options had been considered: to retain all services on an outsourced basis; to bring all services in house; or to adopt a hybrid approach. The original recommendation was that all soft FM services should be provided by NHS Lothian, with catering, security and car parking brought in house and hard FM services remaining outsourced. However, Members agreed that the preferred option would be for the full handover of both soft and hard FM services to NHS Lothian.
- 4.2.3 It was reported that a financial appraisal had been undertaken, although cost information from Equans remained limited. Members heard that a like-for-like cost comparison had been completed using available headcount and charging data across services, including the charges between Equans, Consort and NCP in relation to car parking. From a hard FM perspective, it was noted that the service could potentially be delivered in-house at lower cost. In contrast, bringing soft FM services in-house would create additional costs, particularly in relation to catering and pension contributions, given the difference between Equans' employer pension contribution and that of NHS Lothian.
- 4.2.4 Members noted that work on the asset register was under way, but that the future service model, staffing requirements and VAT implications of bringing services in house had yet to be fully clarified. It was noted that a full business case, including the proposed governance arrangements, would be presented at the December Committee meeting and aligned with the University and the contract end date.
- 4.2.5 In discussion, Members highlighted the timescales required for recruitment and tendering activity in advance of 2027. It was noted that project managers were being recruited to support technical analysis of the data and that most staff would be expected to transfer to NHS Lothian. Members also sought clarity on the level of Scottish Government support available, including whether there might be a wider national approach to some services. It was advised that soft FM services would require to be brought in house and that parity with arrangements elsewhere would be considered. Once an accurate asset list was available, further work would be undertaken to assess the resources required to meet current standards, recognising that this would involve balancing cost against risk.
- 4.2.6 Members discussed the financial uncertainty associated with the proposal and noted that, although the business case described a like-for-like comparison, further work would be required to quantify the additional costs associated with assets, soft FM services and wider resourcing. It was emphasised that the Committee required clear sight of the resource implications through to December 2027 and of the wider capital risks, including backlog maintenance pressures. Members also stressed the importance of ensuring that the appraisal process remained robust and not influenced by any internal preference for an in-house model. It was further noted that the paper did not yet fully reflect the additional overhead costs associated with delivering compliance and maintaining the site in-house.

4.2.7 Members noted that, while there was no appetite to outsource core services, there may be opportunities for sub-national approaches in some areas. The Committee agreed that written engagement with the Scottish Government would be helpful in providing greater clarity on the level of financial contribution that might be required in due course. Members also recognised that, although this decision fell within the remit of the Finance and Resources Committee, the Board would require to be advised of the associated risks. **CM**

4.2.8 The Committee agreed to support the full handover of both soft and hard FM services, based on the information currently available, subject to written confirmation from the Scottish Government. Members also agreed that the associated risks should be highlighted to the Board.

4.2.9 It was noted that a decision was required by the end of the week in order that an update could be provided to Consort the following week. A further update, including key milestones, would be brought back in six months. **DC**

4.2.10 An update on the project timeline will also be provided at the next meeting of the Finance and Resources Committee. **MC**

4.3 RIE Supplemental Agreement - Joint Lifecycle Management

4.3.1 The Director of Capital Planning presented the paper on the RIE Supplemental Agreement – Joint Lifecycle Management. He advised that the supplementary agreement set out the arrangements for the use of available funds and any surplus arising from Consort costs between now and December 2027. Members noted that any funds not committed to projects would be returned to NHS Lothian. It was also noted that projects could continue to be progressed through Consort and Equans, with associated VAT benefits returned.

4.3.2 Members heard that the paper outlined the process and joint arrangements between NHS Lothian, Consort and Equans, with proposals considered initially through a project board before being brought to the Finance and Resources Committee for review and approval. Members also noted the funding position set out in the paper, including the relationship between the £9.7m project requirement and the £12.3m retention sum, together with a £1m contribution towards the University's fire-stopping works.

4.3.3 Two projects were highlighted for progression. The first related to replacement of the CCTV system, which would require it to be upgraded to current standards rather than replaced on a like-for-like basis. Members heard that the existing system was beginning to fail, including the emergence of blind spots, and that there was a clear need to address this. The second project related to electrical resilience, including the ordering of generators to support the site beyond 2027.

4.3.4 It was noted that projected costs were higher than had previously been anticipated and that, as the projects developed, further assurance would be required. The Director of Estates and Facilities advised that the supplementary agreement provided the mechanism for agreeing how funds would be spent on the site, and that

a wider piece of work later in the year would also address fire works on site and longer-term investment requirements.

4.3.5 In response to a question on cost estimates, Members were advised that the CCTV project had gone out to tender. It was noted that generator costs were higher than expected, although firmer costings would be brought back in due course.

4.3.6 Members approved the replacement of the CCTV system and the ordering of site generators.

4.4 HEPMA Phase 2 Business Case

4.4.1 The Director of Pharmacy and Medicines presented the HEPMA Phase 2 business case, which sought to address a patient safety gap arising from the transcription of prescribing information between paper and electronic systems.

4.4.2 Members noted that Phase 2 would extend HEPMA to additional inpatient areas, other Midlothian hospital sites and Hospital at Home teams, building on Phase 1, which had already gone live for 8,000 staff. The programme was expected to be delivered over two years at a capital cost of £1.9m, with associated ongoing revenue support costs.

4.4.3 Members welcomed the proposal as an important digital transformation and patient safety project and asked that clear benefits metrics be established for Phase 2. It was noted that the project was driven by patient safety and service improvement rather than cash-releasing savings, and that further software support would be required to address current reporting limitations.

4.4.4 Members noted that the proposal would improve digital consistency across multiple settings, although some areas, including prison services, remained out with the current scope and would continue to be kept under review. It was confirmed that ongoing revenue costs would be absorbed within Digital and Pharmacy budgets.

4.4.5 Members approved the capital funding request and noted the associated increase in revenue cost.

4.5 Belhaven Hospital Community Asset Transfer

4.5.1 The Committee discussed the Belhaven Hospital Community Asset Transfer (CAT) application, noting the complexity of the matter and the need to balance best value with community benefit. Members considered the implications of the site's current designation as housing land in the Local Development Plan and the following options:

A) Accept the CAT request and offer to transfer the site to Sustaining Dunbar at current market rate (£1.15m) discounted by the social benefits assessed by NHSL (£0.496m). This would be £0.654m.

B) Accept the CAT request, and in light of likely ELC LDP2 position, accept Sustaining Dunbar's offer of £45k.

- C) Seek extension to the CAT request, which requires agreement of Sustaining Dunbar, pending progress with / confirmation of the ELC LDP2 site designation. This would provide a more certain basis for a transfer value.

4.5.2 Members discussed the valuation, due diligence, reputational considerations and the wider public health and community benefits of the proposal. Views were divided between Options A and B. Members also considered a possible three-month extension to the process. It was noted, however, that an extension would not alter the position and would only defer the decision.

4.5.3 The Committee agreed, if required to recommend Option A to the Board for approval. This would be reviewed if Sustaining Dunbar agreed to a three-month extension, allowing further information to be obtained. It was noted that the final decision would rest with the Board.

4.6 SBC – Lauriston Pharmacy

4.6.1 The Programme Director, Capital Planning, presented the updated standard business case, noting that it had previously been approved but now required further revision following updates to the business case and review by the Lothian Capital Investment Group (LCIG). He advised that a significant element of the redesign related to technical assurance on fire safety and ventilation, reflecting recommendations from Capital Planning.

4.6.2 Members noted that the revised proposal included an additional £2.6m. Works had previously commenced but were paused due to deficiencies in the original design, following which alternative tender routes were explored to establish updated costs. The technical solution was now considered appropriate, and a final tender exercise would be undertaken before project award. Members were advised that, if no further action were taken, the space would remain incomplete.

4.6.3 It was noted that this was one part of the building requiring improvement. Members heard that the current arrangement involved three separate pharmacy dispensaries in small premises that were not fit for purpose, with staff split across sites and a limited staffing model. The current PAEP arrangement relied on a single hand-out point, with no prescriptions issued over lunch. Members also noted that there were no dedicated prescribing rooms for patients and that legal requirements, including cold storage standards, could not currently be fully met.

4.6.4 From a capacity perspective, Members heard that two consultant rooms within Dermatology and two Near Me clinic rooms were currently being used, and that this was contributing to an inability to meet the 52-week Dermatology waiting time standard. It was also noted that there was currently no capacity to support growth in clinical trials activity, which would otherwise bring additional income. The proposed facility would therefore provide a better service model, optimise service hours, and support recent changes associated with the reduced working week.

- 4.6.5 The Senior Capital Programme Manager advised that, since the project was paused, a site survey and initial risk review had been carried out. He confirmed that the revised design now provided compliant ventilation and fire safety, although critical services would require to be re-routed while the works were undertaken.
- 4.6.6 The Chair welcomed the assurance provided and asked that lessons learned be captured and circulated separately to inform future planning. **KK/MC**
- 4.6.7 Members approved the business case.
- 4.7 HSDU Capacity (Risk ID 5388) and National HSDU Resilience Plans
- 4.7.1 The paper was noted for information.
- 4.8 Royal Infirmary Fire Safety Risk update
- 4.8.1 The paper was noted for information.
- 4.9 Royal Infirmary Facilities Risk
- 4.9.1 The paper was noted for information.
- 4.10 Kiestra Replacement Business Case
- 4.10.1 The paper set out an options appraisal for the implementation of an automated microbiology system within laboratories in 2027.
- 4.10.2 A Non-Executive Board Member noted that the proposal involved a more managed service model, with a potential loss of in-house skills, together with associated operational cost considerations. It was acknowledged that sustainability remained a challenge; however, experience in other areas had shown that suppliers were keen to work collaboratively and that this had been positive. It was further noted that reducing reliance on staffing pressures had helped blood services to continue operating effectively.
- 4.10.3 It was noted that the proposal presented an opportunity to reduce costs, recover some VAT revenue, and assist with depreciation costs. Members also noted that the service had been protected from inflationary pressures when compared with equivalent requests, due to the managed service contract model and a more predictable cost base.
- 4.10.4 Members asked whether this represented a like-for-like replacement and sought clarification on the expected lifecycle of the system.
- 4.10.5 The Healthcare Science Manager, Infection Science, advised that the expected lifecycle was 10 years and that the proposal would replace equipment that was already 10 years old. He noted the pace at which AI was developing and advised that the AI element of the proposal would help future-proof the service and release cash savings where recruitment proved difficult.

4.10.6 The paper recommended Option 3b to maximise utilisation. Members approved the request to proceed to tender.

4.11 Camus Tigh – Declaration as Surplus

4.11.1 Members agreed to request that the land be declared surplus.

4.12 RHCYP Cavity Barriers – Supplementary Agreement

4.12.1 Members noted that the contractor had agreed to undertake over £1m of work at no cost to the Board. Legal advice confirmed that the decision required it to be formally minuted, and it was therefore agreed that the matter should proceed to the Board at the end of June.

4.12.2 The supplementary agreement was noted as preventing any further claims by the Board.

4.12.3 Clarification was also provided that there was no difference between practical completion and independent certification. In discussion of the cladding regulations, Members were advised that the key risk related to restrictions on reinstating cladding if removed, although step-in rights were available to recover costs if the works were not completed.

4.12.4 Members supported the proposal and recommended that it proceed to the Board.

5 Revenue

5.1 Financial Position Year-End Finance Report

5.1.1 It was reported that year-end activity and the transition into Q1 were under way, subject to consideration by the Audit and Risk Committee on Monday and signing of the accounts by the end of the month.

6 Sustainability

6.1 Climate Emergency and Sustainability update

6.1.1 The paper was noted for information.

6.1.2 Members thanked everyone for their support with this work on sustainability. It was noted that the Trade and Environmental Sustainability Framework (TESF) had been updated following Audit Scotland's review. Members also noted that recommendations would be brought forward in relation to the financial risks associated with climate change, and that the Scottish Government had been contacted regarding compliance across Boards.

7 Reflections on the meeting

7.1 Matters to be highlighted at the next Board meeting.

- 7.1.1 The Director of Finance advised that he would discuss the RIE handover with the Scottish Government (Alan Morrison) to seek assurance.
- 7.1.2 The Belhaven decision would be reported to the Board.
- 7.1.3 The supplementary agreement on cavity barriers would also be reported to the Board.
- 7.2 Matters to be highlighted to other Board Committees – None

8 Date of Next Meeting

- 8.1 9.30am on Wednesday 19 August 2026

9 Further Meeting Dates

- Wednesday 21 October 2026
- 16 December 2026
- 10 February 2027

DRAFT

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 21 July 2026 via MS Teams.

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

In attendance: Caroline Hiscox, Chief Executive; Ms T. Gillies, Medical Director; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms J. Browning, Associate Director of Pharmacy (for Scott Garden); Ms M. Carr, Chief Officer Acute Services (until 2pm); Ms J. Gillies, Associate Director of Quality; Mr M. Gillies, Medical Director Acute Services; Ms A. Goodfellow, Deputy Director of Public Health and Health Policy (for Susan Webb); Ms C. Borthwick, Head of Nursing (Mental Health, Substance Use and Intellectual); Ms A. MacDonald, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms C. Palmer, Nurse Director, Acute Services; Ms F. Stratton, Chief Nurse; Ms L. Yule, Chief Nurse West Lothian; Ms H. Cameron, Director of Allied Health Professions; Ms F. Wilson, Chief Officer East Lothian; Ms K. McLellan, Nurse Consultant, Public Health, Ms S. Duncan, Director of Corporate Support and Chief of Staff; Mr D. Thompson, Board Secretary and Mr C. Graham, Corporate Governance Team (Minutes).

In attendance for Item 18: Dr P. Leonard, Associate Medical Director & Clinical Lead for Digital - Children's Services; Mr P. Campbell, Associate Nurse Director – Medical and Ms S. Archibald, General Manager Children's Services;

In attendance for Item 19: Ms J. Mackay, Director of Communications and Ms L. McIlreavy, Public Involvement and Engagement Manager

In attendance for Items 20.1: Ms J. Torrens, REAS Services Director; Mr C. Stenhouse, Chief Nurse, REAS and Mr M. Reid, General Manager REAS.

In attendance for Item 20.2: Ms K. McLellan, Immunisation Nurse Consultant and Ms L. Cairns, Vaccination Programme Manager.

Apologies: Mr A. Cogan, Non-Executive Board Member; Ms S. Webb, Director of Public Health and Health Policy; Ms A. Cockburn, Consultant - Public Health & Health Policy; Mr S. Garden, Director of Pharmacy; Ms K. Smith, Head of Nursing Quality Improvement and Standards; Mr A. Watson, Associate Medical Director - Psychiatry; Ms L. Rumbles, Partnership Representative and Ms J. Irwin, Chief Nurse and Head of Quality Health and Social Care;

Chair's Welcome and Introductions

The Chair welcomed members, and service colleagues to the meeting.

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

14. Committee Business

- 14.1.1 Healthcare Governance Committee Workplan 2026/27 – The circulated Committee workplan was noted.
- 14.2 Committee Assurance Questions – None raised.
- 14.3 Committee Cumulative Action Note and Minutes from Previous Meeting (19 May 2026)
- The minutes of the meeting held on 19th May 2026 were approved as a correct record.
- **Action 9: St John's Hospital Maternity Unit visit** – The Committee noted that this visit would be arranged once the Committee Chair was available to participate.
- 14.4 Quality Data Pack for the Integrated Performance and Quality Report (IPQR) – The Committee received the Quality Data Pack for June 2026 and noted increased reporting of adverse events compared with the previous year, with no corresponding rise in incidents resulting in major harm or death.
- 14.4.1 Mortality indicators remained within expected parameters, with all NHS Lothian acute sites below the upper warning limit for Hospital Standardised Mortality Ratios. Members also noted sustained improvements in inpatient falls, stable hospital-acquired infection performance, ongoing monitoring of cardiac arrest and medical emergency rates, and an increase in reported pressure ulcers, reflecting improved reporting processes and earlier identification through the Pressure Ulcer Collaborative.
- 14.4.2 The Committee further noted complaint performance across NHS Lothian and received assurance that variations in response times reflected the complexity of investigations and ongoing efforts to support timely responses. Discussions highlighted the importance of data validation, clarity regarding reporting time periods, and the continued use of standardised mortality measures when monitoring trends.

15. Matters Arising

- 15.1 None.

16. Emerging Issues

- 16.1 None.

17. Patient Story

- 17.1 The Committee received a Patient Story featuring a haematology oncology ward's comprehensive care approach for children with cancer and benign hematologic conditions, alongside a parent's detailed account of their child's 16-month leukaemia treatment journey, highlighting the multidisciplinary team's dedication, personalised care, challenges in out-of-hours hospital processes, and the importance of trusting parents' knowledge about their child.

18. Children's Services Assurance Report

- 18.1 The Committee received the Children's Services Assurance Report and noted that robust governance arrangements continued to support safe, effective, and person-centred care, with improvements in adverse event reviews, quality improvement activity, and workforce stability.
- 18.2 Members welcomed progress in reducing waiting times across a number of services but noted ongoing challenges within paediatric audiology, neurodevelopmental assessment pathways, and workforce sustainability. The Committee received updates on actions to strengthen service performance, address waiting list pressures and embed learning from reviews and inspections.
- 18.3 Moderate assurance was agreed, reflecting the progress made and the ongoing improvement activity required in key risk areas.

19. Person Centred Care

- 19.1 Involving People Report - The Committee noted progress in strengthening public involvement and engagement arrangements, including development of the Get Involved Network, enhanced support for lay representatives, and increased engagement activity supporting service redesign programmes.
- 19.2 Members welcomed the completion of a self-assessment against the Healthcare Improvement Scotland quality framework, which had informed a three-year improvement approach and highlighted key risks relating to capacity, training and governance.
- 19.3 The Committee noted ongoing work to strengthen engagement capability, improve staff training and support meaningful involvement across a range of programmes, including paediatric audiology and long COVID services.
- 19.4 Moderate assurance was agreed, recognising the progress made and the need for additional resource and continued improvement to support future service transformation and statutory engagement requirements.

20. Safe Care

- 20.1 Mental Health Assurance update, including REH, CAMHS and Prisons - The Committee received an update on Adult Acute Mental Health, Prison Healthcare and CAMHS services and noted ongoing pressures arising from high demand, workforce challenges and capacity constraints. Members noted strengthened governance arrangements, improvements in quality and safety oversight, and continued quality improvement activity across all three services.
 - 20.1.1 The Committee highlighted ongoing risks relating to adult mental health bed capacity, workforce pressures and prison healthcare pathways, while noting improvements in medicines governance, primary care provision and partnership working within prison healthcare. Members also welcomed progress within the Melville Unit, including improved staffing levels, reductions in restraint use and positive findings from external inspections.

20.1.2 The Committee agreed that **moderate assurance** remained appropriate for Adult Acute Mental Health and CAMHS services, while **limited assurance** was received for Prison Healthcare, reflecting the significant challenges that remain.

20.2 Immunisation Annual Report 2025/26 - The Committee noted that NHS Lothian's immunisation programme continued to perform well, with uptake across most childhood and adult vaccination programmes meeting or exceeding the Scottish average and successful implementation of new vaccination programmes and schedule changes.

20.2.1 Members noted ongoing challenges in adolescent vaccination uptake and persistent inequalities associated with deprivation and other demographic factors. The Committee received assurance on the range of targeted outreach, inclusion and improvement initiatives underway to improve access, reduce inequalities and address vaccine confidence, while recognising opportunities to streamline consent processes and strengthen engagement with hard-to-reach groups.

20.2.2 Moderate assurance was agreed and the Annual Report 2025/26 was approved.

21. Effective Care

21.1 Nothing reported.

22. Exception Reporting Only

22.1 Litigation Annual Report - The Committee noted the annual Litigation Report and received assurance that litigation processes remained effective, with ongoing improvements supporting claims management and organisational learning. The report was received as the annual update.

22.2 Blood Transfusion Annual Report – The Committee noted that this item had been deferred to the 22 September meeting.

23. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

23.1 Area and Drug Therapeutic Committee, 10 April 2026.

23.2 Clinical Management Group, 12 May 2026.

23.3 Organ and Tissue Donation Group, 19 February 2026.

24. Corporate Risk Register (CRR)

24.1 The Committee reviewed the Corporate Risk Register and noted updates on the organisation's highest corporate risks and associated mitigation plans. Key areas of ongoing concern included financial sustainability, unscheduled and scheduled care performance, hospital bed occupancy, maternity services, healthcare associated infection, digital system replacement, and fire safety at the Royal Infirmary of Edinburgh. The Committee noted that risk ratings remained largely unchanged, reflecting sustained operational, workforce and financial pressures, while a new corporate risk relating to nationally procured digital systems now also encompasses mitigation associated with the Business Systems Transformation Programme.

- 24.2 The Committee noted the two-year overview of changes to the Corporate Risk Register and received assurance that mitigation plans were in place and subject to ongoing monitoring through the relevant governance arrangements.

25. Reflections on the meeting

- 25.1 The Chair welcomed the detailed discussions held and agreed to feedback to the Board on the Committee's Paediatric Audiology discussions.

26. Any Other Business

- 26.1 Jeanette Morrison's Retirement - The Committee noted that this was Jeanette Morrison's final Healthcare Governance Committee meeting prior to her retirement. Members recorded their sincere thanks for her significant contribution to the work of the Committee and for the support, advice, and expertise she had provided over the years, and wished her every success and happiness in her retirement.

27. Date of Next Meeting

- 27.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 22 September 2026** via MS Teams.

28. Further Meeting Dates

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

Signed by the Chair: 22 September 2026.

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 15th June 2026 in Meeting Room 10, 1st Floor, Westport and via MS Teams.

Present: Mr J. Blazeby, Non-Executive Board Member (Chair); Ms P. Cantley, Non-Executive Board Member; Mr P. Knight, Non-Executive Board Member; Ms H. Campbell, Non-Executive Board Member; and Councillor H. Cartmill, Non-Executive Board Member (via Microsoft Teams).

In Attendance: Ms L. Allan, Deputy Head of Financial Control; Mr J. Crombie, Deputy Chief Executive; Ms S. Gibbs, Quality and Safety Assurance Lead; Ms P. Gillen, Audit Scotland; Ms C. Hiscox, Chief Executive; Ms A. Langsley, Associate Director - People and Culture; Mr A. McCreadie, Deputy Director of Finance; Ms G. McLeod, BDO; Ms O. Notman, Head of Financial Services; Mr S. Nugent, Audit Scotland; Ms C. Robertson, BDO; Mr D. Thompson, Board Secretary; Ms A. Thomson, Finance Manager; and Miss L. Baird, Committee Administrator.

Apologies: Ms J. Gillies, Associate Director of Quality.

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

Welcomes and Introductions

The Chair welcomed Members and those attending from Finance to the June annual accounts meeting of the Audit and Risk Committee.

11. Minutes of the previous meeting held on 13th April 2026

- 11.1 The minutes of the meeting held on 13th April 2026 were accepted as an accurate record.

12. Running Action Note

- 12.1 The Committee noted the actions marked complete, those included on the agenda for further discussion, and those not yet due for consideration, as detailed in the report.
- 12.2 In relation to action two, Mr Knight confirmed that he had spoken to the Director of Innovation and Transformation regarding data definition, and she had offered to hold a further discussion on the subject after the June Board meeting. It was agreed that no further action was required and that the action would therefore be closed.
- 12.3 The Committee accepted the running action note and the updates therein.

13. Risk Management

- 13.1 Corporate Risk Register (CRR) – The previously circulated report was received.
- 13.1.1 The Committee reviewed the March and April 2026 updates provided by the executive leads concerning risk mitigation laid out in the report.

- 13.1.2 The Committee noted that violence and aggression against NHS Lothian staff remained a high priority for the organisation. Staff Governance Committee oversight of the risk was supported by regular dialogue with management, with a full report on recent mitigations expected to be presented to the Board shortly.
- 13.1.3 The Deputy Chief Executive explained that, following detailed consideration, the Board had concluded that improving hospital occupancy on the Royal Infirmary of Edinburgh site would improve flow across the site. To achieve this, a number of initiatives had been implemented, including significant investment in community services to reduce attendance at the Emergency Department by offering alternatives to admission. Despite the efforts made, progress had been significantly affected by the unexpected loss of 90 care home beds. It was noted that a proposed alternative model of unscheduled care was being explored and developed through subnational planning structures, with an intention to more effectively manage presentations in acute hospital settings. It was confirmed that NHS Lothian was engaged in the discussions about a future model of unscheduled care.
- 13.1.4 It was noted that the use of non-standard accommodation to support increased demand in Mental Health had ceased. Occupancy levels at the Royal Edinburgh Hospital (REH) remained high at 98%, reduced from 110%, and a radical redesign of the model of care was required with the support of key partners, including the Scottish Ambulance Service, NHS 24 and Primary Care.
- 13.1.5 There was discussion around the Board Assurance Framework. Members noted that the Integrated Performance and Quality Report was progressing well under the leadership of the Director of Innovation and Transformation, with early versions of the report shared with the Strategic Planning and Performance Committee for awareness. Work continued on the strategic risk based on LDSF, with a report expected to be presented to the Corporate Management Team (CMT) for awareness and comment, and thereafter to the Board.
- 13.1.6 It was noted that the first iteration of the full Board Assurance Framework was expected in August 2026. The documents would be live and open to continuous improvement as the process developed and embedded across the organisation.
- 13.1.7 After some consideration, the Committee:
- Noted the overview of the changes in the CRR over the past two years.
 - Noted that the April Board agreed to accept a new risk on to the CRR, relating to nationally procured systems.
 - Noted that the Corporate Management Team (CMT) had reviewed the divisional high and very high risks in April 2026.
 - Noted that the April Board agreed to postpone review of the Risk management policy and procedure due April 2026.
- 13.2 Litigation Annual Report 2025/2026 – The previously circulated report, which provided assurance on the management of litigation processes within NHS Lothian, was received and attention was drawn to the key points within the report.
- 13.2.1 Following consideration, the Committee agreed that future iterations of the report should include trends in NHS Lothian over a five- to ten-year period, compared with other NHS Boards, to allow non-executive directors to assess how the Board is performing against its peers. Ms Gibbs would feed this back to Ms J. Gillies to ensure that it was included for the period covering 2026/2027.

- 13.2.2 The Committee accepted the report as an annual update on litigation processes and activity in terms of numbers, financial impact and recurring themes.
- 13.2.3 The Committee accepted the report as a source of moderate assurance on the effectiveness of the processes and adherence to expected standards in relation to litigation, and as evidence of learning after cases are closed, based on programmes of work in place to improve the management of, and response to, adverse events. Members recognised that events resulting in a claim were not always part of an adverse event process and that claims could take a considerable time to reach completion.
- 14. Internal Audit**
- 14.1 Internal Audit Progress Report 2025/ 2026 - The previously circulated report was received.
- 14.1.1 Since the April meeting, all of the remaining audits had concluded, with the exception of the Integrated Joint Boards (IJB) reviews for East and West Lothian, which would be brought to the November 2026 meeting for information. **GMcL**
- 14.1.2 The Committee noted that the outstanding East and West Lothian IJB reports were advisory and, as such, their absence would not have a negative impact on the internal audit opinion for the period covering 2025/2026.
- 14.1.3 Work had commenced on the 2026/2027 Internal Audit Plan, with scoping meetings scheduled for all audits and fieldwork underway for several proposed reviews. An additional audit of Waiting Times Governance had been scheduled for summer 2026 and would take place annually thereafter. The whistleblowing audit had been postponed to the 2027/2028 period, with the audit days reallocated to the Waiting Times Governance audit.
- 14.1.4 Management confirmed that they did not feel comfortable sharing records containing staff medical information for the purpose of internal audit sample testing. As a result, Internal Audit would be unable to provide independent assurance that processes were being followed. Instead, the report would reference discussions with line managers and the extent to which they believed that processes were being followed.
- 14.1.5 As part of the conclusion of the 2025/2026 Internal Audit Plan, Internal Audit had undertaken a lessons-learned session to review how the plan had progressed and identify areas for improvement that could be reflected in the 2026/2027 plan. One key outcome from the review was the introduction of manager briefing sessions for key members of staff involved in the 2026/2027 audit process.
- 14.1.6 The Committee noted that, despite the limitation on the scope of the sickness absence report, there was value in undertaking the review. Members recognised that there were no legal reasons why records could not be shared with colleagues within Internal Audit, but respected management's decision to protect staff privacy.
- 14.1.7 The Committee noted the progress of the 2026/27 Internal Audit Plan and accepted the report.
- 14.2 Internal Audit – Follow-up – The previously circulated report was received.
- 14.2.1 It was noted that, of the 126 actions due, 58 were not yet due, 22 had been fully implemented, 13 were in progress and 31 had not yet been implemented. There were

several actions for which Internal Audit had not received an update, including actions where management responses in the original audit report had indicated that they had been completed. There may have been more actions closed than described within the report, but there was no evidence to support this.

- 14.2.2 Specific attention was drawn to seven longstanding actions from 2024/2025 and the 10 high significant actions that had fallen due but had not yet been implemented.
- 14.2.3 The Committee recognised that the lessons learned from the previous year had highlighted the importance of agreeing the scope of audits with management to ensure that the outcomes were appropriate and achievable. Although Internal Audit provided guidance to management in designing the scope, it was ultimately management's responsibility to ensure that it was correct. It was therefore important that new managers participating in the audit process attended the education sessions, so that they were aware of the responsibilities placed upon them and could scrutinise proposed recommendations appropriately.
- 14.2.4 It was noted that, compared with other public sector organisations overseen by BDO, NHS Lothian was performing well. Internal Audit would continue to monitor the position in relation to the follow-up of management actions to ensure improvement in 2026/2027 and take action as required.
- 14.2.5 The Committee accepted the report, noting that there would be an increased focus on completion of management actions at CMT going forward to ensure that the number of outstanding actions was reduced.
- 14.3 Internal Audit Annual Report and Audit Opinion - The previously circulated report was received. The report summarised the work that had been undertaken by Internal Audit throughout the year and provided the annual internal audit opinion.
- 14.3.1 The Chief Internal Auditor confirmed that she was satisfied that sufficient internal audit work had been undertaken to allow her to draw a reasonable conclusion on the adequacy and effectiveness of NHS Lothian's risk management, control and governance processes.

15. Counter Fraud

- 15.1 Counter Fraud Activity for year to 31 March 2026 – The previously circulated report, which provided the Committee with an update on counter fraud activity during the year to 31 March 2026 and the assurance arising from that activity, was received.
- 15.1.1 In response to a question about the removal of access rights as a consequence of non-compliance with mandatory procurement training, Ms Notman confirmed that removing authority to approve requests was appropriate in these circumstances and was proving successful in driving compliance with training, with access being reinstated once compliance had been confirmed.
- 15.1.2 Following brief discussion, Ms Notman agreed that the next iteration of the Counter Fraud Activity report could include trends in respect of Pharmacy and the reasons behind the instances of fraud seen in these areas, for non-executive member awareness. **ON**
- 15.1.3 After some consideration the Committee:
- Noted the report as a summary of counter fraud activity during the year.

- Accepted moderate assurance that the Board continues to raise awareness of the counter fraud strategy and policy through communications and training, and that suspected fraud cases are being recorded and progressed appropriately.

16. Corporate Governance

- 16.1 SFR 18.0 – Summary of losses and payments for the year ended 31 March – The previously circulated report, which provided the Committee with the opportunity to review the summary of losses and compensation payments incurred throughout 2025/2026, was received.
- 16.1.1 Specific attention was drawn to table 4 within the report, which provided a summary of the invoices raised in respect of overseas patients and the percentage of the cost that was written off by the Board during this period.
- 16.1.2 Following brief discussion around private patients, Mr McCreadie took an action to review and provide information on the level of private patient costs in previous years for members' awareness.
- 16.1.3 It was noted that the GP increases described within the report related to the ongoing challenges relating to the GP Service Level Agreements (SLAs).
- 16.1.4 The Committee accepted the report as a source of significant assurance that the Board has adequate and effective systems of control relating to losses and special payments, and that management are continually reviewing and evaluating changes to improve those systems.
- 16.2 National Service Audit reports – The previously circulated report was received.
- 16.2.1 The Committee reviewed and accepted these reports from the service auditors as a source of significant assurance that there are adequate and effective systems of internal control relating to the National Single Instance financial ledger, payroll, practitioner services and the National IT Services contract.
- 16.3 NHS Lothian Charity Annual Report and Financial Statements for the year ended 31 March 2026 – The Committee received the previously circulated report, which provided members with assurance that the Annual Report and Financial Statements of NHS Lothian Charity (the Charity) for the year ended 31 March 2026 had been prepared and audited.
- 16.3.1 The Committee accepted the report as a source of significant assurance that management have prepared the Annual Report and Financial Statements of the Charity for 2025/26, CT Audit Ltd. have carried out an external audit of the financial statements and have provided an unqualified audit opinion.
- 16.4 Overpayment of Staff Member – The previously circulated report, which provided the Committee with information on the financial errors relating to overpayment of staff, was received.
- 16.4.1 There was some concern around the timeliness of notification of leavers and movers and discussion around what mitigation could be put in place to improve compliance and raise awareness of the consequences of late notification of staff leaving the organisation in terms of overpayment of salary.

- 16.4.2 The Director of Finance explained that, as part of the transition to a new payroll system, ease of notification would improve for managers; however, it would ultimately remain their responsibility to ensure that payroll records were accurate and up to date for all staff.
- 16.4.3 The Committee noted that Internal Audit had planned an audit to assess the suitability of movers and leavers processes in 2026/2027. Members awaited the outcome of the review at a future meeting.
- 16.4.4 The Committee reviewed and agreed that the Director of Finance may approach SGHSCD for its approval to write-off the loss.
- 16.5 Best Value Statement – 2025/2026 – The previously circulated report provided the Committee with oversight of the arrangements in place to support the ambitions of Best Value, as set out in the Scottish Public Finance Manual. It also supported compliance with the Board's statutory duties under the Public Finance and Accountability (Scotland) Act 2000 to use its resources economically, efficiently and effectively.
- 16.5.1 After detailed consideration the Committee:
- Noted the significant range of governance and management arrangements in place that, collectively, support the characteristics of Best Value within NHS Lothian, as set out in the Best Value statement for 2025/26 (appendix 1 to this report).
 - Agreed to accept Moderate Assurance, based on the appended Framework, that NHS Lothian is able to demonstrate fulfilment of its Best Value duty, as set out within the Scottish Public Finance Manual.

17. **Annual Accounts**

- 17.1 2025/2026 Governance Statement – The previously circulated report provided the Committee with a briefing on the process undertaken to develop the 2025/2026 Governance Statement and presented the draft Statement for the Committee's review.
- 17.1.1 After some consideration the Committee:
- Accepted this paper as a source of significant assurance that the process to develop the Governance Statement is consistent with the associated instructions and good practice.
 - Reviewed this paper and the draft Governance Statement, and considered whether any additional disclosures were required.
- 17.1.2 Strategy Planning & Performance Committee Annual Report 2025/26 – The Committee accepted the Strategy, Planning & Performance Committee Annual Report 2025/26 as a source of assurance.
- 17.1.3 Finance and Resource Committee Annual Report 2025/26 – The Committee accepted the Finance and Resources Committee Annual Report 2025/26 as a source of assurance.
- 17.1.4 Staff Governance Committee Annual Report 2025/26 - The Committee accepted the Staff Governance Committee Annual Report 2025/26 as a source of assurance.
- 17.1.5 Healthcare Governance Committee Annual Report 2025/26 – The Committee accepted the Healthcare Governance Committee Annual Report 2025/26 as a source of assurance.

- 17.1.6 Collective Chairs Assurance Report 2025/26 – The Committee accepted the Collective Chairs Assurance Report 2025/26 as a source of assurance.
- 17.2 Audit Scotland: Cover letter and NHS Lothian Draft External Audit Report for the year to 31 March 2026
- 17.2.1 The Committee received a brief overview, highlighting how the cover letter and report had been prepared and the key findings detailed therein.
- 17.2.2 The Committee noted that the 2025/2026 annual audit and accounts were substantially complete, subject to the satisfactory conclusion of the outstanding matters referred to in the covering letter and receipt of a revised set of annual report and accounts for final review. Audit Scotland anticipated being able to issue an unmodified audit opinion in the Independent Auditor's Report on 26 June 2026.
- 17.2.3 The External Auditor received confirmation from those charged with governance that there had been no instances of any actual, suspected, or alleged fraud; any subsequent events that had occurred since the date of the financial statements, or material non-compliance with laws and regulations affecting the entity that should have been brought to their attention.
- 17.2.4 It was noted that the NHS Lothian Draft External Audit Report for the year to 31 March 2026 had concluded that there were no significant findings to bring to the Committee's attention.
- 17.2.5 The Committee accepted the report and thanked the External Auditors and Finance Team for the comprehensive report.
- 17.3 Management Representation Letter – The previously circulated report recommended to the Audit and Risk Committee that the representation letter be adopted as appropriate for the Board's Accountable Officer (the Chief Executive) to sign on behalf of NHS Lothian.
- 17.3.1 Following due consideration the Committee:
- Confirmed that the statements properly represent confirmation to the External Auditors on matters arising during the course of their audit of the accounts for the year ended 31 March 2026 and
 - Agreed that the letter be adopted for the Chief Executive to sign as Accountable Officer of the Board.
- 17.4 Annual Accounts for 2025-26 – The previously circulated Annual Accounts were presented.
- 17.4.1 Following a detailed review, the Committee agreed to recommend to the Board that it approve the Annual Accounts for the year ended 31 March 2026 and authorise the Chief Executive and Director of Finance, as the designated signatories, to sign the Accounts on behalf of the Board.
- 18. Private Patients' Funds – Annual Accounts 2025/26**
- 18.1 The previously circulated Private Patients' Funds Annual Accounts for the year ended 31 March 2026 were presented.

- 18.1.1 The Committee accepted the management letter from Azets as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.
- 18.1.2 The Committee recommended to the Board that the Chief Executive and the Director of Finance sign the “Statement of Lothian NHS Board Members’ Responsibilities” on the Board’s behalf.
- 18.1.3 The Committee recommended to the Board that following the Board’s consideration, the Director of Finance and the Chief Executive sign the “Abstract of receipts and Payments” (SFR19.0).
- 18.1.4 The Committee recommended to the Board that the Board approve the draft Patients’ Private Funds accounts for the year ended 31 March 2026.

19. Committee Business

- 19.1 Audit and Risk Committee Annual Report and Assurance Statement to the Board 2025/2026 – The previously circulated report enabled the Committee to review its Annual Report and consider the feedback received from the recent members’ survey.
- 19.1.1 The Committee considered the draft Annual Report for 2025/2026, noting that the highlighted areas identified matters to be finalised, subject to decisions at the meeting.
- 19.1.2 The Committee approved the Annual Report, subject to any amendments identified by the Committee, and recommended that the Board consider it as part of its review of the 2025/2026 Annual Accounts at its meeting in June 2026.
- 19.1.3 The Committee noted the findings of the NHS Lothian Committee effectiveness survey 2025/26 detailed therein.

20. Any Other Competent Business

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

21. Reflections on the meeting

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

22. Date of Next Meeting

- 22.1 The next meeting of the Audit and Risk Committee will be held on Monday, 10 August 2026 at 9.30 a.m. via Microsoft Teams.

Signed by the Chair: 10th August 2026



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 11 June 2026	14:00	Normandy Court/Virtually via Microsoft Teams

Present (voting members):

Val de Souza (Chair)	Councillor McManus (Vice Chair) (Virtual)	Morag Barrow (Chief Officer)
Councillor Parry	Councillor Winchester	Heather Campbell (Non-Executive Director) NHS Lothian
George Gordon (Non-Executive Director) NHS Lothian	Councillor Milligan	

Present (non-voting members):

Magda Clark (Third Sector Representative)	Eleanora Ho (Chief Finance Officer)	Grace Chalmers (Partnership Representative)
Claire Ross (Chief Allied Health Professional)	Nick Clater (Head of Adult Services and Chief Social Work Officer)	

In attendance:

Gill Main (Integration Manager) Midlothian HSCP	Grace Cowan (Head of Primary Care and Older Peoples Services) Midlothian HSCP	Elouise Johnstone (Performance Manager) Midlothian HSCP
Lisa Cumming (Business Support Manager) Midlothian HSCP	Maria Perez (Democratic Services Officer)	Louise Middleton (Democratic Services Officer)

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Apologies:		
Claire Gardiner (Audit Scotland)	Dr Paul Bailey (Clinical Lead) Midlothian HSCP	Fiona Stratton (Chief Nurse) Midlothian HSCP
Dr Amjad Khan (Non-Executive Director) NHS Lothian		

1. Welcome and Introductions

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

2. Order of Business

The order of business was confirmed as set out in the agenda previously circulated. The Chair advised that the IJB Self-Development Plan, originally scheduled for presentation at this meeting, will now be brought to a future Board meeting later in the year. This delay is primarily due to the secondment of the Chief Internal Auditor.

3. Declarations of Interest

There were no declarations of interests noted to the Board. Councillor Milligan noted they would have to leave the meeting at 3pm.

4. Minute of Previous Meetings

- 4.1 The minute of the Midlothian IJB Special Board Meeting held on 26 March 2026 and the minutes of the previous Midlothian IJB Meeting held on 2 April 2026 were submitted for approval and agreed as accurate records.
- 4.2 The Minute of the meeting of the MIJB – Strategic Planning Group, held on 29 January 2026, was noted by the Board.
- 4.3 The Minutes of Audit and Risk Committee – held on 5 March 2026, was noted by the Board.

Midlothian Integration Joint Board

5. Public Reports

	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair’s Update – Val de Souza, Chair The Chair provided a verbal update on the implementation of revised voting rights for Integration Joint Board members. It was noted that the Scottish Government has set 1 September 2026 as the implementation date for these changes, although limited guidance has been issued to date. The Board heard that a Frequently Asked Questions document and a Code of Conduct document had recently been circulated. The Chair advised that the matter had been discussed at a national meeting of IJB Chairs and Vice Chairs, where a range of views had been expressed regarding the extension of voting rights. The intention is to enable representation from the third sector, carers, and people with lived experience to become voting members of Integration Joint Boards. It was noted that discussions had also highlighted a number of practical considerations, including the support required for additional voting members, their understanding of roles and responsibilities, and the management of potential conflicts of interest. The Chair commented that Midlothian was well placed to support this direction of travel and suggested that the focus should be on implementing the changes in a straightforward and effective manner. It was			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
further noted that, as one of four IJBs within Lothian, there is a shared aspiration to develop a consistent approach to implementation across all four partnerships where possible. The Chair advised that further updates would be provided as additional guidance becomes available. The Board noted the update. The Chair advised that no finance update was available for June as the relevant financial data had not been received. It was noted that the Financial Recovery Plan would be presented to the Board in August. The Chair reminded members that, following the budget meeting, a motion had been approved by the Council in May highlighting concerns regarding Scottish Government funding for social care, together with the savings requirements and financial challenges facing the IJB and wider partnership. Non-Executive Director, George Gordon referred to media coverage of the financial position and expressed concern that it presented a particularly negative picture of the current situation. While recognising the significant efforts made by officers, he suggested that this could impact public confidence and proposed that a positive public-facing message be developed to outline the actions being taken to mitigate the challenges and reassure the public regarding ongoing improvement work. The Chair acknowledged these concerns, noting that similar views had been raised previously, and agreed that there was a need to strengthen communications more generally regarding the work of the IJB. Councillor Milligan highlighted the ongoing pressures facing social care and noted that current funding levels were insufficient to meet the increasing demand for services. While recognising the commitment	Consider communication to members of the public regarding funding for social care and the decisions made by the IJB to try and temper any loss of confidence. Add wording on third sector work to the letter to the Cabinet Officer. Extend the meeting on the 24th of September from 12.30-4	Chair Third Sector Representative Democratic Services	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
and efforts of staff across health and social care, he commented that the financial position continued to deteriorate, placing increasing strain on both Councils and IJBs. The Chair emphasised the importance of maintaining public confidence in both the services delivered by the partnership and the decisions taken by the IJB. It was agreed that a balanced communication highlighting both the challenges and the actions being taken to address them would be beneficial. Councillor McManus advised that, following approval of the motion, arrangements had been made to write to the Cabinet Secretary to seek discussion on the potential for increased funding. It was noted that the letter would be circulated to IJB members for information and could also be published to support wider public awareness. The Chief Officer suggested that an action be taken forward to consider communications more broadly across the IJB, including how the Board is represented through media and communications channels. The Third Sector Representative requested that the proposed letter to the Cabinet Secretary include reference to the significant contribution being made by the third sector to supporting services and its continued readiness to work collaboratively with partners. It was agreed that a short paragraph would be prepared and provided to Councillor McManus for consideration within the final correspondence. The Chair proposed that the Board meeting scheduled for 24 September 2026 be extended from 12.30pm to 4.00pm to accommodate a development session. The Chair noted that this would be the final Board meeting attended by Gill Main in her role as Integration Manager. In recognising her contribution, the Chair highlighted the significant support she has provided to			

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	Decision	Action Owner	Date to be Completed/Comments
the IJB over many years, particularly in relation to governance and strategic planning. On behalf of the Board, the Chair thanked Gill for her commitment, professionalism, and valued contribution, and extended best wishes for the future.			
5.2 Chief Officers Report – Morag Barrow The Chief Officer highlighted the continued strong performance of the Welfare Rights Team, which consistently secures approximately £4 million in benefits for local residents. The Chief Officer also commended the considerable progress being made in relation to integrated dementia care practice, noting that this work will support the delivery of national dementia planning priorities. The following five key areas were highlighted: • Early diagnosis • Improved post diagnostic continuity • Reduce inequality of access • Increased advocacy • Skilled competent workforce The Chief Officer noted that Midlothian already demonstrates strong performance in this area and is taking a proactive approach to further development, positioning the partnership at the forefront of progressing this work.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
The Chief Officer advised that a successful 3-year bid for obesity management funding had been secured. Members noted that this had been a significant piece of work delivered within a short timeframe and would result in approximately £8 million of investment in Midlothian. The funding will support three key workstreams: the development of a digital pathway, community-based use of obesity medications, and partnership working with the UK Defence Medical Services on a weight management programme. The Chief Officer expressed thanks to the Chief Allied Health Professional for their leadership and contribution to this work. Councillor Milligan expressed concerns regarding health service engagement in MLDP2 and the implications for future healthcare infrastructure to support population growth. The Head of Primary Care and Older People's Services advised that engagement had taken place and outlined ongoing work regarding future service delivery models and infrastructure planning. The Chief Officer confirmed that Midlothian HSCP had participated in the process and agreed to pursue any concerns regarding wider NHS involvement outwith the meeting. Non-Executive Director George Gordon welcomed the update provided under item 3.5 regarding the Community Engagement Day, noting the strong level of participation and expressing support for the wider rollout of the initiative. He highlighted the importance of the programme and the positive impact it could have on local communities. The Chief Officer advised that there were two key aspects to this work: improving ease of access to services and ensuring that people are seen and supported more quickly. It was noted that consideration is now being given to how these approaches can be embedded within business-as-usual service delivery and incorporated into mainstream service provision.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
In relation to Falls 2, the Chief Officer advised that opportunities for greater collaboration with the other three Lothian Health and Social Care Partnerships are being explored, with work progressing towards the development of a pan-Lothian approach. The Chair sought clarification regarding the Adult Support and Protection update, specifically the section relating to material and financial harm and the reference to a planned survey. The Chair asked whether the findings of the survey would be incorporated into a future Chief Social Work Officer Report. The Chair also highlighted an interest in the development of the Dementia Framework and suggested that a future presentation be provided, either later in the year or early next year, bringing together developments across dementia and mental health services. It was agreed that both matters would be scheduled for consideration at a future Board meeting.			
5.3 Strategic Planning Group Update – Gill Main, Strategic Planning Group Chair The Strategic Planning Group Chair reported that a workshop had been held on 21 May to consider how the Strategic Planning Group could further strengthen and align commissioning practice. The workshop was well attended and generated a range of constructive contributions from participants. The feedback from the session is currently being collated and analysed into key themes. An update will be provided by the end of the month to support consideration of the next steps and how this work can be progressed.	Add dementia framework and adult support and protection and financial harm to a future meeting date.	Chair/ Business Support Manager	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
The Strategic Planning Group Chair, Gill Main, Integration Manager, advised that, following her departure from the organisation on 17 July 2026, Heather Campbell, Non-Executive Director, would assume the role of Chair of the Strategic Planning Group. The Board noted the change in Chair arrangements.			
5.4 Audit and Risk Committee Update – Councillor Connor McManus, Vice Chair Councillor McManus reported that the Audit & Risk Committee had met on 4 June. The Committee received an updated Risk Register, which now includes the newly established Cabinet Secretary for Public Sector Reform portfolio as an emerging area to monitor. The Committee also considered the Climate Change Report, including the role of Integration Joint Boards in supporting and implementing climate change objectives.			
<i>For Decision</i> 5.5 Health & Care Staffing Act Report Paper presented by Nick Clater, Chief Social Work Officer and Head of Adult Services The report sets out an updated reporting position for compliance with the duties set out for Integration Authorities on the Health and Care (Staffing) (Scotland) Act 2019. The Act sets out a number of statutory duties relating to the assessment and provision of appropriate staffing for key staffing groups and service provision within health and social care. This legislation came into effect on the 1st of April 2024.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
All Integration Authorities must meet the requirements of the Act and relevant secondary legislation. These duties can be found in section 3(2) and (6) of the Act and relate to the planning or securing the provision of care services from third party providers. A considerable proportion of the IJBs budget is utilised through the planning and securing of care provided by a third party. Scottish Government require all IJBs to return an Annual Report outlining how they have complied with the Duties in 2025 no later than 30 June 2026. The Scottish Government reporting template is included in Appendix 1. The Chief Social Work Officer and Head of Adult Services advised that this was the first iteration of the report and highlighted a correction to page 73, noting that the report incorrectly stated that there had been no new contracts during the reporting period. It was noted that, between 1 April 2025 and 31 March 2026, a limited number of contracts were commissioned by Health and Social Care and procured by Midlothian Council on behalf of the Midlothian IJB. Members heard that, during 2025/26, ongoing discussions had taken place regarding older people's day services, with agreement reached to maintain funding at existing levels pending the outcome of a funding review. In relation to mental health services, a new commissioning framework had been established, and work continued throughout the year to secure the provision of advocacy services. The Chief Social Work Officer and Head of Adult Services advised that an additional paragraph would be circulated to Members to reflect the corrected position.	Provide an update on Health and Care Staffing and ways forward.	Chief Social Work Officer and Head of Adult Services	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
The Chair highlighted the risk relating to compliance within commissioned services, particularly in respect of workforce requirements and the potential lack of sufficient information and monitoring arrangements to identify and manage emerging risks. The Chair sought assurance regarding the adequacy of current support and resources. The Chief Social Work Officer and Head of Adult Services advised that the principal challenge relates to the capacity to undertake robust contract monitoring, irrespective of any legislative changes. It was noted that a number of Planning Officer posts had previously been vacant for a variety of reasons, impacting the service's ability to fulfil this function. Members were advised, however, that all Planning Officer posts are now filled. Procurement support continues to be provided by Midlothian Council colleagues, although a gap remains in relation to dedicated contract management capacity. The Chief Social Work Officer and Head of Adult Services advised that options are being explored to address this. The Chief Social Work Officer and Head of Adult Services further advised that a report could be brought back to the IJB setting out the proposed contract and commissioning arrangements, the role of Planning Officers, progress to date, and the anticipated timescales for strengthening support, governance and financial planning arrangements going forward. The Chief Officer suggested that this update should first be considered by the Strategic Planning Group (SPG) before being submitted to the IJB for information. As a result of this report, Members are asked to: • Note the contents of this Report. • Agree the submission of the return to Scottish Government in Appendix A by 30 June 2026.	Update to Board on proposed contract and commissioning arrangements, roles of planning officers, progress to date and anticipated timescales to SPG and future IJB	Chief Social Work Officer and Head of Adult Services	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
The Board noted and approved the recommendations in the report.			
<i>For Decision</i> 5.6 Midlothian IJB Draft Annual Accounts, Paper presented by Ele Ho, Chief Finance Officer The report presents the Midlothian Integration Joint Board (IJB) draft unaudited accounts in line with the statutory duty to publish a set of Annual Accounts every financial year. Integration Authorities are governed by the same statutory regulations that govern local authorities. The process to prepare a set of annual accounts is done in three stages. • A draft set of unaudited annual accounts must be published before the end of June. • These draft accounts will then be audited by the IJB's appointed auditors. • The final audited annual accounts must be published by the end of September. The management commentary is largely shared with the Annual Performance report which is also currently in draft form. Amendments and additions to this information will be updated as they become available. Additionally, Midlothian IJB must ensure that the published document meets the requirement of Midlothian IJB Scheme of Publication. Members are asked to:			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
- Consider the attached draft annual accounts, noting that some performance detail in the management commentary is incomplete as well as the missing Annual Governance Statement, and - Approve this draft and give delegated authority to Morag Barrow in her capacity as Chief Officer to publish a set of unaudited annual accounts for 2025/26 on the Midlothian Heath and Social Care Website by 30 June 2026. Non-Executive Director Heather Campbell sought clarification on the timeline for publication of the Annual Performance Report and Annual Accounts and queried whether it was routine practice for the accounts to be published in advance of performance information. The Integration Manager, noted the significant level of duplication within existing reporting requirements and explained that, once the draft Annual Performance Report is published, the Chief Finance Officer can use this information to produce a version that meets the requirements for the Annual Accounts. The Chief Officer acknowledged these concerns and advised that correspondence had been submitted to Public Health Scotland highlighting the challenges associated with the current reporting arrangements. The Chair raised the position regarding reserves and ongoing cost pressures within Learning Disability services and asked whether funding from the Unscheduled Care Reserve had contributed to the delivery of social care services. The Chief Finance Officer confirmed that a significant proportion of the funding had been directed towards supporting social care provision. The Board noted and approved the recommendations in the report.	To publish the unaudited annual accounts for 2025/26 on the Midlothian Heath and Social Care Website by 30 June 2026.	Business Support Manager to ensure document meets requirement of Scheme of Publication Public Involvement Officer to upload on to HSCP/IJB Website	By 30 June 2026

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
<i>For Decision</i> 5.7 Midlothian IJB Members Induction Handbook Paper presented by Lisa Cumming, Business Support Manager The report presented outlines the improvements and updates made to the existing Midlothian Integration Joint Board (IJB) Members' Handbook and the rationale for producing and issuing the updated version to all new members as part of their induction. The Handbook has been reviewed and refreshed to ensure it remains accurate, relevant, and aligned with current statutory guidance, with updates introduced to strengthen clarity, governance expectations, and member support. The Public Bodies (Joint Working) (Scotland) Act 2014 and associated statutory guidance on Roles and Responsibilities set out clear requirements for IJB membership. Section 2.4 specifies that appointed members must be provided with the resources and support necessary to fulfil their responsibilities, and that stakeholder members must receive appropriate training to enable them to contribute effectively. The Midlothian IJB Members' Handbook forms a key element of this support and will be used as part of the induction process for all new members. As a result of this report, Members are asked to: • Note the content of Midlothian IJB Handbook, • Approve the Handbook's use as the standard induction resource for all new members, and			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
Note the recommendation of the Audit & Risk Committee on 5 March 2026 to develop a Midlothian IJB Expenses Policy. The Chair asked whether the discussion regarding voting members would have any implications for the Handbook. The Business Support Manager advised that this would be reviewed and confirmed that the Handbook would be updated, as necessary. It was noted that the section relating to voting members will be updated once further guidance has been received. The Third Sector Representative advised that the third sector had reviewed the Handbook and found it to be a helpful and relevant resource, presented in an accessible and easy-to-read format. The Board noted the positive feedback received and approved the recommendations contained within the report.	Review the implications of the ongoing discussions regarding voting members for the Induction Handbook and update the relevant section once further guidance has been received.	Business Support Manager	
<i>For Decision</i> 5.8 Midlothian IJB Draft Annual Performance Report Paper presented by Gill Main, Integration Manager & Elouise Johnstone, Programme Manager The report presents a draft of the Midlothian Integration Joint Board (IJB) draft Annual Performance Report (APR) 2025/26. In order to ensure Midlothian IJB can meet the statutory duty of Integration Authorities to publish an APR before 31 July annually, the Midlothian IJB Audit and Risk Committee was requested to review this draft report and subject to any amendments, has recommended Midlothian IJB publish a draft			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
Annual Performance Report (APR) 2025/26 without the Public Health Scotland (PHS) validated National Indicator data. Following the template and process developed over the past 4 years, narrative content and best practice examples have been themed within the 9 National Health and Wellbeing Outcomes and align with the themes of Early Intervention and Prevention, Support and Treatment, and Crisis and Emergency. This is complemented by local narrative derived from a combination of sources including operational quarterly reporting, the Midlothian IJB Annual Survey, and nationally curated local performance data. The validated National Indicator data is provided by Public Health Scotland is expected in mid-July and will therefore be included in the final draft of the APR which will be scrutinised by Midlothian IJB Strategic Planning Group on 23 July and recommended to the Board for final approval in the Midlothian IJB meeting of 20 August 2026. The Board is therefore requested to approve the publication of this draft APR in order to meet the statutory duty of integration Authorities to publish an APR before 31 July annually noting the section to be updated. As a result of this report, Members are asked to: - Review this draft of the Midlothian IJB Annual Performance Report (APR) 2025/26, - Subject to any amendments, give delegated authority to Morag Barrow in her capacity as Chief Officer of Midlothian IJB to publish the Midlothian IJB Annual Performance Report (APR) 2024/25 by Friday 31 July 2026.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
The Programme Manager advised that a comprehensive suite of data and performance indicators is being developed. It was noted that a report on the Living Well Survey will also be presented, and the findings and associated data will be incorporated into the wider performance reporting framework. The Chair noted the significant volume of information being communicated through leaflets and posters and sought assurance that website content was also being kept up to date. The Integration Manager advised that this remains an ongoing challenge, as the IJB does not maintain its own website and instead operates through a satellite site hosted by Midlothian Council. However, assurance was provided that all published documents comply with the relevant accessibility and publication requirements. The Chair also referred to page 49 of the report and queried the increase in expenditure within the category labelled "Other", seeking clarification on the areas of spend included within this heading. The Programme Manager explained that this section is populated directly from financial data once the accounts are finalised and advised that further detail would be provided by the Chief Finance Officer. The Chief Finance Officer confirmed that they would liaise with the Programme Manager to provide updated information from the financial accounts. Non-Executive Director Heather Campbell asked whether the report would be published without an executive summary and foreword. The Integration Manager advised that it was currently difficult to finalise these sections until the national HAYS Survey indicators had been received and incorporated into the report. The Board noted and approved the recommendations in the report.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
<i>For Decision</i> 5.9 Midlothian Integration Authority Statutory Climate Reporting Paper presented by Gill Main, Integration Manager The report presented sets out the statutory reporting requirements of Integration Authorities (IAs) following a revision of the Scottish Government. Midlothian IJB has a statutory duty to report on climate duties and action taken in November each year. The revised statutory guidance notes in that the IJB's reporting duty falls under scope 3 (indirect emissions) and in their wider influence within the health and social care sector. Scottish Government describes IJBs as 'major players' and note their vital role in responding to the climate crisis and biodiversity loss. This is despite not having assets, employees, or a supply chain of their own and on the basis of the significant influence IJBs have in relation to the local health and social care agenda and the scale of their annual budgets. In order to ensure the IJB can meet its statutory reporting duties, the Audit and Risk Committee considered the action described in section 3.3 and proposed Direction in 5.2 and recommended this to Midlothian IJB for their consideration and approval. As a result of this report, Members are asked to: • Note the revised, • Consider the recommended action described in section 3.3 and proposed Direction in 5.2, and			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
Approve this action and issue of a new Direction 9.6. Councillor McManus noted that the matter had been considered by the Audit and Risk Committee and advised that more dedicated work would be undertaken in this area during the coming year. The Chief Officer acknowledged the significant amount of work already undertaken and referred to previous discussions at the Strategic Planning Group (SPG) regarding priorities. It was noted that, while there were a number of areas the partnership would wish to develop further, consideration would need to be given to prioritisation in light of the size of the team and existing workload pressures. The Third Sector Representative asked whether the views of the third sector were being sought and highlighted the Midlothian Climate Action Hub, which brings together approximately 50 organisations. The Integration Manager advised that engagement had taken place with Local Authority and NHS Climate Officers. It was further noted that, as IJBs are unable to hold contracts directly with third-party organisations, engagement with the third sector would be most appropriately facilitated through existing provider forums. The Chair commented that further consideration should be given to this area of work, including a review of existing policies and the potential need for their reconfiguration. Non-Executive Director, George Gordon suggested that a small working group be established to consider the most appropriate strategic direction, taking account of current resource constraints and identifying opportunities to embed future changes within the organisation's work.	Set up a small group to explore the right direction to take on	Non-Executive Director, George Gordon	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
The Board noted and approved the recommendations in the report.	Climate Change work.		
<i>For Discussion</i> 5.10 Midlothian IJB Performance Update Paper presented by Elouise Johnstone, Programme Manager The report presented provides an update on the progress towards the indicators described in the Midlothian IJB Performance Framework 2025-2028, which was published alongside the Midlothian IJB Strategic Plan 2023-35. It sets out the statutory reporting requirements of the IJB, with measures, data sources, and reporting frequency to provide evidence of progress towards: • Strategic Aims, • Directions, • National Health and Wellbeing Outcomes, and • Ministerial Group Indicators. Progress towards the Strategic Aims is recorded using the Midlothian IJB Strategic Governance Outcomes Map. Directions half-year reporting is scheduled for August 2026, and full year for February 2027. The National Health and Wellbeing Outcomes will be reported within the Annual Performance Report 2025/26 in July 2026. A report describing progress towards the Ministerial Group Indicators is attached in appendix 1. Due to the delay relating to validation processes, this data still relates to the Midlothian IJB Improvement Goals			

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	Decision	Action Owner	Date to be Completed/Comments
for 2023-25. More recent management data are available for a number of indicators but cannot be published as these data are not validated. In order to support the Board's understanding of the current position, a brief summary was provided. As a result of this report, Members are asked to: Note performance against the Midlothian IJB Improvement Goals for 2023-25 in appendix 1. The Board noted the content of the report.			
<i>For Discussion</i> 5.11 Unscheduled Care Workstream Update Presentation by Grace Cowan, Head of Primary Care and Older People's Services The Head of Primary Care and Older People's Services presented a series of slides, which will be circulated to Board members following the meeting. In response to a previous request, data relating to attendances by people aged 45-64 across all sites had been collated and reviewed. It was noted that self-referral rates were comparatively high, linking to ongoing work to better understand patterns of self-referral within the service. The Board heard that further work is underway to develop a methodology for identifying service users and gathering additional data on age, demographics, and outcomes. This information will be analysed to	Slides presented by the Head of Primary Care and Older People's Services to be circulated to IJB members following the meeting.	Democratic Services	

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
support a better understanding of service use and to inform future learning and service development within Midlothian. The Board noted the update.			
5.12 Midlothian IJB Risk Register Update Report presented by Ele Ho, Chief Finance Officer The report presented the Midlothian Integration Joint Board (IJB) Risk Register for members' review and update, reflecting the position at the end of Quarter 1, 2026/27. The key changes to highlight are: • Risk MLIJB1 has increased from Medium to High, reflecting delivery performance against Directions. • No risks have been added to or removed from the register since the previous Committee. Midlothian IJB maintains an active Risk Register that is reviewed quarterly by senior management and reported to every meeting of this Committee, supporting robust governance and oversight of key strategic and operational risks. Since the previous Committee meeting, one risk (MLIJB1) has increased in rating from Medium to High due to performance against delivery of Directions. No new risks have been added.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/Comments
As a result of this report, Members are asked to: - Review the updated Risk Register - Confirm whether any further risks or amendment. The Chair noted concern regarding the increased risk rating and queried the Board's ability to deliver on the agreed directions. The Chief Finance Officer advised that the increased risk rating reflected performance in the previous year, during which not all directions had been fully achieved by partners. It was also noted that there remains a significant risk relating to resources. The Chief Finance Officer agreed to provide additional narrative within future reports to better explain changes in risk ratings and the factors contributing to those changes. The Third Sector Representative referred to page 343 of the agenda papers, highlighting the statement that Midlothian IJB may be unable to fully deliver its Strategic Plan due to insufficient resources. They reported that a group of HSCP providers had reviewed the agenda papers and welcomed the inclusion of this information, noting that it demonstrated increased transparency and was valued by stakeholders. The Board noted the content of the report.			

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	Decision	Action Owner	Date to be Completed/Comments
<i>For Noting</i> 5.13 Midlothian IJB Medium Term Financial Strategy Paper submitted by Ele Ho, Chief Finance Officer The report presented the Medium-Term Financial Strategy for Midlothian Integration Joint Board. The strategy sets out the financial outlook for the period 2025/26 to 2028/29 and explains the action needed to support a sustainable financial position over the medium term. The strategy shows a growing financial gap over the next three years if no corrective action is taken. The forecast gap is £6.797 million in 2026/27, £9.047 million in 2027/28 and £13.680 million in 2028/29. This reflects rising pay, inflation, prescribing costs, demographic change, increasing demand for services, and continued uncertainty in relation to future funding. The Medium-Term Financial Strategy supports delivery of the Midlothian IJB Strategic Plan 2025-2035. It provides a financial framework to help the IJB plan ahead, make informed decisions, and direct resources to the areas that will make the greatest difference for people and communities in Midlothian. The strategy confirms that the current model of care will not be affordable in the medium term without further change. It therefore sets out the need for a continued focus on financial recovery, service redesign, transformation, and stronger links between finance, activity, performance, and outcomes. As a result of this report, Members are asked to: note amendments made to the Medium-Term Financial Strategy, following review by newly appointed Chief Finance Officer;			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Complete d/Comments
• note the forecast financial gap over the period 2026/27 to 2028/29; • note that further recovery actions, transformation activity and financial planning work will be required to support a sustainable financial position; and • note that the Medium-Term Financial Strategy will be used to inform future financial planning, service change and decision making. The Chair welcomed the report, commenting positively on its systems-thinking approach and the involvement of a wide range of professional perspectives. Non-Executive Director George Gordon emphasised the importance of clearly highlighting the financial position, including areas where savings are required and the potential financial consequences of not achieving them. The Chief Officer advised that extensive discussions had taken place regarding financial sustainability. Work is progressing on the development of a sustainability plan, which aims to support longer-term financial planning and recovery, providing a strategic framework for addressing ongoing financial challenges. The Board noted the content of the report.			

5 Private Reports

No items for discussion.

Midlothian Integration Joint Board

6 Any Other Business

Heather Campbell noted that the IJB members had recently had a lovely visit to Midlothian Community hospital noting that it was a great facility and that the visit had been incredibly positive.

7 Date of Next Meeting

The next meeting of the Midlothian Integration Joint Board will be held on: Thursday 20th August 2026, from 14.00 – 16.00. This meeting will be held at Normandy Court

Note: Midlothian Integration Joint Board (Special Board) will be held on Thursday 24th September 2026, from 12.30 – 16.00, this has been extended to accommodate a 90-minute development session prior to Special Board.

Meeting concluded at 4pm.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 10 AUGUST 2026.

Present

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

Non-Voting Members – Robin Allen, Lesley Cunningham, Hamish Hamilton, David Huddlestone, Alan McCloskey, Ann Pike, Alison White and Linda Yule

Apologies – Steven Dunn, Douglas McGown and Donald Noble

In attendance – Shonagh Anderson (Clinical Nurse Manager Vaccinations, CTAC and Phlebotomy Services), Rachel Gill (Lead Consultant for Healthcare Public Health), Ashley Goodfellow (Deputy Director of Public Health), Gillian Graham (Royal College of Nursing), Hannah Grey (Project Officer), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Bhav Joshi (General Manager Mental Health and Addictions), Yvonne Lawton (Head of Health), Karen Love (Senior Manager Adult Services) and Diane Stewart (Project Officer)

1 ORDER OF BUSINESS

The Chair ruled in terms of Standing Order 5.9 that an additional report, which had been omitted from the agenda due to an administrative error, would be considered; the report had been circulated to members on 7 August as agenda item 18 (*Population Health Organisation*).

The Chair ruled in terms of Standing Order 8 that agenda item 18 (*Population Health Organisation*) would be considered immediately before agenda item 9 (*Prevention-Focused Lothian Health and Care System*).

The Chair ruled in terms of Standing Order 8 that due to an error in the original report, revised figures for agenda item 13 (*Coming Home Dynamic Support Register*) had been produced and a set of slides would be presented showing the correct figures.

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The IJB approved the minute of its meeting held on 30 June 2026 as a correct record subject to amending the sederunt to eliminate repetition between 'present' and 'apologies'.

4 MINUTES FOR NOTING

- a The IJB noted the minutes of the West Lothian Integration Joint Board Health and Care Governance Group held on 28 May 2026.

5 MEMBERSHIP & MEETING CHANGES

The IJB noted that the council had appointed Robin Allen as non-voting member from 1 August 2026, replacing Jo MacPherson.

6 CHIEF OFFICER'S REPORT

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

It was recommended that the IJB:

1. 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; and
2. Note the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 as outlined in Section 4 of the report.

Decision

1. To note the terms of the report.
2. To agree the recommended interim changes to the Standing Orders as per the report.

7 2026/27 INDICATIVE FORECAST OUTTURN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the indicative 2026/27 forecast budget outturn for the Integration Joint Board (IJB).

It was recommended that the IJB:

1. Consider the indicative forecast outturn for 2026/27 which took account of delivery of agreed savings;
2. Note that the projected overspend was driven by acute set aside services and that work was under way with NHS Lothian acute senior management to review the position, consider mitigations and identify actions to reduce the forecast overspend; and

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

Decision

1. To note the terms of the report.
2. To provide an update on the formal financial position at a future meeting.

8 POPULATION HEALTH ORGANISATION

The IJB considered a report (copies of which had been circulated) by the Lead Consultant for Healthcare Public Health providing an overview of current work and future strategic intentions to deliver the ambitions of Lothian's Health and Care System becoming a Population Health Organisation (PHO) and seek endorsement and support from the West Lothian Integration Joint Board.

It was recommended that the IJB:

1. Note the current work and future strategic intentions to deliver the ambitions of becoming a Population Health Organisation;
2. Agree to endorse the Lothian Health and Care System's commitment to becoming a Population Health Organisation; and
3. Support completion of the Population Health Organisation Maturity Matrix assessment and resultant action plan.

Decision

To approve the terms of the report.

9 PREVENTION-FOCUSED LOTHIAN HEALTH AND CARE SYSTEM

The IJB considered a report (copies of which had been circulated) by the Deputy Director of Public Health, NHS Lothian describing the progress being made towards a prevention-focused Lothian health and care system and seeking endorsement from the West Lothian Integration Joint Board (IJB) for the Prevention Plan set out in Appendix 1 of the report.

It was recommended that the IJB:

1. Note the content of the report; and
2. Endorse the Prevention Plan in Appendix 1 of the report.

Decision

To approve the terms of the report, with the suggestion that public health teams work collaboratively with the IJB towards the next stages of the plan.

10 VACCINATION/ IMMUNISATION UPTAKE, WEST LoTHIAN

The IJB considered a report (copies of which had been circulated) by the Clinical Nurse Manager providing a performance update on the West Lothian Health and Social Care Partnership's (WLHSCP) 2025/26 Adult and Children's vaccination programmes.

It was recommended that the IJB note the content of the report and acknowledge the work of teams in developing this primary prevention service.

Decision

To note the terms of the report.

11 ALCOHOL AND DRUGS PARTNERSHIP (ADP) ANNUAL SURVEY

The IJB considered a report (copies of which had been circulated) by the General Manager Mental Health and Addictions providing the completed Alcohol and Drug Partnership Annual Reporting Survey for the period 2025/26 as requested by Scottish Government.

It was recommended that the IJB note the contents of the report and Appendix 1 – ADP Reporting Survey 2025/26.

Decision

To note the terms of the report.

12 MULTI-DISCIPLINARY LOCALITY MODEL PROGRESS REPORT

The IJB considered a report (copies of which had been circulated) by the WLHSCP Senior/General Managers providing an update on the implementation of a multidisciplinary model across adult health and social care services in West Lothian. The model brought health and social work teams together through a single point of access to community services, supported by East and West locality teams and a pan-West Lothian Intermediate Care Service.

It was recommended that the IJB:

1. Note the content of the report; and
2. Note the work being progressed to further develop and imbed the model.

Decision

1. To note the terms of the report.
2. To provide further updates to the IJB as the work on the model progresses.

13 COMING HOME DYNAMIC SUPPORT REGISTER

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

It was recommended that the IJB:

1. Note the contents of the report; and
2. Note that further update reports would be provided to the Board on an annual basis.

Decision

To note the terms of the report.

14 THE APPROACH TO THE DEVELOPMENT OF THE NEW IJB STRATEGIC PLAN

The IJB considered a report (copies of which had been circulated) and a presentation by the Head of Strategic Planning and Performance providing an overview of the proposed approach for the development of the new IJB Strategic Plan 2028 to 2033. Members' views were sought to help shape the proposed development process and ensure that the new Strategic Plan was informed by the knowledge, experience and perspectives represented across the Board.

It was recommended that the IJB:

1. Note the proposed approach to the development of the IJB Strategic Plan 2028–2033; and
2. Provide comments to inform and support the development process

Decision

To note the terms of the report.

15 SELF-ASSESSMENT SURVEY RESULTS

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

It was recommended that the IJB:

1. Note the results of the self-assessment survey; and
2. Discuss if any actions should arise from the result

Decision

To note the terms of the report.

16 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

17 DATE OF NEXT MEETING

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

Decision

To note the date of the next meeting.

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 25 August 2026

Virtual Meeting – Microsoft Teams

Present

Board Members

Councillor Connor Savage (Chair), Ralph Roberts (Vice-Chair), Danielle Archibald, Councillor Alan Beal, Hannah Cairns, Heather Campbell, Dr Patricia Cantley, Dr Andrew Coull, Bruce Crawford, Andrew Fleming, Heather Gilfillan, Jill Irwin, Christine Lavery, Allister McKillop, Councillor Max Mitchell, Eugene Mullan, Councillor Alys Mumford, Councillor Vicky Nicolson, Moira Pringle and Gary Staerck.

Officers

Reid Aiton	Service Manager Communications & Engagement, EHSCP
Andrew Hall	Service Director, Strategic Planning, EHSCP
Gavin King	Head of Democracy and Governance, CEC
Ashley Lowson	Assistant Committee Officer, CEC
Ruth Lyons	Convener Support Officer, CEC
Jamie Macrae (Clerk)	Committee Officer, CEC
Mike Massaro-Mallinson	Director of Service, Operations, EHSCP
Laura Merrick	Committee Officer, CEC

Apologies

David Manson

1. Amendment to Standing Orders & Committee Terms of Reference – Report by the Chief Officer, Edinburgh Integration Joint Board

A revised set of Edinburgh Integration Joint Board (EIJB) Standing Orders and Committee Terms of Reference were submitted for agreement. The changes resulted from the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 (SSI 2025/405), which extended voting rights to include citizen representatives (also known as service user representatives), unpaid carers and third sector representatives, and would come into effect on 1 September 2026.

Proposal 1

- 1) To welcome the change in legislation to expand voting rights to carer, citizen and third sector representatives.
- 2) To agree the amended Standing Orders as referenced at appendix 1.
- 3) To agree the amended membership and quorum narrative to be included in each of the Committees Terms of Reference at appendix 2.
- 4) To agree to recruit one substitute carer and citizen representative.
- 5) To note the position in relation to the Integration Scheme.

- moved by Councillor Savage, seconded by Ralph Roberts

Proposal 2

- 1) Amends recommendation 4 to read “Agree to recruit at least one Substitute carer and at least one citizen representative”.
- 2) Propose amending section 3.8 of the Standing Orders to read: A member may serve a maximum of two consecutive three-year terms. After serving two consecutive terms, a member must stand down and cannot be immediately reappointed. In exceptional circumstances, where an EIJB member has served two terms of appointment, they may be allowed to serve for a further period of between six and twelve months, with the agreement of the Chair and Vice Chair.
- 4) Asks officers to produce a local recruitment, appointment and support process, in consultation with existing carer and citizen representatives and other stakeholders as appropriate;
- 5) Additionally, asks officers to bring a short report to the next board meeting exploring the feasibility of, and routes towards, offering remuneration for carer and citizen representatives in recognition of the unpaid work undertaken to support the work of the EIJB - in line with the day rate being offered by CEC to the Third Sector Steering Group.

- moved by Councillor Mumford, seconded by Councillor Nicolson

Decision

To approve the following adjusted Proposal by Councillor Savage:

- 1) To welcome the change in legislation to expand voting rights to carer, citizen and third sector representatives.
- 2) To amend section 3.8 of the Standing Orders to read: A member may serve a maximum of two consecutive three-year terms. After serving two consecutive terms, a member must stand down and cannot be immediately reappointed. In exceptional circumstances, where an EIJB member has served two terms of appointment, they may be allowed to serve for a further period of between six and twelve months, with the agreement of the Chair and Vice Chair.
- 3) To agree the amended membership and quorum narrative to be included in each of the Committees Terms of Reference at appendix 2.
- 4) To agree to recruit at least one Substitute carer and at least one citizen representative.
- 5) To note the position in relation to the Integration Scheme.
- 6) To ask officers to produce a local recruitment, appointment and support process, in consultation with existing carer and citizen representatives and other stakeholders as appropriate;
- 7) To ask officers to bring a short report to the next board meeting exploring the feasibility of, and routes towards, offering remuneration for carer and citizen representatives in recognition of the unpaid work undertaken to support the work of the EIJB - in line with the day rate being offered by CEC to the Third Sector Steering Group.

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

9. Date of next meeting

To note Tuesday 22nd September 2026 at 10am as the date of the next EIJB meeting.

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

**THURSDAY 27 AUGUST 2026
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

Councillor S Akhtar
Councillor J Findlay
Councillor C McFarlane
Mr J Blazeby
Mr A Cogan (Chair)
Ms E Gordon

Non-voting Members Present:

Ms M Allan	Mr K Kasengele
Dr J Blair	Ms C Mackintosh
Ms L Byrne	Mr Porteous
Ms S Gossner	Ms F Wilson
Mr D Hood	

Officers Present from NHS Lothian/East Lothian Council:

Ms P Currie	Ms L Kerr
Mr C Ferguson	Mr A Main
Ms J Javis	Mr G Whitehead

Clerk:

Ms B Crichton

Apologies:

Dr J Hardman
Councillor L Allan
Mr D Bradley
Mr L Kerr

Declarations of Interest:

None

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

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

1. MINUTES FOR APPROVAL: EAST LoTHIAN IJB ON 25 JUNE 2026

The minutes of the IJB meeting on 28 May were approved.

2. MATTERS ARISING FROM THE MINUTES OF 25 JUNE AND ROLLING ACTIONS LOG

Page 3 – Councillor Akhtar raised the matter of having a representative from Housing on the IJB. Later in the discussion, Laura Kerr, General Manager – Planning and Performance, advised that the Strategic Planning Group already had representation from Housing, and explained that this was where Housing representation sat in legislation. The Chair said he was content to accept the officer's advice on this matter.

Rolling Actions Log:

The following updates were provided:

01/26 – As this would be presented to the September IJB meeting, the Chair proposed that the action be closed.

03/26 – Mike Porteous, Chief Finance Officer, advised that the Best Value Compliance Review report would be presented to the IJB sometime after September. This action would remain open.

05/26 – Fiona Wilson, Chief Officer, provided an update from Laurie Eyles, which advised that the Scottish Government's position remained unchanged, and it was their view that it was for Health Boards to consider how best to implement Scottish Medicines Consortium (SMC) advice on access to obesity medicines, using the national consensus statement as a guide to a phased approach. In her other role, Ms Eyles would meet in the following week with the Directors of Finance, where prescribing data would be considered to ascertain whether this may influence the spend on NHS Boards. East Lothian IJB's continued support was acknowledged and it was understood that it was a priority for them. This action would remain open.

06/26 – This action was recommended for closure.

07/26 – The Chair proposed that this action be closed as it was fulfilled by the report at Item 4.

08/26 – The Chair proposed that this action be closed as the East Lothian IJB Annual Delivery Plan appeared on the agenda.

09/26 – The Chair was content to accept the recommendation to close this action.

10/26 – The Chair proposed that this action be closed as Mr Porteus had actioned issues previously highlighted.

11/26 – Maureen Allan would meet with the Third Sector Unit in the following week and would provide an update following this. Feedback was awaited nationally before progress could be made locally on the Compact Agreement. The action would remain open, and Ms Allan would align with Laura Kerr on the Compact Agreement.

12/26 – The Chair proposed that this action be closed.

14/26 – This action would remain open.

3. APPOINTMENT OF SERVICE USER REP

A report was submitted by the Chief Officer to ask the Integration Joint Board (IJB) to agree the appointment of a member to act as a Service User Representative.

Ms Wilson presented the report. She referred to the selection process, which recommended that James Blair be appointed as Service User Representative. Ms Wilson noted an error in the report, which should have referred to Dr Blair rather than Mr Blair.

Councillor Akhtar and the Chair both indicated they were supportive of Dr Blair's appointment. Councillor Akhtar welcomed the knowledge and experience of the voluntary and community sectors Dr Blair would bring to the IJB, and said the IJB valued the contribution of service users.

The Chair invited members to consider the recommendations in the report, and these were approved unanimously.

Decision

The IJB:

- i. Agreed to the appointment of James Blair to represent service users.
- ii. Agreed that Dr Blair's term of office should be three years.

4. CHANGES TO EAST LoTHIAN IJB VOTING MEMBERSHIP

A report was submitted by the Chief officer to inform East Lothian Integration Joint Board (IJB) of changes to the voting membership, arising from new legislation and effective from 1 September 2026, and associated changes to the IJB Standing Orders.

Paul Currie, Interim General Manager – Strategic Integration, presented the report. He explained that amendments to the Public Bodies Joint Working Act, which would come into force on 1 September, had an impact on the IJB's quorum, and therefore an effect on Standing Orders. He advised that 'lived experience members' (Service User Representative, Unpaid Carer Representative, and Third Sector Representative) would be extended voting rights. He explained that, as there were appointed representatives in each of these categories, no appointment process was required, but any further members appointed in any of these categories would not automatically have voting rights under the legislation. There would also be a change to quorum because voting membership would stand at 11 members, an increase from eight. He advised that training

would be delivered on 7 October through Edinburgh IJB, and a meeting was being organised with the three new voting members, the Chair, and Chief Officer to reflect on the aspects of the changed roles and to consider support requirements. Mr Currie highlighted the financial implications in relation to IT support, and drew attention to the report's recommendations and changes to Standing Orders required.

Elizabeth Gordon sought clarity on how the legislative change would affect sub-committees, particularly in light of Mr Binnie's membership of the IJB Audit & Risk Committee. She also raised the issue of the lived experience members' appointment of proxies and any concomitant requirement for proxies' training. The Chair and Mr Currie suggested that these questions would be asked of Hayley Barnett, the IJB's Standards Officer, and any further amendments of Standing Orders would be made. (**Post-meeting note:** this was added to the Rolling Action Log.)

Ms Wilson advised that a collaborative approach to training was being taken across Lothian, but noted that answers were still being sought on some matters. Ms Allan suggested that it may be useful to share the matrix used for the induction of the current voting members.

Mr Binnie added that there was currently debate around whether the matter of identification of a proxy should be mandatory or advisory, but said there was an expectation that the identified persons be given adequate training and support. He also pointed out that proxy members would inherit voting rights when acting as proxy.

Jonathan Blazeby considered that the lived experience members should have the same rights and obligations as the voting members appointed by the Council and the Health Board. He also suggested that a pool of reserves be appointed and trained, and agreed that they should have voting rights.

Responding to a question from Mr Blazeby, the Chair considered that an iterative process would be undertaken, since the legislation was missing some detail. He felt that that the three lived experience members would continue to contribute in the same way, and the only difference would be that they had a vote, should a vote be required. He asked that the discussion be passed to officers to make any further changes required to Standing Orders. He referred to processes being worked through to solve practical issues facing Mr Binnie and Dr Blair. Mr Blazeby raised issue with voting rights not being extended to any new lived experience members, and felt this did not make sense.

Dr Blair welcomed the legislative changes, as it was essential that lived experience voices remain central to discussions. He discussed the importance of lived experience members being properly supported to participate securely and effectively, and that any changes should enhance the role of service users in shaping integrated health and social care services. He questioned what arrangements would be made to ensure voting members had secure access to confidential papers in line with Information Commissioner's Office (ICO) requirements.

Ms Wilson responded that work was being done with partner bodies, and commented that Dr Blair's advocacy for the accessing support in areas such as IT helped officers to argue the point.

Dr Blair pointed out that IT was not the only area requiring support in the role, and felt that until parity had been properly considered, then the lived experience members without organisational support were being treated differently. He acknowledged that this was not the intention, but was nevertheless the current situation; he pointed out that lived experience members had to fulfil legislative requirements, and legislative requirements also had to be fulfilled in order to support them. He expressed surprise at being in a situation where ICO and governance requirements were not being met.

Mr Binnie raised that the Scottish Government would publish its guidance to IJBs, and hoped that questions which had arisen would be answered.

Mr Blazeby agreed with Dr Blair's statements on parity with other voting members, and saw no reason that a lived experience member could not be a Chair or Vice Chair of the IJB. He hoped that this would be addressed in the forthcoming guidance.

The Chair also hoped that the points raised would be addressed in the forthcoming guidance, and noted that a good deal of feedback had already been given to the Scottish Government on areas requiring clarity. He pointed out that the updates in the report ensured that the East Lothian IJB was compliant with the law. He endorsed the views expressed by members, as the lived experience members' status as voting members were not being fully reflected until these issues were resolved.

The Chair invited members to consider the recommendations in the report, and these were approved unanimously. He welcomed the three lived experience member colleagues as full voting members.

Decision

The IJB:

- i. Noted the introduction of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 which initiates a change to the status of certain members of the IJB from non-voting to voting from 1 September 2026.
- ii. Agreed that under the new arrangements, voting rights should be extended to the following two members of East Lothian IJB from 1 September 2026:
 - Maureen Allan, Third Sector Representative
 - David Binnie, Unpaid Care Representative
- iii. Agreed that, following his appointment to the IJB at the meeting of 27 August, voting rights should also be extended to:
 - James Blair, Service User Representative
- iv. Agreed that any other third sector, unpaid carer, and service user members (over and above the three new voting members noted in 2.3) that are appointed by the IJB in the future, are designated under Section 3(8) of the 2014 Order, to operate in a non-voting and advisory capacity.
- v. Agreed that to ensure compliance with the East Lothian Integration Joint Board (IJB) Code of Conduct and to maintain compliance with the Ethical Standards in Public Life etc. (Scotland) Act 2000, all new voting members must complete training in the Code, in advance of the September IJB meeting.
- vi. Approved the East Lothian IJB Standing Orders (Appendix 1) which were revised to reflect the increase in the number of voting members and an associated change to the quorum for IJB meetings to come into effect from 1 September 2026

5. CHAIR'S REPORT

The Chair reported on the development session held in the previous weeks on home care. He described the session as very helpful and constructive, and suggested that members who had been unable to attend check the presentation and come back with any queries.

The Chair also advised that the Scottish Government's Programme for Government would be published the following week. This would be shared with IJB members, as there would be issues on which the IJB may need to reflect upon.

Councillor Akhtar had attended the NHS Lothian Board in the previous week. She thought sharing the new format for performance with IJB members might help to generate strategic conversations and different ways of resourcing, and commented that there had been a strong focus on equalities.

Councillor Akhtar also discussed the Herdmanflat site visit. She reported the site would have 51 new Council homes; these were future proofed, and some were dementia friendly, which reflected the IJB's prevention agenda. Ms Kerr added that 12 spaces were also available to support people with more complex needs. She advised that officers were working closely with housing colleagues to develop suitable properties, and she expected that this would come on board from 2027 or 2028.

6. IJB QUARTER 1 FINANCE PAPER

A report was submitted by the Chief Finance Officer to provide the IJB with an update on the Quarter 1 and forecast financial position for 2026/27, including delivery of efficiencies, the funding position for delegated health services, the current reserves position, and a brief summary of the national IJB financial position.

Mike Porteous, Chief Finance Officer, presented the report. He highlighted various sections, including: the IJB's setting of a balanced budget position at the start of the financial year; the main areas of additional allocations in quarter one in the main areas of general medical services, pay uplift, primary care improvement fund, resident doctors' funding, and alcohol and drug partnership funding; the reported and forecasted overspends, primarily relating to prescribing within core services and within most of the set aside services; the delegated Council services current and forecasted overspend, mainly falling within care at home services within adult social care and learning disabilities; the focus of the development session regarding financial and operational challenges in addressing growing demand; the size of the forecast pressures and significant underspend within Council-funded care home services, which may help to offset the pressure; the underspend in relation to Council staffing across services, which was being monitored on the monthly basis; and the role of the earmarked reserves, agreed in May 2026, in reducing the forecast Council overspend.

Continuing, Mr Porteous also highlighted: that there would be change in the financial position as the year progressed; planned efficiency schemes, and the work underway to ensure correct phasing of said schemes; the expectation that Council some schemes would under deliver at year-end, with 43% currently rated as fully deliverable; the ongoing work to cover any gaps in full delivery; the general reserve fund of just under £1m; the key messages from a recent report on the financial position for IJBs for 2026-27, including that savings schemes had to result in reductions in service; and the report's conclusion that sustainable recurring funding was required to enable IJBs to deliver continued transformation and to invest in prevention and early intervention work.

Mr Blazeby asked about the pathway required over the coming months to strategically address the issues, since the report suggested that more needed to be done than the Efficiency Plan currently suggested. He also questioned how the IJB could be run when there was such fluidity in funding.

Responding, Mr Porteous agreed that greater consideration had to be given to close gaps in funding going forward, and this would be covered in future debate and development sessions. He highlighted East Lothian's better position than some IJBs in terms of financial pressures as a percentage of budget, but acknowledged that difficult decisions would nevertheless have to be made. He would bring an updated financial plan in the near future to set the landscape and start the conversations about how the gap could be closed.

Ms Wilson added that the financial position was being taken seriously. She raised that care at home had been identified as a priority for the IJB at the development session. She noted that management of risk against professional advice also had to be considered. The demands of a growing older population was recognised by partners, and a plan from the recent development session was to share information on care at home with partners. She explained that the August Council meeting had shown a real eagerness to understand the IJB's pressures. She noted difficult options, which would include stopping services, doing things more efficiently, and making choices around the workforce. This would be covered in a development session, aimed for October. She added that the IJB wanted to take people with it, and for there to be no surprises to members or to partners.

The Chair noted that he had seen no indication that the Scottish Government would fund IJBs recurrently to address the deficits and challenges. He also acknowledged that parts of the Strategic Plan may not be able to be delivered due to insufficient funding.

Dr Blair pointed out that the people affected by the efficiencies and changes to services would be the communities, carers, and service users. He agreed that the development session had been helpful, and felt that a second session to consider direction and progress would be helpful. He also suggested that a development session on the prescribing overspend would be of use. He made clear that the IJB must communicate and involve people in what they had to cut, and must measure the impact before announcements were made; he knew this had not been done in the past. He agreed that the East Lothian IJB must stay ahead of the national trend, but felt that course correction was underway with care at home.

The Chair responded that the IJB Chairs and Vice Chairs Group had regular meetings with Scottish ministers, and described there being no absence of feedback on the effects of the funding gaps. He offered to share some of the papers from this group with Dr Blair. He also asked that Dr Blair's suggestions for development sessions be captured within the programme.

Ms Wilson reiterated some of the Chair's points, and said that similar conversations were happening amongst Chief Officers' and Chief Finance Officers' groups and Scottish ministers. She reported that an event for unscheduled care mentioned care at home as being one of the biggest singular enablers to support systems of flow.

Councillor Akhtar provided a summary of some of the awareness raising efforts made, including inviting the First Minister, Depute First Minister, Finance Secretary, civil servants, and political advisers to East Lothian to hear the fifteen top priorities, which had included the IJB and Health and Social Care Partnership. She considered that the public sector reform agenda to include efficiencies and reductions in workforce was not possible in East Lothian, which was growing and driving the Scottish economy. She advised that colleagues continually raised pressures through CoSLA. She also offered

to meet with Dr Blair to discuss the Fair Funding Campaign, which had been running for a number of years. She was keen that residents understand the background to any difficult decisions being made.

Responding to question from Councillor Akhtar on representations being made to support East Lothian in unscheduled care unmet need due to growing demand, Mr Porteous discussed that NHS Lothian's break-even position would mean that it would be able to cover any gap the East Lothian IJB had. He noted that it was still early in the financial year for allocations. He anticipated that the budget for delegated services would continue to increase over the remainder of the year. He advised that no bidding process was available to account for pressures, but officers were nevertheless highlighting pressures. Ms Wilson added that she believed the IJB would continue to receive the recurrent funding as part of the unscheduled care improvement work, but officers were not aware of any new funding allocations coming to East Lothian.

Ms Allan commented on feeling that the same conversation had been held for the last three years, and felt that the redesign of services was not coming quick enough for communities. She questioned what could be done differently to avoid being in the same position. In response, the Chair pointed out that clinical and operational teams delivered a huge range of services which were incredibly valuable to our populations.

Ms Wilson acknowledged Ms Allan's points, but felt that the IJB was making a difference, and highlighted work such as reducing care at home weeks, opening another day centre, and shifting the balance of more people being cared for at home. She felt that there was challenge around not getting into the preventative space as quickly as the IJB would like, and put this down to the growing demand in East Lothian and the increase in complex needs. Ms Allan acknowledged Ms Wilson's points, and felt that the changes perhaps needed to be marketed better, and suggested a 'you said, we did' format.

The Chair asked the IJB to note the recommendations.

Decision

The IJB agreed to note:

- i. the updated funding position for NHS delegated service budgets;
- ii. the financial position reported as part of the Quarter 1 (Q1) review;
- iii. the year to date and forecast delivery of efficiencies;
- iv. the current Reserves position for the IJB; and
- v. the key messages from the IJB Finance Update for 2026/27 paper.

7. STRATEGIC WORKFORCE PLAN UPDATE 2025-26

A report was submitted by the Chief Officer to provide the East Lothian Integration Joint Board with the first annual update of the East Lothian IJB Strategic Workforce Plan 2025-2028.

Nikki Donald presented the report. She highlighted various sections, including: recruitment to the Workforce Development Team to address the lack of specialist mandatory training to deliver training to suit the needs of teams; the lack of accommodation causing issue; attendance at school and university events to encourage

young people into health and social care; the offer of work experience places to schools; the new SVQ coordinator who would develop a foundation apprenticeship in social services and health care, with funding from Skills Development Scotland; the accreditation of internal delivery of SVQs by Qualifications Scotland in the following weeks; the new Learning and Development Practitioner in place to support the Scottish Social Services Council's (SSSC) additional requirements for newly-qualified social workers, which would hopefully help to retain more social workers; there being 10% of recruits into Band 5 nursing posts being newly-qualified nurses, supporting longer-term succession planning; and graduate apprenticeships in business management. She also highlighted some of the challenges, such as: the difficulty in filling particularly specialist posts or those which had specific work patterns; the introduction of absence management clinics; and the reduction in university places being offered for social work and nursing degrees having a knock-in effect on the labour market, requiring consideration of development of internal staff and retaining staff.

The Chair noted that staff were employed through partner organisations, so while it was important to note the strategy, he pointed out that the employment issues did not sit with the IJB.

Responding to questions from Councillor Akhtar, Ms Donald advised that a better pathway for staff could be developed now that SVQs could be delivered internally, and it was hoped that a younger workforce could be drawn in by starting at school age. Some paraprofessional staff were sponsored to complete social work qualifications, and Children's Services had started to look at a graduate apprenticeship for social workers, although it was felt that this was not right for Adult Services at this time.

Sarah Gossner described how the number of people applying for places and coming out of universities was decreasing, so she welcomed the work being undertaken with schools to encourage young people into the health professions. She spoke positively of the pathway for people to come in as care assistants and be supported to become registered nurses.

Dr Blair highlighted the Scottish Care Workforce Survey to IJB members. He questioned how the goal of having 90% of staff having completed mandatory training would be reached when there was a lack of available space, and when an SVQ trainer had been hired. Ms Donald responded that SVQs would be easier to deliver, as there was not such a requirement for dedicated training space. She agreed that there was a requirement for training space to deliver mandatory training as a lot of equipment was involved. She clarified that while only 46% of staff had completed all mandatory training, the others had done some of their mandatory training. Ms Kerr advised that the lack of training space was noted on the IJB's risk register, and reported that the Council had reduced its building space and the NHS did not have the required space needed.

Dr Blair also sought clarity on plans to address the shrinking pipeline of social work and healthcare graduates, as he had concerns about how it would affect the IJB's ability to meet its statutory duties in the future. Ms Donald discussed work being undertaken by the SSSC with universities to identify who could increase their capacity.

Lindsey Byrne, Chief Social Work Officer, discussed the matter from a social work perspective, and gave reassurance that ways to improve the recruitment and retention of the social care workforce were being explored; she was engaged with this with the National Chief Social Work Officer Group. She was excited about the graduate scheme within Children's Services, but noted the impact this would have on the teams supporting workers. She felt that there was no more that could be done from a social work perspective locally or nationally. She noted that Adult's and Children's Services worked closely together on workforce planning. She commented that reassurance had to be

provided to the IJB and Councillors that things were running safely, and that proactive action would be taken if this was not the case; the workforce was key to this.

Ms Gossner added further information from a nursing perspective. She explained that there had been many meetings and committees focusing on the workforce, and NHS Lothian worked closely with the universities to predict the nursing workforce each year. Work was undertaken with Scottish and English universities to attract people to the area. The figures were monitored closely, and other ways to educate nurses were being considered. She advised that there was a dedicated Recruitment Officer for nursing in East Lothian, and she advised that specific open days had also been held.

Mr Blazeby raised concern about the low compliance rate in terms of staff mandatory training. He felt that the target for all staff having completed all mandatory training should be set at 100%. He also asked about optimising the workforce from a cost perspective, and the use of internal and external resources for care at home staff. Ms Wilson referred to some of the issues being national issues, but said that issues would be addressed locally through partnership working and addressing matters through correct processes, as the workforce was important to the IJB.

Ms Gordon observed that it was disappointing that workforce supply was being adversely affected by the increased barriers to foreign nationals obtaining visas to work in the UK. The Chair agreed with Ms Gordon's point. He noted that the IJB's Strategic Plan could not be delivered without the people to deliver it, and commented that conversations around workforce had to be framed in that context.

The Chair asked the IJB to note the recommendations.

Decision

The IJB agreed to:

- i. Note the content of the report.
- ii. Acknowledge the progress made to date.

8. EAST Lothian IJB ANNUAL PERFORMANCE REPORT 2025/26

A report was submitted by the Chief Officer to present the draft East Lothian Integration Joint Board Annual Performance Report for 2025/26.

Andrew Main, Programme Manager – Planning and Performance, presented the report, which, following approval, would be published and submitted to the Scottish Government and partner organisations. Mr Main noted the statutory duty to produce the report as part of the Public Bodies Joint Working (Scotland) Act, and the background and context presented in the covering report. He advised that the report content had been aligned with the IJB's seven strategic priorities and performance against the national integration indicators and ministerial strategic group indicators, including benchmarking data.

Mr Blazeby commented positively on the detail provided by the report, but also felt that the report would not be accessible or impactful to a non-expert due to its length and format. He asked about what success looked like in relation to the IJB's strategic objectives. He felt that an executive summary, perhaps with infographics, would be useful to make non-experts aware of the key messages of what the IJB had achieved. He also thought that there was an error, in that 13, not 12, of the 18 indicators had improved or were at the same rate.

The Chair pointed out that the format was required by the Scottish Government, and suggested that officers could consider producing an executive summary.

Mr Main acknowledged the points about interpreting and appreciating the content of the report for a layperson or from a community perspective. He commented that the statutory guidance left little room for how national statistics were presented. He highlighted efforts to introduce elements of visualisation to make it easier to understand the data. He would double check the error highlighted by Mr Blazeby, and was happy to produce an easy-read or summary type version to make the key messages clearer.

Ms Kerr highlighted that a commitment had been made to improving how performance was presented to the IJB. She suggested that officers could work with Kate Thornback, Equalities and Engagement Officer, and Jen Jarvis, Senior Communications Adviser, on engagement and presenting the IJB's performance, as she felt that the public was not made aware of some of the IJB's positive work. She thought that improved performance reporting would come from development of the Performance Framework, and, in turn, improved performance reporting to the community. She explained that there was no capacity available to change and rewrite the Annual Performance Report, or to summarise it a great deal; she was keen to focus on other ways of improving performance reporting and messaging.

Sederunt: *Lindsey Byrne left the meeting.*

Dr Blair agreed with the comments of his colleagues. He felt the report was too long and difficult to follow, although he agreed that it showed a strong performance, despite some areas of pressure. He felt that National Indicator 3 showed a decline in choice and control, and noted that falls had increased significantly; he considered the way this information was presented was hard to understand. He questioned how this was being represented, and who the report's target audience was.

Ms Jarvis discussed putting out a press release in tandem with the Annual Performance Report, which would provide a summary and highlights. This press release could form part of an executive summary, and this could be expanded to include pictorial diagrams and around four pages of information. She explained that the report could only be broken down into smaller sections to make it more palatable to the public after its consideration by the IJB.

Councillor Akhtar commented on the significant amount of work evident from the report, and progress made in areas such as the Musselburgh Meeting Centre and Community First Technology. She felt it was important for IJB members to receive this level of information so they were aware of where the Strategic Plan was being met, and commended the depth of the report. She wanted to record recognition for the work in the areas of social care and social work. She felt reassured that there was an awareness of where challenges lay for carers, and she was aware that more support was needed. She asked whether there would be a section in the Performance Framework for feedback from service users and a focus on equalities.

Ms Kerr noted that the delivery of the report was not late, but following an agreed programme to be deliberately delayed because data was not available by July. She advised that equalities would be reported on as part of the IJB's strategic objectives, and engagement would also be reported on.

The Chair asked that members' comments be acted upon. He welcomed the press releases and summaries to follow, but urged that it did not create too much additional work.

Kalonde Kasengele commented on the excellent work on such a comprehensive report. He agreed that the level of detail was required, but that this must be balanced against the community’s understanding of the messages. He felt that the community must be kept in mind so that the messaging was not lost.

Ms Jarvis responded that taking large reports and making them community friendly was part of the Communications Engagement Strategy. The process was to send the full report to the IJB to ensure there were no further amendments to be made, prior to summarised versions being produced. **(Post-meeting note:** The summary document was circulated to IJB members on 3 September.)

The Chair invited members to consider the recommendations in the report, and these were approved unanimously.

Decision

The IJB agreed to:

- i. Review the draft IJB Annual Performance Report for 2025/26 and provide feedback as appropriate; and
- ii. Approve the draft Annual Performance Report for publication, subject to changes required to reflect IJB feedback.

Post-meeting note: the IJB Annual Performance Report for 2025/26 is available here: <https://www.eastlothian.gov.uk/sites/default/files/2026-09/2026-09-01%20East%20Lothian%20IJB%20Annual%20Performance%20Report%202025-26%20FINAL.pdf>

Signed

Mr Andrew Cogan
Chair of the East Lothian Integration Joint Board

Meeting: NHS Lothian Board

Meeting date: 07 October 2026

Title: Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 2, 01 July – 31 August 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 the Board’s 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 is recommended to accept this report as meeting that obligation under the Act.
- 2.2 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 corresponds to the overall Reasonable Assurance rating across the duties reviewed, determined by applying the Scottish Government’s assurance level definitions.

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 1.5). 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		Q2, 2025/26	Q3, 2025/26	Q4, 2025/26	Q1, 2026/27	Q2, 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

2.3.4 The Duty to Address Severe and Recurrent Risks (12IE) remains rated 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 arising from this paper. However, the report includes information relating to compliance with the 12IB Duty to ensure appropriate staffing: agency worker (points 1.53 to 1.56).

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 gathered and considered views from across professions and service settings through the annual Board-wide Compliance and Assurance Audit undertaken in Quarter 1 2026/27 and through input from professional leads. These views provided evidence on compliance with the duty to ensure appropriate staffing, including how clinical advice is sought and considered in decision-making.

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, Wednesday 19 August 2026
- Health and Care Staffing Programme Board, Tuesday 08 September 2026
- Staff Governance Committee, Wednesday 23 September 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 ratings have been determined using the Scottish Government's assurance level definitions.
- **Note** the overall rating of **Reasonable Assurance** for Q2 2026/27 across the duties reviewed, which corresponds to an NHS Lothian Board assurance level of **Moderate**.
- **Note** that, compared with 2025/26, the evidence indicates strengthening of systems and processes, but improvement is not yet consistent across services and professions.
- **Note** that progress against the actions identified in this 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 2, 01 July – 31 August 2026

Health and Care (Staffing) (Scotland) Act 2019

Quarterly Board Compliance Report

Quarter 2

01 July – 31 August 2026

Date: September 2026

Report Authors:

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

Executive Lead: Alison Macdonald, Executive Nurse Director

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Executive Summary

Overall Assurance Position

- 1.0 Applying the Scottish Government assurance level definitions (Appendix 1), the evidence supports an overall rating of Reasonable Assurance for Q2 2026/27 compliance with the legal duties under the Health and Care (Staffing) (Scotland) Act 2019. While the overall assurance position remains unchanged from the previous quarter (Appendix 2), the evidence indicates continued strengthening of systems, processes and supporting evidence compared with 2025/26, although improvement is not yet consistent across all services and professions. Within this overall position, the main exception remains the Duty to Address Severe and Recurrent Risks (12IE), where assurance is Limited, reflecting the fact 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 represents the level of risk remaining after existing controls and mitigations, and the available evidence of their operation and effectiveness, have been considered. It has been assessed in accordance with NHS Lothian's Risk Management Operational Procedure and is reported as Low, Medium or High. The assessment draws on evidence relevant to each duty from the direct, corroborative and contextual evidence base described in this report. Planned improvements have not been treated as existing controls unless they are implemented and there is evidence of their operation.
- 1.3 Assurance and residual risk are related but distinct assessments. Assurance ratings are determined by applying the Scottish Government's assurance level definitions, which consider the adequacy of governance, risk management and control and the consistency with which controls are applied. Residual risk reflects the risk remaining after existing controls and mitigations have been considered and is assessed separately under NHS Lothian's Risk Management Operational Procedure.
- 1.4 The Scottish Government assurance ratings employed throughout this report are broad and may not reflect incremental changes within an assurance level. Although the overall rating remains Reasonable assurance, comparison with 2025/26 indicates strengthening of the systems, processes and evidence underpinning that assessment. This progress is reflected in the narrative throughout the report, while recognising that improvement is not yet consistent across all services and professions.

1.5 **Table 1:** Q2 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

- 1.6 This report provides assurance on NHS Lothian’s compliance with the health staffing duties set out within the Health and Care (Staffing) (Scotland) Act 2019. It focuses on whether statutory systems and processes are in place and being applied across the duties within scope of quarterly Board reporting.
- 1.7 Given the short period since the Q1 report, it is too early to assess the effect of the actions reported in relation to the four key assurance issues identified in Q1. This report therefore considers the current position and Board-level assurance impact of those issues, updates the Board on relevant longer-running improvement work and compares the available evidence with 2025/26.
- 1.8 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.
- 1.9 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

1.10 Assurance draws on three categories of evidence:

- **Primary duty-specific evidence:** the 2025/26 and 2026/27 Compliance and Assurance Audits and Professional Lead assessments. The audits received 184 of 222 expected returns in 2025/26 and 173 of 199 in 2026/27, providing a substantial evidence base for comparison between the two periods.
- **Corroborative evidence:** workforce and governance information; SafeCare, HealthRoster and Datix data; training and risk records; and directly relevant external inspection findings.
- **Contextual evidence:** feedback from staff, patients and service users; wider workforce indicators, including sickness absence and bank and agency use; and relevant external review findings.

1.11 In July 2026, the Royal College of Nursing (RCN) published *Evaluation of the Impact of the Health and Care (Staffing) (Scotland) Act 2019 on Nursing Staff in 2024–25*. The evaluation highlighted NHS Lothian's Compliance and Assurance Audit as an approach capable of providing more robust evidence of compliance. It recommended that the Scottish Government consider the extent to which this approach should be required across all Health Boards, or what support could be offered to Boards wishing to adopt it voluntarily.

Evidence Limitations

1.12 Most evidence comes from NHS Lothian's audit and Professional Lead assessments and therefore represents informed self-assessment rather than independent confirmation. The number and mix of expected returns differed between years, and some respondents covered more than one profession, so comparisons show broad patterns rather than exact change. External inspections cover selected services and provide supporting context rather than evidence of Board-wide compliance. These limitations are reflected in the assurance ratings.

1.13 Quarterly Board Compliance Reports are shared and discussed with Healthcare Improvement Scotland through regular review meetings, providing external scrutiny and contributing to the evidence considered by HIS in its oversight and annual reporting on implementation of the Act.

1.14 Further supporting detail is provided in Appendix 3.

Key Assurance Issues

- Inconsistent recording of staffing assessments, escalation activity and clinical advice may limit Board-wide assurance that statutory staffing requirements are being consistently applied.
- Variation in the identification, recording, escalation and review of severe and recurrent staffing risks may limit Board-wide assurance that these risks are consistently recognised and acted upon across services.
- Operational pressures may limit Board-wide assurance that protected time for clinical leaders, including time to train staff, is consistently provided and recorded.
- Limitations in nationally validated staffing level tools may reduce Board-wide assurance in the reliability of staffing assessments and the workforce planning decisions they inform.

Key Message

- 1.15 Compared with 2025/26, the evidence indicates strengthening of systems and processes, but improvement is not yet consistent across services and professions. Variation remains in the recording of staffing processes, the management of severe and recurrent staffing risks, and the protection of leadership and associated training duties, while limitations affecting nationally validated staffing level tools continue to reduce confidence in staffing assessments. These issues continue to limit Board-wide assurance and remain the focus of ongoing improvement work. As no significant new evidence has emerged since the Q1 2026/27 report, the duty assurance ratings and residual risk assessments remain unchanged for Q2 2026/27.

Introduction

- 1.16 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). The Act requires individuals with lead clinical professional responsibility to report to the Board at least quarterly on compliance with the relevant staffing duties. This report supports NHS Lothian in meeting that requirement.
- 1.17 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.

- 1.18 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 assurance issues, 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.
- 1.19 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.
- 1.20 Each key assurance issue is presented using the following structure:
- Current Position and Impact
 - Progress Update and 2025/26 Comparison
- 1.21 The key assurance issues span multiple statutory duties, for which residual risks, mitigations and current actions are assessed separately. Assigning a single residual-risk assessment to each issue would not accurately reflect the different risk positions of the relevant duties. The duty-level residual risks, mitigations and current actions remain unchanged from the Q1 Quarterly Board Health and Care Staffing Compliance Report Appendix 5.
- 1.22 The assurance ratings throughout this report are based on the Scottish Government's assurance level definitions (Appendix 1).
- 1.23 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 assurance issues, areas of variation and changes requiring Board visibility.

Current Position and Ongoing Work

- 1.24 This section considers the four key assurance issues identified in Q1 2026/27: the recording of staffing processes; the management of severe and recurrent staffing risks; leadership time and training; and limitations affecting staffing level tools. It focuses on the Board-level implications of the evidence base described in Section 1.10.

Recording of Staffing Processes

Key Assurance Issue

- 1.25 Inconsistent recording of staffing assessments, escalation activity and clinical advice may limit Board-wide assurance that statutory staffing requirements are being consistently applied.

Current Position and Impact

- 1.26 The available evidence indicates that NHS Lothian has systems in place to support real-time staffing assessment, risk escalation, mitigation and clinical advice. However, there is variation across services and professions in how staffing risks, decisions, mitigations, escalation actions and clinical advice are recorded. Inconsistent recording does not itself demonstrate non-compliance, and the Act does not prescribe a single recording system. Nevertheless, incomplete or dispersed records weaken the organisation-wide audit trail and limit the Board's ability to evidence consistent application, particularly during periods of pressure.
- 1.27 This also limits the Board's ability to scrutinise decisions, identify recurring risks, assess whether controls are effective and support organisational learning. The principal assurance gap is therefore not whether staffing processes are taking place, but whether the Board can consistently evidence how they are being applied.

Progress Update and 2025/26 Comparison

- 1.28 Improvement work underway reported in Q1 includes strengthening policy, guidance and communications and improving the use of digital systems to support recording of staffing assessments, escalation decisions, mitigations, feedback on staffing decisions and clinical advice. Profession-level updates indicate continued expansion and planned rollout of digital staffing systems, supported by structured huddles, "red, amber, green" (RAG) reporting, dashboards, local templates and standard operating procedures. These provide examples of more structured recording, although some developments remain planned or are not yet fully embedded.
- 1.29 Findings from the compliance audit completed during Q1 2026/27 show a mixed picture compared with Q1 2025/26. The findings indicate that some services are strengthening arrangements for recording and identifying trends, alongside greater use of structured tools and staffing risk reporting. However, arrangements remain variable in their maturity and application. Overall, the evidence indicates some strengthening of practice, but not consistent Board-wide application.
- 1.30 Earlier inspections of selected services support this overall picture. They identified structured staffing huddles and electronic real-time staffing tools supporting oversight, escalation and mitigation, alongside inconsistencies in recording staffing risks, discussed mitigations and whether those mitigations were acted upon. As these inspections cover selected services and predate the Q1 2026/27 audit period, they provide supporting context rather than evidence of Board-wide change since Q1 2025/26. Reported use of recording tools also does not, on its own, confirm that individual records are complete or accurately reflect decisions taken.

- 1.31 Overall, progress compared with Q1 2025/26 is evident in some services through more structured recording arrangements, but these improvements are not yet consistently applied Board-wide.

Severe and Recurrent Staffing Risk Management

Key Assurance Issue

- 1.32 Variation in the identification, recording, escalation and review of severe and recurrent staffing risks may limit Board-wide assurance that these risks are consistently recognised and acted upon across services.

Current Position and Impact

- 1.33 The available evidence indicates that NHS Lothian has local arrangements for identifying, recording, escalating and managing severe and recurrent staffing risks, including professional judgement, escalation routes, risk registers, adverse event reporting and governance review. However, there is variation across services in how severity and recurrence are determined, recorded, escalated and reviewed. The Act does not prescribe a single definition or threshold for all services, and some local variation is appropriate.
- 1.34 Variation in how services determine whether staffing risks are severe or recurrent, and in how these risks are escalated and reviewed, limits the Board's ability to determine whether they are consistently identified and managed. It also limits the Board's ability to identify patterns and demonstrate action to prevent recurrence. The main limitation on Board assurance is therefore not the absence of local arrangements, but the Board's ability to demonstrate that severe and recurrent staffing risks are managed consistently across NHS Lothian.

Progress Update and 2025/26 Comparison

- 1.35 Improvement work already underway and reported in Q1 2026/27 includes developing guidance, reviewing definitions and risk criteria used by other Boards and preparing recommendations for a more consistent approach. This includes developing a Board-wide definition of severe and recurrent staffing risks that captures variability across services and professions. The focus is therefore on strengthening consistency while recognising that the application of this definition may require locally appropriate thresholds. Profession-level updates also indicate continued development of digital staffing systems, structured huddles, resilience arrangements and senior governance review to support the identification, escalation and review of severe and recurrent staffing risks.

- 1.36 Compared with 2025/26, the Q1 2026/27 audit indicates greater use of structured tools and more developed arrangements for identifying, escalating and reviewing staffing risks in some services. However, services continue to apply different definitions, thresholds and processes for determining and managing severe and recurrent risks. While some variation in thresholds may be appropriate to reflect service and professional contexts, these arrangements are not yet underpinned by a common Board-wide definition or framework. The evidence therefore indicates improvement in some services but does not yet demonstrate a consistently governed Board-wide approach.
- 1.37 Overall, progress since Q1 2025/26 is evident through continued work to clarify definitions and strengthen arrangements in some services. However, variation in how severe and recurrent staffing risks are identified, recorded, escalated and reviewed continues to limit Board-wide assurance.

Leadership Time and Training Duties

Key Assurance Issue

- 1.38 Operational pressures may limit Board-wide assurance that protected time for clinical leaders, including time to train staff, is consistently provided and recorded.

Current Position and Impact

- 1.39 The available evidence indicates that NHS Lothian has arrangements to support clinical leadership time and staff training, including job planning, supervision, mandatory training and access to learning resources. However, operational and staffing pressures can require clinical leaders to prioritise direct care over their non-clinical responsibilities. These pressures can also limit services' ability to release other staff for training. Leadership time is not consistently defined, protected or recorded across services. Arrangements for monitoring access to and completion of training also vary. Together, these factors limit evidence that the Duty requirements are being applied consistently.
- 1.40 This does not necessarily demonstrate non-compliance, but it reduces the Board's ability to determine whether clinical leaders have sufficient time and resources to discharge their leadership and professional responsibilities and whether staff receive training appropriate and relevant to their roles. The principal impact is therefore an assurance gap over the resilience and consistent application of these arrangements during periods of sustained pressure.

Progress Update and 2025/26 Comparison

- 1.41 Improvement work already underway, as reported in Q1 2026/27, includes communications and education to strengthen understanding of responsibilities under the Act, share effective local practice and support greater consistency in how leadership time is recognised within staffing processes. Profession-level updates indicate continued piloting and implementation of protected managerial and leadership time through rosters and job plans, alongside strengthened competency frameworks and improved visibility of training completion through digital roster and learning systems. Workforce and role redesign are also intended to support leadership capacity and training oversight in some services.
- 1.42 Q1 2026/27 audit findings indicate more structured approaches to job planning, rostered protected time and training monitoring than in 2025/26. However, profession-level updates indicate that protected leadership and learning time can be displaced when leaders or staff are required to provide clinical cover, and that some developments are not yet fully embedded. Overall, arrangements and recording have strengthened, although protected time continues to be displaced in some services during periods of operational pressure.
- 1.43 An earlier inspection supports this overall picture. It identified clinical leaders assuming caseloads during staffing pressures, gaps in monitoring and recording when protected leadership time was displaced, and training being cancelled or undertaken in staff members' own time. As this inspection covers a selected service and predates the Q1 2026/27 audit period, it provides supporting context rather than evidence of Board-wide change over time.
- 1.44 Overall, progress compared with Q1 2025/26 is evident through more structured approaches to job planning, protected time and training monitoring in some services. However, operational pressures continue to affect whether leadership and training time is consistently protected and recorded, limiting Board-wide assurance.

Nationally Validated Staffing Level Tools

Key Assurance Issue

- 1.45 Limitations in nationally validated staffing level tools may affect the extent to which tool run outputs reflect local workload and service context, reinforcing the importance of considering these outputs alongside the other components of the Common Staffing Method and therefore may reduce Board-wide assurance in the reliability of staffing assessments and the workforce planning decisions they inform.

Current Position and Impact

- 1.46 NHS Lothian has established arrangements to apply the Common Staffing Method where required. The Common Staffing Method includes the use of nationally validated staffing level tools and is described in Appendix 4. During 2025/26, 769 staffing level tool runs were completed across 20 specialties, supported by staff training, guidance, local Health and Care Staffing Leads and governance oversight. The Professional Judgement Tool has also been applied in relevant areas where no speciality-specific tool is available. These arrangements support establishment reviews and workforce planning decisions.
- 1.47 Reported staffing level tool limitations include manual and resource-intensive processes, difficulty capturing some roles and workload activity, and outputs that can be difficult to interpret or may not fully reflect local context. Wider research indicates that, although estimates produced by different staffing methodologies may correlate, they can differ materially because of variation in demand, local circumstances, measurement and methodological assumptions¹. This limits confidence in any tool output as a definitive estimate of required staffing and reinforces the importance of considering all components of the common staffing method when assessing staffing requirements.
- 1.48 These limitations therefore do not in themselves demonstrate non-compliance. However, they may affect the Board's ability to demonstrate how staffing level tool outputs have informed establishment reviews and workforce planning decisions. The key assurance issue therefore relates to concerns about the reliability and interpretation of tool outputs and transparency about how they are used alongside the other components of the common staffing method in decision making.

Progress Update and 2025/26 Comparison

- 1.49 Work underway, reported in Q1, includes the annual programme of staffing level tool runs, training and resource packs, support from Health and Care Staffing Leads and development of a revised Common Staffing Method procedure and reporting template. NHS Lothian has also continued to work with Healthcare Improvement Scotland on tool development, reporting and interpretation of outputs.
- 1.50 Comparison of 2026/27 audit findings with 2025/26 indicates strengthening of the arrangements supporting the Common Staffing Method. The findings indicate more established approaches to annual review, staff participation, training and consultation, and governance consideration of staffing decisions. Overall, the evidence suggests a more structured and visible process, although application remains variable.

¹ Griffiths P, Saville C, Ball J, et al. (2020), 'Nursing workload, nurse staffing methodologies and tools: a systematic scoping review and discussion', *International Journal of Nursing Studies*, 103, 103487.

- 1.51 However, audit responses continue to identify difficulty interpreting some outputs, concerns about data reliability and how well the data reflect local context, and the resources required to operate the tools. These findings indicate that improvement has primarily been in the arrangements supporting tool use, rather than resolution of the underlying tool related limitations.
- 1.52 Overall, progress since 2025/26 is evident through more structured arrangements supporting staffing tool runs, staff participation, training, consultation and governance. However, limitations in tool design, data reliability and output interpretation remain, some of which are outside NHS Lothian’s direct control, and continue to reduce Board-wide assurance in the evidence informing staffing assessments and workforce planning decisions.

12IB Duty to ensure appropriate staffing: agency workers

- 1.53 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.
- 1.54 **Table 2:** NHS Lothian: Agency Reporting timeline and Update

Period	Deadline	Status
01 April to 30 June	31 July 2026	Submitted
01 July to 30 September	31 October 2026	Not Yet Started
01 October to 31 December	31 January 2027	Not Yet Started
01 January to 31 March	30 April 2027	Not Yet Started

- 1.55 All four submission deadlines for 2025/26 were met.

Agency Submission Narrative | 01 April to 30 June 2026

- 1.56 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 ratings have been determined using the Scottish Government's assurance level definitions.
- **Note** the overall rating of **Reasonable Assurance** for Q2 2026/27 across the duties reviewed, which corresponds to an NHS Lothian Board assurance level of **Moderate**.
- **Note** that, compared with 2025/26, the evidence indicates strengthening of systems and processes, but improvement is not yet consistent across services and professions.
- **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 Level 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

Appendix 5: Health and Care (Staffing) (Scotland) Act 2019 Qtr 1, 2026/27 Compliance Report



Appendix 5_Health
and Care (Staffing) (

Meeting: NHS Lothian Board
Meeting date: 07 October 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 – 11 August 2026**

This Report provides a summary of key matters discussed at the most recent meeting of the Lothian Area Clinical Forum on 11 August 2026.

1. Governance and Business

- The ACF approved the minutes of its previous meeting (23 June 2026)

2. NHS Lothian Quality Strategy

- The Associate director of Quality talked about the shift from quality improvement to quality management, and the impact of inspection models and governance frameworks.
- The development of a clinical assurance framework, including service scope and assurance maps, to standardise reporting and evidence data review across forums was also briefed.
- There was an emphasis on the challenge of creating a learning organisation, sharing themes from adverse events and fostering a positive safety culture.
- The approach moved from a reactive, incident-focused approach (Safety I) to a proactive, system-focused approach (Safety II), aiming to learn from near misses and successes, not just failures.
- It was acknowledged that there was a request from member for a broader inclusion of adverse event review training be extended to independent contractors in community pharmacy.
- There would be an ongoing engagement between Quality Directorate and ACF and other professional advisory committees.

3. Health and Care Staffing Programme Board

- The ACF would lobby to the Government for the inclusion of more professions, including AHPs, pharmacists and healthcare scientists in the training pipeline as stipulated in the Health and Care (Staffing) Act.
- The issue would be raised during the ministerial annual review and National ACF Chairs Group.

4. Building a Healthier, Fairer Lothian Together

- ACF members broadly agreed with the principles raised in the paper. The response contained comments from PACs was sent to Prof Hiscox for consideration.

Meeting:	NHS Lothian Board
Meeting date:	07 October 2026
Title:	Board Appointments – October 2026
Responsible Executive:	Board Chair
Report Author:	Sarah Duncan, Director of Corporate Services & Chief of Staff

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

NHS Lothian Interim Chair Arrangements

In September 2026, the Cabinet Secretary for Health and Social Care appointed Professor John Connaghan, Chair of NHS Lothian, as Interim Chair of NHS Grampian with effect from 10 October 2026.

2.2 Background

The appointment is intended to provide leadership continuity for NHS Grampian while supporting ongoing recovery and improvement work.

During this period, Andrew Fleming, currently Vice Chair of NHS Lothian, will assume the full responsibilities of Interim Chair of NHS Lothian.

It is anticipated that Professor Connaghan will return to his substantive role as Chair of NHS Lothian at the conclusion of the interim arrangement.

As part of these interim arrangements, a review of Andrew Fleming's existing Board and Committee commitments has been undertaken to ensure that he has the necessary time and capacity to fulfil the responsibilities associated with the Interim Chair role.

The recommendations within this paper reflect the proposed changes to Committee memberships and Integration Joint Board responsibilities arising from these interim arrangements.

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

The report reflects proposed changes to Committee memberships and Integration Joint Board appointments arising from these interim arrangements.

It is not considered that there needs to be an entry on a risk register.

Key Risks

- A Committee or IJB is unable to meet and transact key business due to not achieving quorum, leading to a disruption and delay in the conduct of governance activities.
- A Committee or 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 Committees and IJB membership. Where members are new to NHS Lothian or 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 Andrew Cogan to the Finance and Resources Committee with immediate effect, replacing Andrew Fleming.
- The appointment of Jonathan Blazeby as voting member on the City of Edinburgh Integration Joint Board with immediate effect, replacing Andrew Fleming.

3 List of appendices

- None.

Meeting: NHS Lothian Board

Meeting date: 07 October 2026

Title: Whistleblowing Performance Report – Q2 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 [please describe]	☐

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 Q2 Performance Report (Appendix 1).

2.3 Assessment

Whistleblowing Report – Q2 data

During Q2, three new Stage 2 concerns were received, in comparison to no Stage 2 concerns during the same period last year. Two stage 2 concerns have been closed in the quarter in comparison with no stage 2 concerns being closed in the same period last year. In Q2, there were 11 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 220 working days conclude an investigation). However, this includes an extremely complex case that has now been closed during the quarter. 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 have now established a pool of investigators through the Staff Bank to supplement managerial colleagues and circa 11 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. During this quarter five Staff Bank investigators are active in whistleblowing investigations.

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 involving the Independent National Whistleblowing Officer (INWO). Two cases remain under active INWO investigation. In the other two cases, investigations have concluded and final reports have been published during this quarter. One report related to concerns regarding the care of patients with Hepatocellular Carcinoma (HCC). The second related to Children and Adolescent Mental Health Services (Neurodevelopmental Pathway), where the INWO found that the Board had not developed and implemented an appropriate action plan in a timely and effective manner following the Board's own upheld whistleblowing investigation. In response to the CAMHS findings, the Deputy Chief Executive included the service within Performance Support Oversight Board (PSOB) arrangements from May 2026 to ensure enhanced Board-level scrutiny, oversight, and support for improvement activity and delivery of agreed actions. There are no additional cases currently involving the INWO.

Pause and Reflect Session

Building on the Pause and Reflect Session held on 4 August 2026, discussions have continued regarding the improvements required to strengthen the whistleblowing process. This includes consideration of what we should stop doing, start doing, and do differently to improve timeliness, consistency, governance and the experience of those involved in the process. A number of potential actions and recommendations are being progressed, with further detail to be provided 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 from upheld concerns are intended to help address issues that have been confirmed during the investigation process, where it is reasonable and practical to do so. Further, it is recognised that poor staff experience has a direct impact on patient care/experience, and therefore effective application of the Standards is important in this context.

2.3.2 Workforce

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

NHS Lothian invested in a Speak Up service, ensuring that individuals who are unsure of, or lack confidence in, the established routes for raising concerns receive the support they need. Regular data on the work of Speak Up Ambassadors and Advocates is included in the Workforce 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.

2.4 Recommendation

- **Awareness** – The Board is asked to note the content of the attached Q2 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 – Q2 2026/27



Whistleblowing Performance Report

Quarter 2 July to September 2026

Kerran Reeder
Whistleblowing Programme and Liaison Manager

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Whistleblowing Concerns – Quarter 2 (July – September) 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.

Q2 Performance Information July – September 2026

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

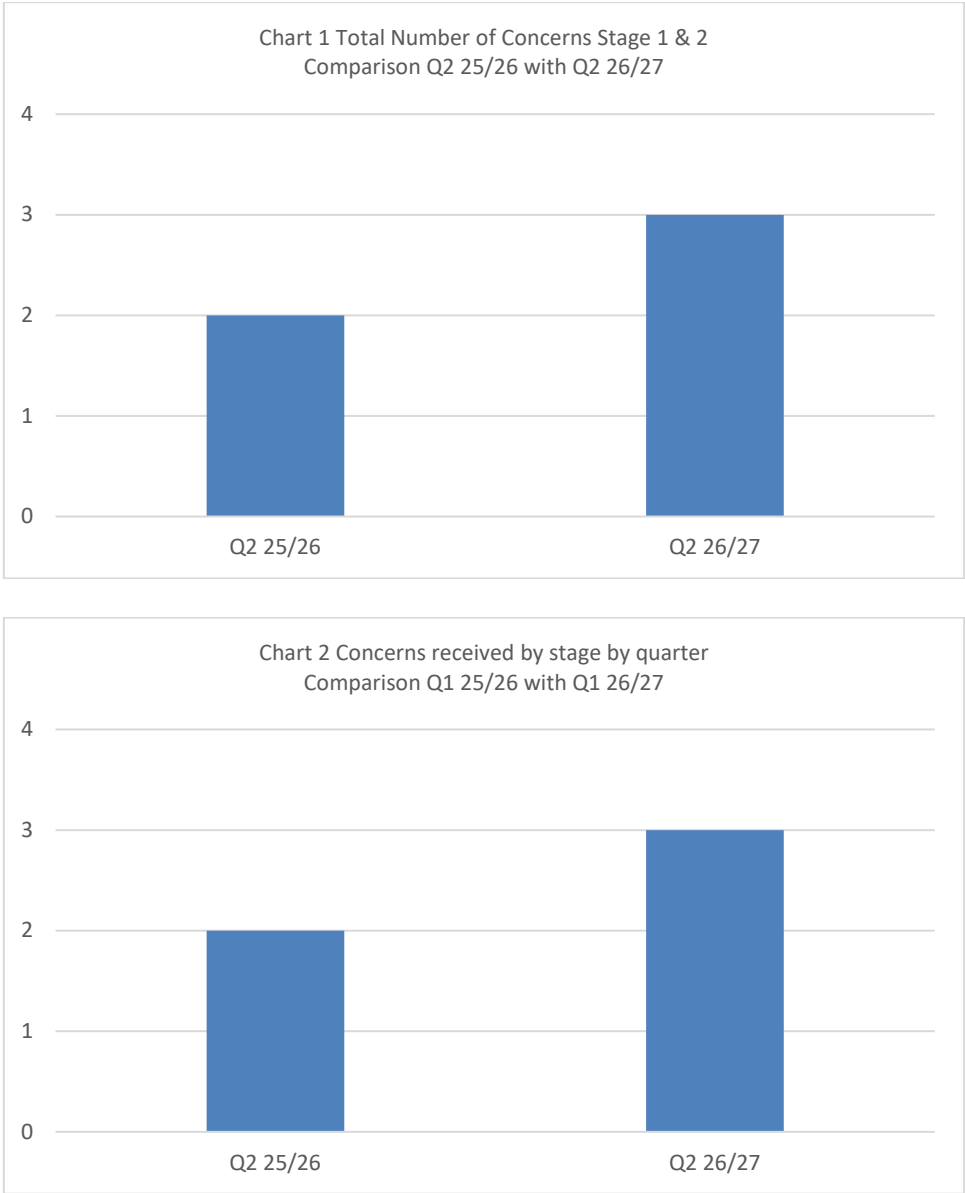
1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each 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 Q2 2026/27 3 whistleblowing concerns were received, in comparison 2 whistleblowing concerns were received in the same quarter during previous reporting year.

Chart 1 shows the total number of concerns received in Q2 2026/27 compared with Q2 2025/26.

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

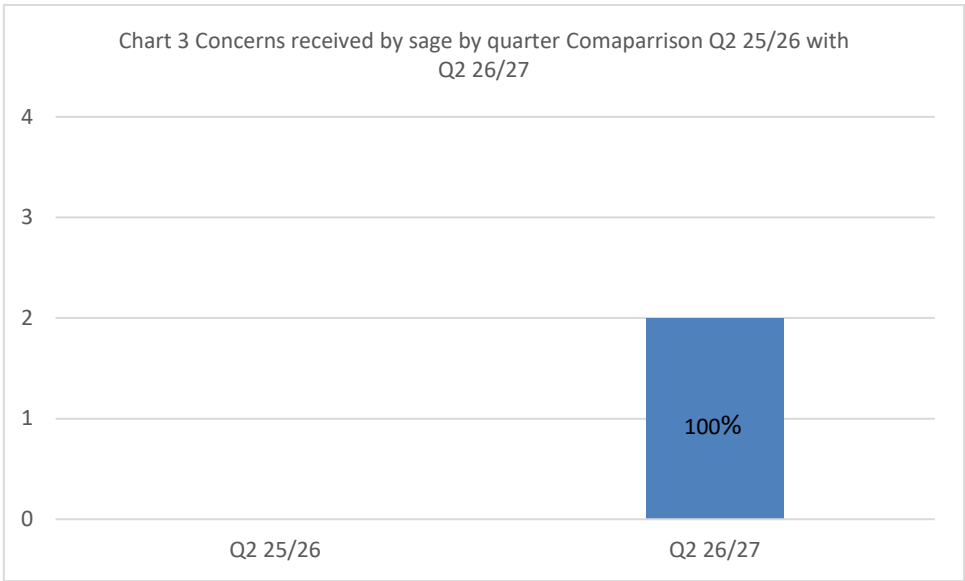


All concerns received in quarter 2 for this year and last are stage 2.

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

During Q2, two stage 2 concerns have been closed. No Stage 2 concern were closed in the same period of the previous year.

Chart 3 shows the quarterly comparisons.

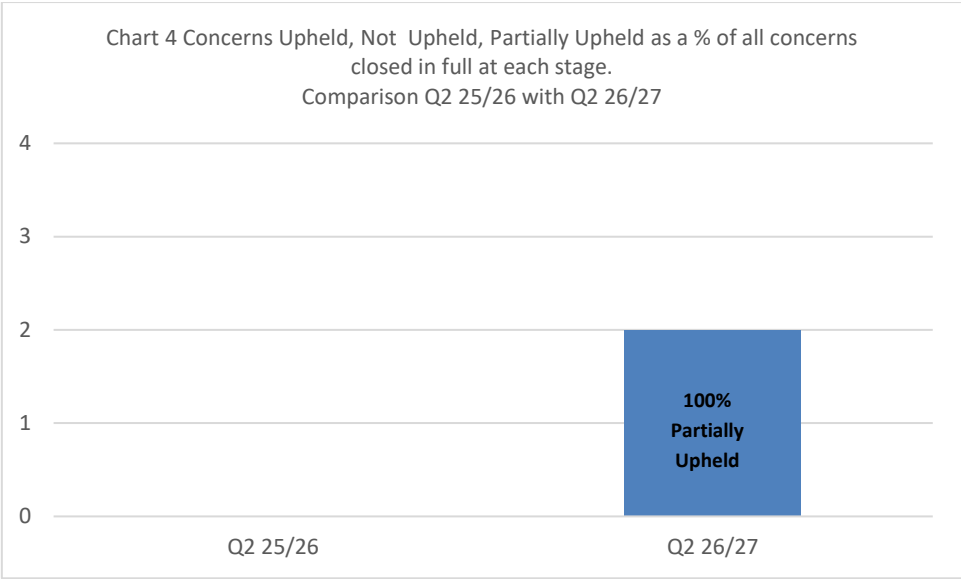


Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

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

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

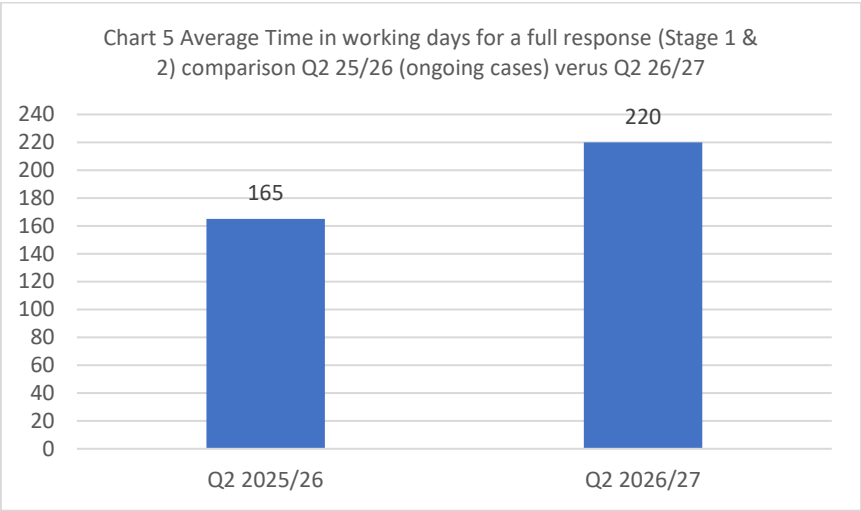
Chart 4 below details the outcome of the stage 2 concerns that were closed during quarter 2 of the previous year, partially upheld. In comparison in the same quarter this year, no concerns were closed.



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

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

Chart 5 During Quarter 2 of 2025/26, no concerns were concluded and the reported average of 165 working days represents the average age of concerns that remained open at the end of the quarter. By contrast, the figure reported for Quarter 2 of 2026/27 represents the average number of working days taken to conclude concerns that were closed during the reporting period. As a result, the 2025/26 figure reflects the duration of ongoing cases at a point in time, whereas the 2026/27 figure reflects the actual completion times of closed cases.



Case complexity has significantly amplified the impact of routine operational delays on investigation timescales. Factors such as prolonged whistleblower absence, while potentially extending investigations in their own right, has also increased 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 has had a disproportionate impact on overall timelines.

Changes in personnel also contribute to delays, 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 106 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 2 2026/27				
	No	%*	Stage 1	Stage 2
GP Practices	63	54.8%	0	0
Dental Practices	26	14.5%	0	0
Optometry Practices	13	12.1%	0	0
Community Pharmacies	4	2.2%	0	0

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

I* 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 2 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 Q2 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 Q2.

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. During Q2 two anonymous concerns 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 2 2026/26 and quarter 2 2026/27.

Theme*1	Q2 25/26	Q2 26/27
Patient Care / Patient Safety	0	3
Poor Practice	0	3
Unsafe Working Conditions	0	2
Fraud	0	0
Falsifying information about performance	0	0
Breaking legal obligations	0	0
Abusing Authority	0	0

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

Concerns raised by Division

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

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

Meeting:

Meeting date:

Title:

Responsible Director:

Report Author:

NHS Lothian Board

07 October 2026

Pharmacy Practices Committee Outcomes – Q2 2026/27

Tracey McKigen, Director of Primary Care

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 Q2 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 67 expressions of interest on the live list.

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

Additionally, we currently have 120 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

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

2.3.9 Route to the Meeting

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

2.4 Recommendation

Awareness – For information only.

3 List of appendices

None.

Meeting: NHS Lothian Board

Meeting date: 08 October 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 – October 2026**

1. NHS Scotland Board Chief Executives / Executive Group Update

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

Since the August Board meeting, the Board Chief Executives have maintained a strong focus on supporting delivery of the Programme for Government commitments whilst continuing to improve operational performance across NHS Scotland.

A significant area of collective leadership has been the development of proposals for NHS Simplification, with Board Chief Executives providing input to Scottish Government on the practical implications of reform, governance arrangements and the safe management of transition. Board Chief Executives have met with the Cabinet Secretary and Scottish Government officials on a number of occasions to support this work and help shape the next phase of reform.

Alongside these discussions, there has been continued to focus on improving access to services, reducing waits for treatment and diagnostics, and strengthening performance across urgent, planned and community care. Throughout this period, I have been grateful for the continued commitment of Board Chief Executives in balancing long-term reform with the day-to-day delivery of services for patients and communities. has continues to provide an important forum for collective leadership on strategic and operational priorities. Recent discussions have included:

- Implementation of Executive Recruitment Controls
- Oversight of national improvement programmes
- Supporting work to strengthen Scotland's position as a leader in research and innovation, including engagement with the Accelerated National Innovation Adoption (ANIA) programme, exploration of Artificial Intelligence to support chest X-ray interpretation, and efforts to increase participation in commercial clinical trials across NHS Scotland

2. Programme for Government

On Tuesday 1 September 2026, First Minister John Swinney announced the Scottish Government's Programme for Government which sets out a five-year plan focused on tackling poverty, growing the economy, addressing climate change, and strengthening public services.

For healthcare, the most significant proposal is the reform of NHS Scotland, including replacing the current 14 territorial health boards with two strategic health boards to reduce duplication and increase frontline capacity. The programme also aims to reduce waiting times, improve access to GP services, shift more care into community settings and people's homes, and progress social care reform.

For us at NHS Lothian, this is likely to mean exciting opportunities to progress the work that is being undertaken in service redesign in the Subnational space, with a stronger focus on productivity, maximising use of available capacity, and prevention.

While this is an exciting period of change across the public sector landscape, I recognise that colleagues may understandably have questions and concerns about what these changes could mean for them and for the services they support.

On 2 September 2026, I hosted an online session for members of the Corporate Management Team and their direct reports, where we discussed the Programme for Government and colleagues were invited to raise any immediate questions. This was followed by an online staff briefing on 16 September 2026, which provided an opportunity for staff to ask questions and speak with me directly. Other members of the Executive Team have lead similar sessions, and early feedback suggests that colleagues have found these discussions valuable. I will continue to support this open dialogue throughout this period of change.

3. Chief Executive Engagement

Since the last Board meeting, I have valued the opportunity to spend time with colleagues, families and services across Lothian, hearing first-hand about the work underway and the experiences of those who use and deliver our services.

I met with one of the families who engage with Children's Respite services, which provided a valuable opportunity to listen to their experiences and reflect on the importance of maintaining open, ongoing dialogue with families. I am looking forward to continuing this engagement through a further visit planned to Calareidh Care Home.

I also visited St John's Maternity Unit, where I had the opportunity to speak with staff and observe the activity within the unit. These conversations are important as we continue our work to improve maternity services across Lothian. Further visits are planned to the Obstetric Theatres at the Royal Infirmary of Edinburgh, where I will meet with anaesthetists and wider staff teams.

I was delighted to present at the launch of the latest cohort of the Talent Management Programme. This is now the eighth cohort to take part in the programme, and I am sure Board members will join me in wishing them every success as they begin this important development opportunity.

Finally, I attended the NHS Lothian Charity Annual Showcase event which was a great opportunity to see the shared values of the NHS and its charity brought to life. I would like to extend my thanks to those who organised the event and to express my gratitude to the almost 1200 volunteers who give their time and enthusiasm to the Charity.

4. Staff Recognition

- Harriet Dawes, Senior Orthotist was awarded Orthotist of the year on 4th September. Kirsty Sutters, Senior Orthotist made it to the final three for Practice Educator of the Year. Both were very competitive categories with more nominations this year than ever, and we are very proud of both Harriet and Kirsty.
- Dr Donncha Mullin, a clinical academic Old Age Psychiatrist currently working as a Consultant in St John's Hospital, has been shortlisted for the Royal College of Psychiatrists Higher Resident Doctor of the Year Award 2026. He is one of three doctors nationally selected for the final shortlist. The winner will be announced at the Royal College of Psychiatrists Awards ceremony in London in November 2026.
- The Edinburgh Musculoskeletal (MSK) Advanced Physiotherapy Practitioner (APP) service has become the first clinical team in NHS Lothian and Edinburgh H&SCP to achieve Gold in the Realistic Medicine and Value Based Health and Care Accreditation Framework, recognising their commitment to consistently putting people at the centre of care.
- Staff Nurse, Virginia Maggio, recently donated some of her beautiful paintings to brighten up the coffee room in Obstetrics and Gynaecology Theatres. Her colleague said, "We feel incredibly lucky to have such a talented artist working in theatre with us."
- Jean Bruce, Clinical Research Manager at the Western General Hospital recently celebrated 45 years of service with NHS Lothian. Jean began her nursing journey in 1981 at the old Royal Infirmary and in 2000 moved into Clinical Research. Jean became Lothian's first Clinical Research Nurse Manager in 2014 and has helped shape clinical research nursing across the organisation, supporting workforce growth, research delivery and career development for countless colleagues.
- A group of nurses and clinical support workers from Ward 58 (oncology) at the Western General Hospital recently ran the Scottish 10K to raise money for FACE (Fighting Against Cancer Edinburgh) via NHS Lothian Charity. The team said they were driven by thinking of everyone they've cared for past, present and future that have to face a diagnosis and ensuring that no one goes through it alone.
- Our Newly Qualified Nurses who joined CAMHS, Regional Eating Disorders Unit in 2025 held an event at the of September to mark an important milestone as they reached the end of their first year as qualified nurses. As part of the day, they presented the Quality Improvement (QI) projects they had undertaken over the year, showcasing their ideas, learning and commitment to improving the experience of the young people, families and teams they work with.

5. Organ and Tissue Donation Week

The annual week to raise awareness of the extraordinary life-saving value of organ and tissue donation was marked with significant coverage in the press and on social media . Among the NHS Lothian case studies featured was Marzanna Swierczewska, mother of Cyprian Kromiszewski who donated 5 of his organs after he died in 2023. Mrs Swierczewska spoke movingly of the pride and pain of helping to encourage others to register as donors. She said *“Seeing Cyprian’s story being shared and knowing that something he did may encourage another person to talk about organ donation gives me something precious to hold on to. So thank you — genuinely — for helping me carry his light a little further.”*

6. VIP Visits

The Edinburgh Fertility Centre hosted a visit from the Cabinet Secretary for Health, Angela Constance, in August to allow the Minister to learn more about the services and its patients.

Ms Constance was given a tour of the facility by Maya Chetty, Consultant in Reproductive Medicine and Lead Consultant, and Louise Boyle, Senior Charge Nurse. She also met with new parents Stacey and Nicola Watson and their baby boy Sullivan. The visit to the service, which is based in the Simpson’s Centre for Reproductive Health, was timed to allow the Minister to announce a review into the current criteria for IVF.

The Royal Hospital for Children and Young People welcomed a delegation from Tokyo Metropolitan Government Bureau of health and Medical Care in late September to find out more about our Play Specialist team and how they offer support to our youngest patients and their families across the hospital.

Meeting: NHS Lothian Board

Meeting date: 07 October 2026

Title: Community Asset Transfer Request for Belhaven Community Garden

Responsible Executive: Craig Marriott, Director of Finance

Report Author: Sorrel Cosens, Senior Capital Programme 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 Belhaven Hospital in Dunbar was declared surplus in 2024. The hospital is now vacant with only the community garden area being in use. In January 2026 Sustaining Dunbar submitted a Community Asset Transfer (CAT) request, offering £45,000, for the Community Garden area of the Belhaven Hospital site in January 2026.

Under the Community Empowerment (Scotland) Act, NHS Lothian is required to communicate its decision by 2 November 2026.

An Evaluation Panel and NHS Lothian's CAT Steering Group, having followed the approved evaluation process and guidance, supported accepting the asset transfer. Following dialogue between the Chief Executives of NHS Lothian and East Lothian Council about the future East Lothian Local Delivery Plan, selling the land at the price offered by Sustaining Dunbar is supported by the Lothian Capital Investment Group, Corporate Management Team and Finance & Resources Committee.

2.2 Background

The Community Empowerment Act (Scotland) 2015 introduced the right for community bodies to request a Community Asset Transfer for ownership, lease, management or use of publicly owned buildings or land they feel they could make better use of. The Act prohibits public bodies from selling while there is an active CAT request.

The Belhaven Community Garden was established in 2012 through agreement between Sustaining Dunbar and NHS Lothian. It is approximately half of the Belhaven Hospital site, at around 2.2 acres, and does not include the land with the former hospital buildings.

In December 2025, NHS Lothian's property adviser valued the community garden area of the site at £1.15m on the basis of the current Local Development Plan housing designation. Sustaining Dunbar maintained throughout dialogue and in its application that the property should be valued as agricultural land and offered £45,000 to purchase the site, with no additional discretionary discount applied.

In June 2026 the Finance & Resources Committee (F&RC) supported the recommendation of the Evaluation Panel and CAT Steering Group to agree to the asset transfer, noting there was further clarity required on the future designation of the land before a price could be agreed.

The extant Local Delivery Plan (LDP) designates the site for housing development, and NHS Lothian had the asset valued on this basis. In March 2026 NHS Lothian received an email from East Lothian Council (ELC) stating that there are no plans to progress housing on the site, and with its track record of use as a community garden they would be looking to remove the housing designation from the next LDP. This LDP2 is not expected to come into force until late 2027.

Considering this uncertainty of the future use, and therefore likely value, of the site, in June 2026 the Corporate Management Team (CMT) agreed that NHSL Chief Executive should seek assurance from East Lothian Council of their intention. In August the ELC Chief Executive advised that *'based on current policy and the site's established community garden use, an application for housing on this site would not be supported'*.

2.3 Assessment

2.3.1 CAT Application Evaluation

The Evaluation Panel included representation from NHSL public health, finance, land and property, capital planning, the NHSL Charity and Forestry Land Scotland. We are grateful to the CAT Manager from Forestry Land Scotland for supporting the development of our processes and learning, and for sitting on our first CAT evaluation panel.

The panel used Scottish Government CAT evaluation guidance, and their assessment concluded that Sustaining Dunbar had a credible and evidenced-based application for continuation of the Belhaven Community Garden. The social benefits of £496,000 over five years, calculated using NHSL's own methodology, is robust and supportable. The detailed evaluation report is available on request to the Director of Finance.

The F&RC and the CMT supported the view that, based on the evaluation criteria and assessment methodology, refusal of the CAT request is not an option, and proceeded to consider the price.

2.3.2 Asset valuation

The whole Belhaven site is held on NHS Lothian's balance sheet at a value of £1.75m, with the garden being approximately half of that.

The valuation of the community garden area provided to NHS Lothian in 2025 was based on the market value presupposing the grant of planning consent for the purpose of residential development. This valuation of £1,150,000 is based on the site status in the current LDP with consideration given to the planning history of the site. Had no CAT request been made, an open market sale of the land would be subject to the grant of planning permission. The prospective purchaser being unable to obtain this consent would be a risk to NHS Lothian in completing the disposal.

The recent information from East Lothian Council informs the Board that the outcome that consent be granted for residential development is unrealistic and therefore the market valuation is no longer relevant in assessing the land value under the CAT process.

Prior to this clarity on the planning position, the two parties were unable to obtain a joint valuation as the assumptions made by the Board (consent for residential development) and Sustaining Dunbar (consent for existing use only) gave opposing bases for valuation.

NHS Lothian has sought advice in relation to the proposed price of £45,000 offered by Sustaining Dunbar and have been advised that this represents a fair price for the land where the existing use is accepted as being the position under planning conditions.

2.3.3 Options Assessment

NHS Lothian has two options to conclude the CAT request:

- A) To accept the CAT request and offer to transfer the site to Sustaining Dunbar at current market rate (£1.15m) discounted by the social benefits assessed by NHSL (£0.496m). This would be £0.654m.
- B) To accept the CAT request and, in light of likely outcome of LDP2 position, accept Sustaining Dunbar's offer of £45k.

The CAT Steering Group has discussed the options and considered the implications of each in relation to financial, legal and reputational risks.

Option	Financial and legal considerations	Reputational considerations
A) Accept at current valuation, discounted (£675k)	• This option gives the greatest return available to NHSL, however NHSL has no commercial offer for the site and cannot be confident in achieving housing market value. • In light of emerging direction of LDP2, it is unlikely that a developer would submit a bid for a 'clean sale' due to the perceived risk that planning permission would not be granted for housing. • Lack of confidence that Sustaining Dunbar could raise this amount. No indication in dialogue or application that they have access to funds or fundraising beyond the £45k funding application discussed with Scottish Land Fund. Funders would also consider the ELC position, emerging LDP2 and impact on value. • Cost of appeal, in time and professional advice, to NHSL, Scottish Government and Sustaining Dunbar. • This would result in a loss on disposal of c£200k.	• Sustaining Dunbar have indicated throughout dialogue that if the price is based on housing valuation they will Appeal to Scottish Ministers. • NHSL could be seen as disingenuous, having received assurance from ELC Chief Executive of direction of LDP2. • Could be said to follow the letter rather than the spirit of the Community Empowerment Act. • NHSL could be seen to only support the continuation of the garden they helped to set up at an unrealistic and unaffordable price. Damaging public opinion and counter to our commitments as an Anchor Institution. • Sustaining Dunbar would not be in a position to deliver the benefits described and validated in their application if they could not raise the funds.
B) Accept at CAT Request offer (£45k)	• This option is to accept an offer significantly lower than the book value of the asset and NHSL's interpretation of the current market value. • This would result in a loss on disposal of c£830k.	• NHSL seen as good faith actors, taking a decision in line with the Community Empowerment Act, Anchors objectives, and historic partnership with Sustaining Dunbar. • Proceeding before clarity of the LDP2 designation, NHSL runs a risk of appearing to mismanage public funds by not achieving best value if the housing designation remains.

The assessment can be summarised as follows:

- **Option A** is in line with best value principles, although it is based on a valuation that is challengeable in the context of the emerging LDP and the letter from the ELC Chief Executive. It will raise strong public objection, will be appealed, and is likely to be overturned.
- **Option B** deviates from the guidance because it does not utilise the existing market value and instead considers the emerging LDP context. However, it is acting in the spirit of partnership, Anchors and the Community Empowerment Act and aligns with strong local opinion.

The preferred option is B. The offer of £45k is considered to represent best value because the realistic market value, taking into account planning prospects and restrictions, is now materially different from the historic valuation.

2.3.4 Workforce

This paper relates to Belhaven Community Hospital, a site that is already closed and surplus to NHSL requirements. There is no workforce impact in relation to whether the CAT request is granted or the site is disposed on the open market.

2.3.5 Financial

The full Belhaven site is presently included on the asset register at a value of £1.75m. The garden area is not held separately, but as it is approximately half of the site, its approximate book value is £875k. Should the CAT for the garden area proceed at the offered value of £45k, this would decrease the value of that part of the site by approximately £830k. The total site would have a revised value of c.£920k. This would primarily impact the 2027/28 capital plan, with £830k less funding available for capital projects.

2.3.6 Risk Assessment/Management

NHS Lothian has shared details of the title for the site with Sustaining Dunbar and has discussed the extent of the ownership sought under the CAT request. NHS Lothian's legal adviser, Central Legal Office, has advised that title issues will need to be managed prior to sale. Sustaining Dunbar's position is that transfer of ownership subject to the existing title conditions is preferable.

It is intended that the sale will be subject to a clawback clause as a condition of sale. This will protect NHS Lothian from any future sale by Sustaining Dunbar at higher price due to enhanced planning approval or an alternative use. The standard mechanism for this is that the NHS Lothian will be due payment on the event of the trigger of planning approval for use that increases the value of the site; it is typical for this condition to be in place for a minimum of ten years, however a twenty-five-year clause will be sought.

In addition to the clawback, NHS Lothian will also include the following conditions of sale:

- A Use Restriction imposed on the property which shall be linked to the use proposed by Sustaining Dunbar in their CAT Application.
- A first ranking Standard Security granted by Sustaining Dunbar to the Board in order to secure any clawback payment and obligations under the clawback agreement.
- Confirmation that funds/offers of grant for the project are in place at or before date of transfer.
- Sustaining Dunbar retaining its charitable status.

2.3.7 Equality and Diversity, including health inequalities

The process completed by East Lothian HSCP to relocate services and close Belhaven Hospital included an ECRIA, and the site has been declared surplus. Statutory duties do not apply to the decision as to who the site is sold to, or price.

2.3.8 Other impacts

This is the first CAT Request that NHS Lothian has received and has proven to be a resource-intensive exercise. The application, including appendices, is over 700 pages. We are reviewing the time it took to prepare, attend panels, and agree the evaluation outputs. The CAT Steering Group will review any lessons learned and propose updates to the NHS Lothian process and guidance accordingly. This will require to be ratified by Lothian Capital Investment Group.

2.3.9 Communication, involvement, engagement and consultation

NHS Lothian has carried out its duties to involve and engage external stakeholders, including patients and members of the public, as required in the Scottish Government guidance for Community Asset Transfers under the Community Empowerment Act 2015.

Members of the public were invited to make representations on the application. NHS Lothian received 246 emails and letters over the four-week consultation period. No objections were recorded, and the support was overwhelmingly positive for transferring Belhaven Community Garden into community ownership. Representation was received from and on behalf of a range of stakeholders: residents, families, youth groups, people with disabilities, neurodiverse individuals, elderly residents, refugees, visitors, community councils, health, and wellbeing groups. The Evaluation Panel took this into account when scoring the application.

2.3.10 Route to the Meeting

This has been considered by the following groups in advance of this recommendation to the Board.

- NHS Lothian Corporate Management Team on 13 August 2026
- NHS Lothian Finance & Resources Committee, 19 August 2026

2.4 Recommendation

- **Assurance** – the Board is asked to agree and accept a significant level of assurance on the process followed and that the options arising from the evaluation are robust.
- **Decision** – having considered the risks and implications, the Board is asked to approve Option B, to accept Sustaining Dunbar's offer of £45k for the Community Garden area of the Belhaven Hospital site.

3 List of appendices

Nil.

Meeting: NHS Lothian Board

Meeting date: 07 October 2026

Title: CAMHS Performance – Pathway to De-Escalation

Responsible Executive: Jim Crombie, Deputy Chief Executive

Report Author: Jillian Torrens, Service Director

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 Child and Adolescent Mental Health Services (CAMHS) Waiting Times Local Delivery Plan (LDP) standard requires that 90% of children and young people who meet the eligibility criteria commence treatment within 18 weeks of referral.

Due to sustained challenges in achieving the national standard, NHS Lothian was escalated to Stage 3 of the NHS Scotland Support and Intervention Framework in December 2024. This reflected the requirement for enhanced support and oversight to improve CAMHS waiting times performance and ensure timely access to mental health services for children and young people.

NHS Lothian received the criteria for de-escalation from stage 3 to stage 2 of the Support and Intervention Framework from the Scottish Government in January 2026 (Appendix 1).

On 02 September 2026, NHS Lothian received confirmation from the Scottish Government (Appendix 2) that CAMHS had been de-escalated from Stage 3 to Stage 2 of the Support and Intervention Framework. This decision recognises the significant progress made by the Board in delivering against the agreed de-escalation criteria.

Key achievements underpinning NHS Lothian's de-escalation include the sustained elimination of all waits exceeding 52 weeks, strengthened compliance with NHS Scotland Waiting Times Guidance and Public Health Scotland data definitions, and the submission of an agreed recovery trajectory to reduce waits beyond 18 weeks and support sustained improvement in performance against the national standard.

The move to Stage 2 represents a significant milestone and reflects the sustained efforts undertaken to improve access to mental health services for children and young people. Continued focus will be required to maintain performance improvements, deliver the agreed trajectory and progress towards achievement of the national 18-week standard with an overall aim of attaining further de-escalation to from stage 2 to stage 1.

2.2 Background

The Child and Adolescent Mental Health Services (CAMHS) Waiting Times Local Delivery Plan (LDP) standard requires that 90% of children and young people who meet the eligibility criteria commence treatment within 18 weeks of referral. Like a number of NHS Scotland Boards, NHS Lothian has faced sustained challenges in achieving this standard due to increasing demand pressures across mental health services.

As a result of continued non-compliance with the national standard, NHS Lothian was escalated to Stage 3 of the NHS Scotland Support and Intervention Framework in December 2024. Escalation reflected the need for enhanced oversight and support to address prolonged waiting times and deliver sustained performance improvement.

In response, NHS Lothian implemented a comprehensive improvement programme focused on increasing capacity, improving access to treatment, strengthening waiting times management and ensuring compliance with national guidance. This included approval of £513,000 of non-recurring funding in October 2025 to support temporary workforce expansion and targeted capacity enhancements, alongside a further £100,000 to secure support from an external CAMHS provider. In December 2025, the Scottish Government

provided additional non-recurring funding of £543,550 to further support recovery and performance improvement activity.

The Board was required to demonstrate delivery against a number of agreed de-escalation criteria, including:

- Elimination of all CAMHS waits exceeding 52 weeks and the implementation of sustainable measures to prevent recurrence.
- Full compliance with NHS Scotland Waiting Times Guidance and Public Health Scotland data definitions.
- Agreement of a revised recovery trajectory to reduce waits beyond 18 weeks and support a return to the national standard.

Progress against these criteria formed the basis of NHS Lothian's pathway to de-escalation, with a particular focus on improving access to mental health services for children and young people, reducing long waits, and establishing sustainable improvements in performance and service delivery.

2.3 Assessment

2.3.1 Quality/Patient Care

The de-escalation of NHS Lothian CAMHS from Stage 3 to Stage 2 reflects a significant improvement in access to mental health services for children and young people and demonstrates delivery against the criteria set by the Scottish Government. Most notably, NHS Lothian has eliminated waits exceeding 52 weeks and established processes to minimise the risk of recurrence. CAMHS has delivered a substantive reduction in overall waiting list numbers and long waits, supported by enhanced clinical capacity, improved data, strengthened waiting list management processes and targeted prioritisation of children and young people experiencing the longest waits.

CAMHS CYP Waiting

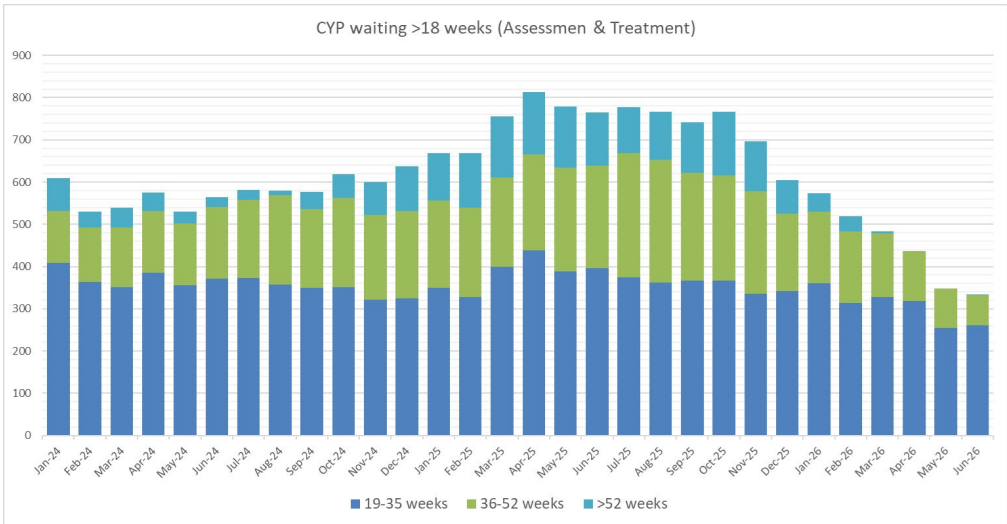
	CYP Waiting at Month End				
	<18 weeks	19-35 weeks	36-52 weeks	>52 weeks	Total
Mar-26	1,033	327	152	4	1,516
Apr-26	961	318	119	0	1,398
May-26	958	253	93	1	1,305
Jun-26	963	261	71	2	1,297

Totals as of 28th July 2026

<18 weeks	>18 weeks	Total Waiting	>52 weeks
868	324	1,192	1

The waits > 52 weeks are where historical WT errors have been made (not added to WL) and these have been added in retrospect, leading to long reported wait and reflect transparency in our reporting.

CYP waiting >18 weeks (Assessment & Treatment)



Significant progress has also been made in strengthening compliance with NHS Scotland Waiting Times Guidance and Public Health Scotland data definitions. Service-wide improvements to treatment start recording, staff guidance, and ongoing governance arrangements have improved the accuracy and reliability of reported performance.

Whilst substantial improvement has been achieved, performance against the national 18-week standard remains below the required 90%, with reported RTT performance of 72.3% in July 2026. Consequently, continued improvement activity is planned to reduce waits over 18 weeks, sustain compliance, and support further progress towards delivery of the national standard.

2.3.2 Workforce

Delivery of the CAMHS recovery programme has been dependent upon targeted workforce investment and capacity enhancement. Additional funding enabled the recruitment of fixed-term clinical staff, including Clinical Psychologist posts, increasing clinical capacity and supporting delivery of the agreed recovery trajectory.

The additional workforce resource has improved service resilience, increased assessment and treatment capacity, and supported focussed work to address the longest waits. External provision has also supplemented internal capacity, helping to accelerate access to treatment for children and young people.

Workforce sustainability remains a key consideration as many of the capacity improvements have been supported through non-recurring funding and fixed-term arrangements. Future workforce planning will therefore focus on the development of a sustainable service model, incorporating service redesign and strengthened multidisciplinary working to support ongoing delivery within the 18-week standard.

NHS Lothian has also strengthened operational oversight and governance arrangements, providing teams with improved visibility of demand, capacity and treatment pathways and supporting more informed clinical and operational decision-making.

2.3.3 Financial

The pathway to de-escalation has required significant non-recurring investment to increase clinical capacity and accelerate waiting list recovery. Funding approved by NHS Lothian included £513,000 for temporary workforce expansion and capacity enhancement and £100,000 for the provision of external CAMHS capacity. In addition, NHS Lothian received £543,550 of Scottish Government non-recurring funding to support delivery of the recovery plan and achievement of the agreed de-escalation criteria.

Investment has enabled NHS Lothian to deliver improvements in waiting times performance, eliminate waits exceeding 52 weeks and strengthen compliance with national waiting times guidance. The financial resources have therefore contributed directly to improved access to care and achievement of the Stage 3 de-escalation requirements.

Whilst the immediate objectives have been achieved, there is an ongoing requirement to ensure that improvements are sustainable within available resources. Future service planning is focused on maximising productivity and developing a sustainable operating model capable of maintaining performance improvements without reliance on significant non-recurring investment. In addition there has been agreement to utilise a proportion of the annual funding received from CAMHS SLAs for use within CAMHS outpatient provision with the expectation that this is utilised to provide earlier intervention for CYP and reduce the impact on Tier 4 services.

2.3.4 Risk Assessment / Management

The principal risk associated with CAMHS performance remains the Board's ability to sustain improvements in waiting times performance and progress towards achievement of the national 18-week standard. Although the elimination of waits greater than 52 weeks represents a significant reduction and has enabled de-escalation to Stage 2, a substantial number of children and young people continue to wait longer than 18 weeks for treatment. RTT performance remains below the national target and continued performance monitoring will be maintained.

There is a risk that increases in demand, workforce pressures, or reduced capacity could adversely affect waiting times performance and result in the re-emergence of long waits. To mitigate this risk, NHS Lothian has implemented waiting list governance processes, routine trajectory monitoring, strengthened clinical prioritisation arrangements, improved compliance with national guidance, and regular performance oversight.

Further mitigating actions include the development of a sustainable CAMHS service model, ongoing workforce planning, improved data quality and analytical capability, review of prescribing pathways, strengthened partnership working, and continued monitoring of performance trajectories through to March 2027.

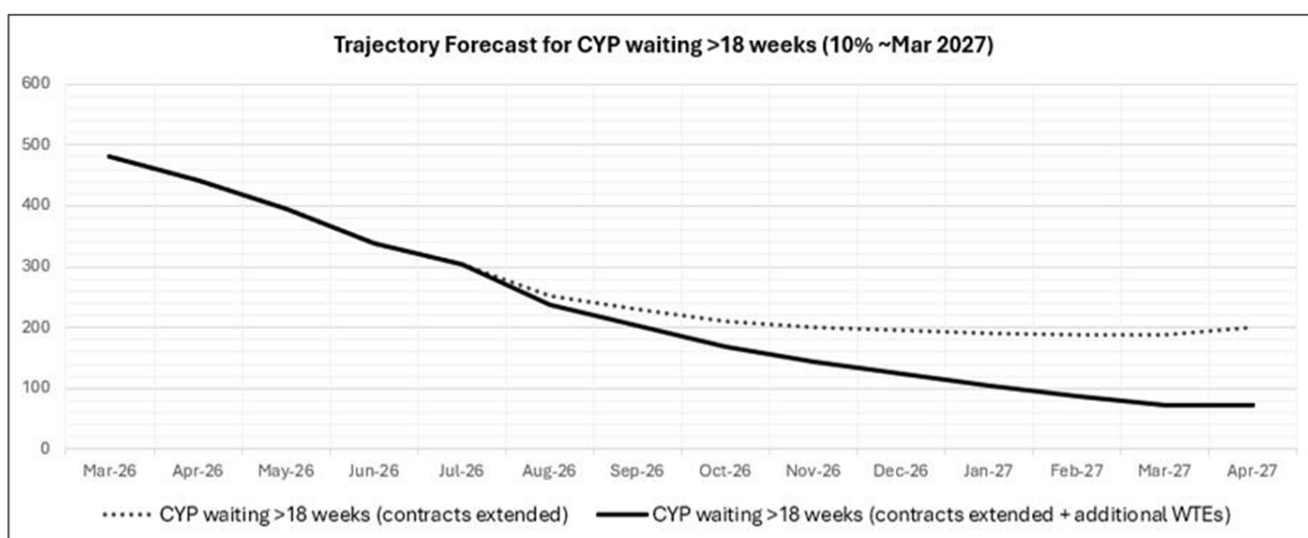
The successful de-escalation from Stage 3 to Stage 2 indicates that current controls and recovery actions are effective. However, CAMHS waiting times performance will continue to be monitored through existing governance arrangements and reflected within relevant operational and corporate risk management processes until sustained compliance with national standards is achieved.

2.3.5 Trajectory to Clear over 18-week Waits.

Work is ongoing to determine how and when NHS Lothian will meet the LDP and RTT standard of 90% of CYP being seen within 18 weeks of referral. This is essential in our ambition to be de-escalated further from stage 2 to stage 1 of NHS Scotland Support and Intervention Framework

A revised waiting list trajectory reflects the extension of all temp staff to March 2027.

Trajectory Forecast



- Achieve no more than 10% waiting > 18 weeks around March 2027
- Requires an additional 230 new patient slots (8.5 WTE) from August 2026
- Projected position by March 2027: **73** CYP > 18 weeks, **898** total waits (~8% >18 weeks)
- Projected to reduce to 31 CYP waiting >18 weeks by March 2027 (4% of total waits)

It should be noted that the trajectory forecast is complex and should be regarded as indicative. Additional slots may be realised via a number of factors, e.g. from additional WTE staffing, from current resource and / or reducing demand.

In developing this trajectory, the following assumptions were considered:

- The modelling assumes a WTE delivers 2.7 New Patient slots per month which may not be the case across all teams.
- The modelling also assumes no increase in referrals / additions to treatment lists and that teams allocate at least 80% of capacity to patients waiting >18 weeks.
- Impact of new eating disorders pathway to be incorporated into final modelling.
- South and West are projected to reduce waits > 18 weeks around November / December 2026 and there would therefore be potential surplus capacity in those teams that could be utilised elsewhere. Further trajectories will model this scenario as it may reduce the number of additional wte required.
- RTT performance forecast to be finalised once preferred CYP waiting forecast is agreed.

The actions contained in the proposed plan to recover the waiting times and develop a sustainable service model that is responsive to urgent need and includes earlier interventions to recover CAMHS waiting lists are on track.

2.3.6 Equality and Diversity, including health inequalities

No Equality and Impact Assessment has been undertaken in relation to this report, as it is presented for awareness purposes and does not seek a decision from the Board.

Should future service redesign or transformation of CAMHS be required, a full Equality and Impact Assessment will be completed to evaluate the potential impact on children, young people, families, staff, and stakeholders. This will ensure that any proposed changes are developed in line with equality, diversity and inclusion principles, and that NHS Lothian continues to meet its obligations under the Public Sector Equality Duty, the Fairer Scotland Duty, and children's rights legislation.

2.3.7 Other impacts

There are a high number of referrals which, following triage, are not then added to the waiting list as they do not meet the service threshold thus requiring further work to redirect and signpost. This triage process utilises resource which could be distributed to other areas of the service.

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate:

Engagement with staff, children and young people (CYP), and families has informed the development and implementation of CAMHS waiting times improvement activity. Staff workshops were undertaken to support understanding of changes required to achieve compliance with national waiting times guidance and to ensure a consistent and transparent approach to treatment start definitions.

Feedback from children, young people and families has been gathered through targeted engagement, including evaluation of Choice appointments and quality improvement work exploring expectations and experiences of accessing CAMHS services. This work is informing service improvements, supporting more meaningful clinical interventions, and ensuring care pathways remain aligned with Public Health Scotland guidance and the needs of children and young people.

Further engagement mechanisms are being developed to strengthen patient and family involvement in service improvement and to support the ongoing design of sustainable CAMHS pathways.

2.3.9 Route to the Meeting

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

- Scottish Government: 27th July 2026 - CAMHS Level 3: Pathway to De-Escalation
- SPPC: 13th May 2026 – CAMHS Pathway to De-escalation Update

2.4 Recommendation

Awareness of the de-escalation of NHS Lothian CAMHS from Stage 3 to Stage 2 of the NHS Scotland Support and Intervention Framework, reflecting sustained improvements in waiting times performance and the elimination of waits exceeding 52 weeks.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Letter (19 January 2026) from Scottish Government Director of Mental Health outlining de-escalation criteria
- Appendix 2, Letter (02 September 2026) from Scottish Government Director for Performance and Delivery informing of De-Escalation from Stage 3 to Stage 2

Director of Mental Health
Stephen Gallagher

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Jim Crombie
Deputy Chief Executive
NHS Lothian

CC
Professor Caroline Hiscox, Chief Executive
Jillian Torrens, Director: REAS

19 January 2026

Dear Jim,

Stage 3 Escalation on the NHS Scotland: Support and Intervention Framework – CAMHS Performance – January 2026 Update

I write following our meeting of 15 January and to extend my thanks to you and your team for the presentation of NHS Lothian's latest position on CAMHS. I was heartened to see improvements in your trajectory and in the reduction in over-52 week waits. I encouraged you where possible to eradicate over 52-week waits ahead of schedule.

We also discussed NHS Lothian's compliance with NHS Scotland Waiting Times Guidance and Public Health Scotland's (PHS) criteria on stopping the clock. I note that you have applied this to the current waiting list, and are seeking to validate the data for quarter ending December 2025 to the same end. You confirmed that colleagues are working towards PHS' deadline of 26 January 2026 for submission of revised data. This is an important step to ensure that the waiting list position across NHS Lothian is fully understood, that reporting practice is consistent with other Boards, and that continued steps towards eradicating waits are built upon accurate data.

As agreed, I have provided a draft set of de-escalation criteria for consideration ahead of our next meeting on 24 February (**Annex A**). I am keen that we work through a stepped approach to de-escalation, setting realistic interim goals for de-escalation to Stage 2, and more sustained and advanced goals for the complete removal of escalation. On your current trajectory, I would be keen to work towards de-escalation from Stage 3 to Stage 2 in Summer 2026.

My office will share an agenda one-week prior to our next call. Thanks for your continued oversight and leadership in this space, and your support to achieve our joint goal of providing excellent and timely care to the young people of the Lothians.

Stephen Gallagher
Director of Mental Health

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Annex A: Proposed De-escalation Criteria and Governance Arrangements

Stepped approach – Stage 3 to Stage 2 to Stage 1.

For de-escalation to Stage 2 (expected timescale end-June 2026):

1. Clear all over-52 week waits, ensuring that a clear plan is in place to ensure that this position is sustainable.
2. Ensure complete compliance with NHS Scotland waiting times guidance and Public Health Scotland's data definitions.
3. Submission and agreement of a revised trajectory for clearing over 18-week waits.

Suggested governance at Stage 2 would be:

- Annual pan-mental health sponsorship meeting, which will review strategic progress across the system, and includes a focus on CAMHS escalation progress.
- Six-monthly review of progress at official level, this will take place at the halfway point of the 12-month sponsorship meeting cycle (i.e. sponsorship meeting takes place in June, review meeting would take place in December.)
- Informal six-weekly one-to-one with Service Director and Scottish Government Performance Lead.

For de-escalation to Stage 1 (expected timescale to be discussed):

1. Meet the CAMHS referral to treatment standard for two quarters in a row.
2. Have less than 10% of the total waiting list waiting under 18-weeks.
3. The waiting list not increasing for two quarters in a row in the over 18-week and over 52-week wait brackets.

Proposed governance at Stage 1 would be:

- Annual pan-mental health sponsorship meeting, which will review strategic progress across the system.
- Informal one-to-one with Service Director and Scottish Government Performance Lead. Frequency to be agreed by both parties in regard to what cadence will provide the most benefit.

The proposed governance models are in line with the Mental Health Directorate's model of board engagement, and will evolve in line with wider DGHSC performance and delivery protocols.

Director of Performance and Delivery
Derek Grieve



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Professor Caroline Hiscox
Chief Executive
NHS Lothian

02 September 2026

Dear Caroline,

NHS Scotland Support and Intervention Framework: Stage Three Escalation – Child and Adolescent Mental Health Services (CAMHS)

As promised, I write to you following yesterday's publication of the CAMHS waiting times statistics by Public Health Scotland. Following consideration of these statistics and the supplementary information provided by NHS Lothian, I am pleased to confirm the de-escalation of NHS Lothian from Stage Three to Stage Two of the NHS Scotland Support and Intervention Framework in relation to their CAMHS performance and delivery.

This decision reflects the significant progress made by the NHS Board against the agreed de-escalation criteria, shared most recently with you on 28 May. NHS Lothian has demonstrated the elimination of waits over 52-weeks, strengthened compliance with both the NHS Scotland Waiting Times Guidance and Public Health Scotland Data Definitions, and submitted an acceptable revised trajectory for reducing waits over 18-weeks and recovering performance.

I would like to acknowledge the leadership and commitment shown by yourself, Jillian and the wider leadership team across NHS Lothian. The attention you have given to the matter and the additional resource provided by NHS Lothian has been instrumental to enabling this progress to be delivered.

I'd also like to recognise the efforts of operational colleagues across NHS Lothian in achieving this progress. The efforts of staff have undoubtedly been vital to delivering these improvements for children and young people.

Whilst this is a significant milestone, it is important that progress is sustained. I strongly encourage NHS Lothian to continue to engage with Scottish Government officials and provide regular updates on delivery of the agreed trajectory.

We would also welcome your assurance that improvements can be maintained beyond the period of additional investment, NHS Lothian's continued attention to its implementation of the Choice and Partnership Approach (CAPA) and an ongoing commitment to wider service improvement activity.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'Derek Grieve', written over a horizontal line.

Derek Grieve

Director for Performance and Delivery

-

CC

Professor John Connaghan CBE, Chair

Jim Crombie, Deputy Chief Executive

Jillian Torrens, Director: REAS

Meeting: NHS Lothian Board

Meeting date: 07 October 2026

Title: July 2026 Financial Update and Quarter 1 Forecast

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

This report updates the Board on NHS Lothian’s July 2026/27 financial position and the outputs from the Quarter 1 financial forecast review.

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

At month 4, NHS Lothian is reporting an overspend of £11.0m. This comprises an operational overspend of £21.1m, partially offset by the release of £10.1m from Corporate Reserves. Table 1 summarises this position, with further detail provided in the body of the report.

Table 1 – Month 4 Summary Financial Performance

	Variance from Budget £'000
Pay	4,560
Non Pays	(28,400)
Income	2,680
Operational Position	(21,161)
Corporate Reserves Flexibility	10,129
Total Variance	(11,032)

The paper also provides further detail on the Q1 review financial forecast position, which reports a deterioration from the Financial Plan position of an £18m overspend to a forecast overspend of £27m. Despite this deterioration in the estimated outturn, NHS Lothian continues to report a breakeven outturn to the Scottish Government.

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 of 31st July 2026

After four months of the financial year, the financial position is broadly in line with expectations and in line with previous months trends reported and reviewed by the Finance and Resources Committee (F&R).

The principal areas of pressure continue to be Acute Drugs, Medical Supplies and Property Costs, all of which are reporting sustained overspends against budget. The Acute Drugs position is particularly challenging, with expenditure 14% higher than the same cumulative period last year and no additional funding yet notified through the New Medicines Fund. Medical Supplies expenditure is also 6.5% higher than the equivalent period in 2025/26.

GP Prescribing is now showing a larger overspend than previously reported. The position is based on actual 2026/27 information received to date, which is reported two months in arrears, and continues to show variability in both price and volume compared with planning assumptions, particularly within East Lothian and Midlothian.

Within pay, Medical and Dental remains the main area of pressure, with a £2.4m overspend reported to date. An allocation relating to the full-year Resident Doctor pay contract agreement remains outstanding, with further pay funding expected from the Scottish Government. The working assumption continues to be that all pay settlements will be fully funded.

At Business Unit level, year-to-date pressures are reported within REAS (£2.5m), Facilities (£3.9m) and Acute Services (£17.0m). REAS continues to report Nursing-related pressures of £2.6m, largely associated with Adult Mental Health Services. Across Acute Services, all sites are reporting an overspend at month 4, with Drugs and Medical Supplies accounting for £15m of the £17m total overspend. Appendix 2 provides the financial position across all Business Units.

As shown in Table 2, the £21.1m operational overspend is partially offset by £10.1m of non-recurring resource identified through the Financial Plan and released corporately to mitigate the reported pressures. Some of this funding will be allocated against specific Business Unit service pressures for August reporting, following agreement by CMT. As previously noted, this redistribution will not affect the overall or forecast positions.

Financial Recovery Plans (FRPs)

Financial Recovery Plans are reported with a one-month lag to allow time for analysis and validation of savings delivery. The recurring FRP delivery target is £68.0m, equivalent to 3%, with £54.5m of savings schemes identified to date. Delivery of a balanced outturn in the Financial Plan remains contingent on full delivery of the 3% savings target. At the time the 2026/27 Financial Plan was approved, a further £18.0m of schemes required identification and delivery during the year. The latest position shows a further £4.5m of schemes identified, reducing that gap. Savings delivered after three months total £11.2m against planned delivery of £11.3m. While in-year delivery is broadly on track, the current-year and recurrent forecasts remain below the level of schemes identified, with forecast shortfalls of £9.0m and £17.5m respectively. This shortfall will be a material factor in the overall forecast position. Table 2 summarises savings delivery against plan and the level of schemes identified. Quarter 1 discussions with Business Units have been focusing on delivery against identified schemes and the wider 3% target, including barriers to delivery and any support required to improve achievement.

Table 2 – Financial Recovery Plan Summary as at Month 3

Financial Year 26/27						
	Schemes Identified	Planned April - June	Achieved April - June	Shortfall April - June	CY Forecast	FY Forecast
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Division	25,061	4,453	3,928	(524)	19,786	18,187
Corporate Services	4,598	1,497	1,586	89	4,598	2,295
East Lothian Partnership	1,642	411	303	(108)	991	973
Edinburgh Partnership	6,279	975	1,874	899	6,279	4,301
Midlothian Partnership	2,054	445	660	215	1,704	1,704
West Lothian Partnership	3,269	817	1,174	356	3,080	1,691
Facilities	5,092	1,292	824	(468)	5,207	5,207
REAS	4,551	1,138	523	(615)	2,091	2,091
Directorate Of Primary Care	1,438	318	318	(0)	1,438	503
Income/Healthcare Purchases	465	0	0	0	0	0
Grand Total	54,450	11,345	11,190	(155)	45,173	36,951

Quarter 1 Forecast Update

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 challenge of delivering financial balance directly affects the other two ambitions. At Quarter 1, NHS Lothian's forecast for 2026/27 has deteriorated by £9m compared with the Financial Plan, resulting in a projected deficit of £27m at this stage.

Appendix 3 compares the Financial Plan forecast with the latest Quarter 1 forecast by Business Unit and highlights the movement in each position. Acute sites show an overall adverse movement of £5.2m. REAS also reports a £5.0m deterioration in the forecast position, reflecting the pressures reported in the first quarter. Some adverse movements are also reported within Partnerships, although they remain in overall financial balance. Estates and Facilities show a positive forecast movement of £2.0m, which partly offsets the adverse movements elsewhere. Table 5 highlights the main drivers in the Business Units reporting the most significant movements.

Table 5 – Main Drivers in the Forecast Movement

Area	Forecast Movement	Description of Main Movements in Forecast
Women & Children's Services	£5m	- Women's services medical and nursing staffing expenditure beyond that projected in financial plan due to extra WTEs recruited and turnover levels reducing. - Further workforce review underway; - Recruitment of newly qualified nursing staff predicted now to outstrip assumed vacancy levels in the short-term following recent agreement of the over recruitment programme.
Western General Hospital	£2.7m	- Forecast assumes medicines growth following review of data at Q1; - Hepatitis C lost rebate impact - confirmed June 2026.
St John's Hospital	£1.9m	- Lower nursing vacancy levels now assumed than at financial planning stage with additional newly qualified recruitment. - Dermatology medicines spend higher and under review.
REAS	£5m	- Divert suite assumed open/unfunded for 2026/27, financial plan assumed closure March 2026 in line with agreed plan; - Nursing expenditure remains high; financial plan assumed with closure of beds nursing spend would reduce in parallel - Rehab beds assumed not closing; agreed plan time lined 7 beds closing in September 2026. Whilst bed numbers overall have slightly reduced staffing spend remains as is.

Despite the deterioration in the estimated outturn position, the Quarter 1 Finance Performance Return has been submitted to the Scottish Government setting out a balanced year-end outturn for NHS Lothian. This reflects the Board and Business Units' commitment to deliver the 3% FRPs in full and to achieve financial balance in 2026/27. A breakeven forecast remains realistic, but it is dependent on savings delivery and recognises the risk that all available non-recurring flexibility may be required to support the operational overspend position. F&R will consider any actions required to get back into balance following the Quarter 1 review meetings.

Work therefore continues to test the assumptions within the Quarter 1 forecast, including the underlying costs and funding estimates and the mitigations available at Business Unit level. This work will also reassess Financial Plan assumptions relating to national expenditure commitments for 2026/27. In addition, AFC reform funding commitments and actual costs incurred will be reviewed to identify any potential in-year flexibility to support delivery of financial balance. Monthly forecast updates will now form part of routine financial reporting.

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

Monthly reporting and the initial Quarter 1 results have been reported to F&R for consideration.

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For members to note the reported position of £11.0m overspend for the period to July 2026.
- **Awareness** – For members to note the latest position on Financial Recovery Plan savings delivery of £11.2m and schemes identified to month 3 of £54.5m.
- **Awareness** – For members to note the reported forecast Quarter 1 operational position of £27.2m, which is a deterioration of £8.8m from the 2026/27 Financial Plan gap of £18.5m.
- **Assurance** – Based on the information presented, NHS Lothian is only able to provide **moderate assurance** on its ability to deliver a balanced financial position in 2026/27.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 31st July 2026
- Appendix 2, NHS Lothian Summary by Operational Unit to 31st July 2026
- Appendix 3, Comparison by Business Unit of Financial Plan and Q1 Forecast

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st July 2026

	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	453,729	149,062	151,484	(2,422)
Nursing	760,980	255,149	253,804	1,346
Administrative Services	235,914	71,355	68,402	2,954
Allied Health Professionals	142,962	47,777	46,351	1,426
Health Science Services	65,936	22,324	21,530	795
Management	7,377	2,474	2,254	220
Support Services	117,697	38,513	39,264	(751)
Medical & Dental Support	22,552	7,526	7,522	4
Other Therapeutic	82,595	27,222	26,854	368
Personal & Social Care	4,031	1,148	1,020	128
Other Pay	(18,970)	(19,315)	(19,807)	492
Pay	1,874,802	603,236	598,676	4,560
Drugs	114,545	55,733	65,309	(9,576)
Medical Supplies	112,113	40,076	48,435	(8,359)
Maintenance Costs	6,374	1,977	2,604	(628)
Property Costs	46,278	14,619	19,605	(4,986)
Equipment Costs	38,011	12,107	14,324	(2,217)
Transport Costs	8,946	3,172	4,004	(832)
Administration Costs	299,058	39,801	38,709	1,091
Ancillary Costs	13,314	4,458	5,988	(1,530)
Other	5,036	(8,818)	(9,108)	290
Service Agreement Patient Services	19,620	(1,259)	(1,074)	(186)
Savings Target Non-pay	2,474	884	0	884
Resource Transfer/LA Payments	121,970	59,527	59,447	80
Non-pay	787,741	222,275	248,243	(25,968)
GMS2 Expenditure	197,237	64,149	64,991	(842)
NCL Expenditure	893	298	300	(2)
Other Primary Care Expenditure	87	29	30	(1)
Pharmaceuticals	177,933	58,776	59,940	(1,163)
Primary Care	376,149	123,251	125,262	(2,011)
Other	286	114	536	(421)
Income	(422,537)	(155,311)	(157,991)	2,680
Operational Position	2,616,442	793,566	814,727	(21,161)
Corporate Reserves Flexibility	10,129	10,129	0	10,129
Total Variance	2,626,570	803,695	814,727	(11,032)

Appendix 2 - NHS Lothian Summary by Operational Unit to 31st July 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	(2,975)	107	6	129	(104)	756	(566)	239	0	0	(13)	0	(2,422)	0	(2,422)
Nursing	1,217	197	1,517	55	360	(26)	(2,569)	435	11	0	149	0	1,346	0	1,346
Administrative Services	1,373	383	1,021	2	87	94	19	376	(155)	0	(247)	0	2,954	0	2,954
Allied Health Professionals	(384)	218	699	332	300	(6)	123	115	11	0	19	0	1,426	0	1,426
Health Science Services	885	0	25	(4)	14	0	(16)	(131)	0	0	21	0	795	0	795
Management	(59)	0	104	5	2	(53)	(2)	96	95	0	34	0	220	0	220
Support Services	72	0	46	77	3	(22)	118	41	(1,085)	0	0	0	(751)	0	(751)
Medical & Dental Support	(402)	(6)	19	0	0	411	0	(18)	0	0	0	0	4	0	4
Other Therapeutic	28	43	413	8	59	11	(37)	(158)	0	0	0	0	368	0	368
Personal & Social Care	23	(19)	39	0	3	0	(48)	137	0	0	(7)	0	128	0	128
Other Pay	10	0	21	0	0	81	(0)	(5)	66	0	319	0	492	0	492
Pay	(212)	924	3,909	604	722	1,246	(2,978)	1,127	(1,058)	0	275	0	4,560	0	4,560
Drugs	(8,433)	(246)	(366)	(89)	(51)	(342)	(339)	292	0	0	0	0	(9,576)	0	(9,576)
Medical Supplies	(6,713)	(268)	(855)	6	(169)	19	(47)	(170)	(162)	0	0	0	(8,359)	0	(8,359)
Maintenance Costs	(361)	(8)	(61)	(7)	(48)	(10)	(34)	1	(130)	30	0	0	(628)	0	(628)
Property Costs	(11)	(22)	24	(37)	44	(58)	9	7	(4,941)	0	0	0	(4,986)	0	(4,986)
Equipment Costs	(1,089)	(161)	(416)	(16)	(127)	(46)	(68)	(349)	56	0	(0)	0	(2,217)	0	(2,217)
Transport Costs	(474)	(142)	(112)	(7)	(28)	10	(74)	(18)	10	8	(1)	(1)	(832)	0	(832)
Administration Costs	459	476	(840)	7	(108)	92	947	(1,670)	2,642	(654)	(268)	10	1,091	0	1,091
Ancillary Costs	(548)	(15)	8	(21)	(13)	(2)	(32)	(414)	(495)	0	0	0	(1,530)	0	(1,530)
Other	(0)	(1)	(3)	(0)	0	0	1	192	100	0	0	0	290	0	290
Service Agreement Patient Serv	(40)	3	(175)	(0)	22	(2)	103	(0)	(3)	0	0	(93)	(186)	0	(186)
Savings Target Non-pay	0	0	0	0	0	0	0	779	0	105	0	0	884	0	884
Resource Trf + L/a Payments	64	(10)	(0)	19	0	0	19	(12)	0	0	0	0	80	0	80
Non-pay	(17,147)	(395)	(2,797)	(146)	(477)	(338)	484	(1,363)	(2,923)	(512)	(270)	(84)	(25,968)	0	(25,968)
Premises	(2)	0	0	0	0	0	0	0	0	0	0	0	(2)	0	(2)
Gms2 Expenditure	(10)	(147)	(590)	(142)	40	9	(0)	(9)	6	0	0	0	(842)	0	(842)
Ncl Expenditure	0	0	0	0	0	(2)	0	0	0	0	0	0	(2)	0	(2)
Other Primary Care Expenditure	(1)	0	0	0	0	0	0	0	0	0	0	0	(1)	0	(1)
Pharmaceuticals	0	(574)	(454)	(282)	(423)	569	0	0	0	0	0	0	(1,163)	0	(1,163)
Primary Care	(13)	(720)	(1,044)	(424)	(383)	576	(0)	(9)	6	0	0	0	(2,011)	0	(2,011)
Other	(4)	(8)	(6)	0	0	0	0	(2)	(344)	0	0	(57)	(421)	0	(421)
Income	454	54	(44)	16	(25)	3	31	188	441	115	(5)	1,453	2,680	0	2,680
Operational Position	(16,922)	(145)	18	50	(163)	1,487	(2,464)	(59)	(3,877)	(397)	0	1,312	(21,161)	0	(21,161)
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	10,129	10,129
Total Variance	(16,922)	(145)	18	50	(163)	1,487	(2,464)	(59)	(3,877)	(397)	0	1,312	(21,161)	10,129	(11,032)

Appendix 3 – Comparison by Business Unit of Financial Plan and Q1 Forecast

	26/27 Restated FP	Q1 YE Forecast Variance	Movement from 26/27 Financial Plan
	£k	£k	£k
Acute Divisional Management	(1,216)	(2,235)	(1,020)
DATCC	(14,523)	(12,999)	1,524
AHP Services	(429)	(511)	(82)
Outpatients & Associated Services	(2,198)	(2,754)	(556)
Royal Infirmary Edinburgh Site	(12,166)	(7,517)	4,649
St John's Hospital Site	(5,850)	(7,720)	(1,870)
Western General Hospital Site	(12,146)	(14,896)	(2,750)
Women & Children Services	(2,116)	(7,213)	(5,098)
Acute Services Division	(50,644)	(55,845)	(5,202)
REAS	(2,164)	(7,187)	(5,022)
Edinburgh Partnership	1,666	(83)	(1,748)
East Lothian Partnership	3,445	1,558	(1,887)
Directorate of Primary Care	1,108	1,629	521
Midlothian Partnership	242	441	200
West Lothian Partnership	1,505	987	(518)
Facilities	(13,024)	(11,029)	1,995
Corporate Services	(5,940)	(3,884)	2,056
Income & Associated Healthcare Purchases	6,976	6,743	(233)
Research & Teaching	(176)	0	176
Strategic Services	(3,621)	(2,711)	909
Operational Position	(60,628)	(69,380)	(8,752)
Total Corporate Reserves Flexibility	42,130	42,130	0
NHS Lothian Position	(18,499)	(27,250)	(8,751)
FRP to be identified for 3% delivery	18,499	14,747	(3,752)
Final Outturn Position	0	(12,503)	(12,503)

Meeting: NHS Lothian Board

Meeting date: 7 October 2026

Title: NHS Lothian Children’s Rights Report 2024-26

Responsible Executive: Susan Webb, Director of Public Health and Health Policy

Report Authors: Jillian Adie, Programme Manager, Maternal, Children and Young People’s Health

Pamela Murray, Child Health Commissioner

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

NHS Lothian has a statutory duty to publish a children's rights report every three years. This paper seeks approval from the NHS Lothian Board to publish the NHS Lothian Children's Rights Report 2024-26 and submit the report to Scottish Ministers. The paper additionally raises NHS Lothian Board awareness of NHS Lothian Children's Rights Plan 2025-29 and animated video 'NHS Lothian: On Board with Children's Rights' (to be launched alongside publication of the report).

2.2 Background

2.2.1 The UNCRC (Incorporation) (Scotland) Act 2024 (hereafter referred to as 'the Act') gained Royal Assent on 16 January 2024 and came into effect on 16 July 2024. The Act provides important protection for the human rights of children and young people in Scotland and intends to develop a culture of everyday accountability for children's rights across public services in Scotland. As part of this, public authorities must take proactive steps to ensure the protection of children's rights in their decision-making and service delivery.

2.2.2 Part 3, Section 18 of the Act requires listed public authorities (including Health Boards) to produce a children's rights report every three years detailing the actions they have taken, and will take, to ensure compatibility with UNCRC requirements and progress children's rights. The first NHS Lothian stand-alone report must be submitted to Scottish Ministers as soon as practicable from 31 March 2026. Development of the report has included collation of evidence from across NHS Lothian and partner organisations together with preparation of supporting children's rights resources.

2.2.3 CMT agreed the following recommendations in August 2024 to support NHS Lothian to comply with the Act:

- i). The governance of all actions relating to the implementation of the UNCRC (Scotland) (Incorporation) Act 2024 will be through the Children and Young People Programme Board, reporting to CMT.
- ii). The development of an NHS Lothian Children's Rights implementation framework that will support NHS Lothian to fulfil its duties.
- iii). Clear corporate communications are issued across NHS Lothian regarding the implications and importance of the Act.

2.2.4 On 11 March 2025, CMT approved the NHS Lothian UNCRC Strategic Framework, which set out four priority areas for action and the steps to be taken to progress these.

2.3 Assessment

To meet statutory reporting duties the following items have been prepared:

- NHS Lothian Children's Rights Report 2024-26 (Appendix 1)
- NHS Lothian: On Board with Children's Rights animated video

Additionally, NHS Lothian Children's Rights Plan 2025-29 provides an accessible version of NHS Lothian UNCRC Strategic Framework for children and young people.

A Children's Rights website is in development and is due to launch mid-October. The website will host information and resources about children's rights along with our Children's Rights Report, animated video, and Children's Rights Plan. The website will sit within the Equality and Human Rights section of NHS Lothian website and can be accessed on the following link when it is launched. [Children's Rights – Equality and Human Rights](#). A communications plan is being progressed to ensure wide awareness of the website and associated resources.

NHS Lothian Children's Rights Report 2024-26 details progress that has been made over the last two years towards progressive realisation of the UNCRC.

Between 2024 and 2026, NHS Lothian made significant progress in advancing children's rights by establishing strong organisational leadership, governance and strategic frameworks for UNCRC implementation; strengthening collaboration with local authority, third sector and national partners to drive shared learning and innovation; and embedding the meaningful participation of children and young people in strategic planning, service development and decision-making across the organisation.

The report demonstrates NHS Lothian's progress in embedding children's rights and provides accountability for actions taken to advance implementation of the UNCRC. It also identifies areas requiring further development over the period 2026-29.

Scottish Government guidance does not prescribe a specific format for Children's Rights Reports, providing public authorities with the opportunity to develop approaches that best reflect their local context and children's rights journey. NHS Lothian's Report and accompanying child-friendly resources have been informed by engagement with Scottish Government colleagues, national partners and children and young people, and we believe they meet our statutory reporting requirements while supporting meaningful communication about our progress and future ambitions.

As this report represents NHS Lothian's formal statutory submission to Scottish Ministers, Board approval is sought prior to publication and submission. Publication of the report demonstrates NHS Lothian's continued commitment to embedding children's rights as a whole-system organisational responsibility.

2.3.1 Quality/ Patient Care

Article 24 of the UNCRC states that every child has the right to the best possible health. This includes the provision of good quality healthcare and education on health and wellbeing, so that children can stay healthy. Compliance with the requirements of the Act will support children and young people to receive the best quality healthcare by ensuring that all their rights are promoted and protected. Compliance includes undertaking our statutory reporting duties and providing information in ways that children and young people can understand. The Children's Rights Report supports dissemination of our strategic direction and accountability for children's rights across the NHS Lothian workforce, helping staff to understand their role around children's rights and ultimately improving patient care.

2.3.2 Workforce

The Children's Rights Report will be shared across the NHS Lothian workforce, thereby raising the profile of the UNCRC, raising awareness of staff responsibilities in supporting a rights-based approach across NHS Lothian.

2.3.3 Financial

There are no additional financial implications associated with approval and publication of the Children's Rights Report. Delivery will be undertaken within existing resources.

2.3.4 Risk Assessment/Management

The Report allows NHS Lothian to meet legislative reporting duties of the UNCRC (Incorporation) (Scotland) Act 2024 by submission of the Report to Scottish Ministers in a timely manner.

Publication of the report contributes to reducing litigation, governance and reputational risks associated with non-compliance, by reinforcing to staff our UNCRC obligations and sharing examples of good practice.

2.3.5 Equality and Diversity, including health inequalities

ECRIA not required - The Children's Rights Report is a retrospective report of actions taken to progress children's UNCRC rights.

2.3.6 Other impacts

None identified.

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 Report is informed by collaborative work with partner organisations and children and young people. In due course, the Report will be published on the NHS Lothian website and a communication plan is being progressed to ensure stakeholders are aware of and can access the Report.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development.

- Population Health Senior Leadership Team, 11 August 2026
- Children, Young People and Maternal Health Programme Board, 24 August 2026
- Public Health and Health Policy Senior Management Team, 31 August 2026
- Corporate Management Team, 27 August 2026

2.4 Recommendation

Decision –

- Approve publication of the NHS Lothian Children's Rights Report 2024-26 and submission to Scottish Ministers.

Awareness –

- Note the *On Board with Children's Rights* animated video and NHS Lothian Children's Rights Plan 2025-29 will be launched through the new NHS Lothian Children's Rights website in October 2026 as part of NHS Lothian's wider children's rights communications and engagement programme.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Our Journey to Advancing Children's Rights in NHS Lothian, 2024-26 (Children's Rights Report)

Our Journey to Advancing Children's Rights in NHS Lothian 2024-26



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UN Convention on the Rights of the Child



Children's
COMMISSIONER



Survival



You have a right to life, good food, water, and to grow up healthy

Development



You have a right to an education and time to relax and play

Participation



You have a right to say how you feel, be listened to, and taken seriously

Protection



You have a right to be treated well and not be hurt by anyone

 1 Everyone under 18 has these rights	 2 All children have these rights	 3 Adults must do what's best for me	 4 The Government should make sure my rights are respected	 5 The Government should respect the right of my family to help me know about my rights	 6 I should be supported to live and grow
 7 I have a right to a name and to belong to a country	 8 I have a right to an identity	 9 I have a right to live with a family who cares for me	 10 I have the right to see my family if they live in another country	 11 I have the right not to be taken out of the country illegally	 12 I have the right to be listened to, and taken seriously
 13 I have the right to find out and share information	 14 I have the right to have my own thoughts and beliefs and to choose my religion, with my parents' guidance	 15 I have the right to meet with friends and to join groups	 16 I have the right to keep some things private	 17 I have the right to get information in bits or bits, as long as it's safe	 18 I have the right to be brought up by both parents if possible
 19 I have the right to be protected from being hurt or badly treated	 20 I have the right to special protection and help if I can't live with my own family	 21 I have the right to have the best care if I am adopted	 22 If I am a refugee, I have the same rights as children born in that country	 23 If I have a disability, I have the right to special care and education	 24 I have the right to good quality health care, to clean water and good food
 25 If I am not living with my family, people should keep checking I am safe and happy	 26 My family should get the money they need to help bring me up	 27 I have the right to have a proper house, food and clothing	 28 I have the right to an education	 29 I have the right to an education which develops my personality, respect for others' rights and the environment	 30 I have a right to speak my own language and to follow my family's way of life
 31 I have a right to relax and play	 32 I should not be made to do dangerous work	 33 I should be protected from dangerous drugs	 34 Nobody should touch me in ways that make me feel uncomfortable, unsafe or sad	 35 I should not be abducted, sold or trafficked	 36 I have the right to be kept safe from things that could harm my development
 37 I have the right not to be punished in a cruel or harmful way	 38 I cannot allowed to join the army until I am 15	 39 I have the right to help if I have been hurt, neglected or badly treated	 40 I have the right to legal help and to be treated fairly if I have been accused of breaking the law	 41 Where our country treats us better than the life we live, we should keep up the good work!	 42 Everyone should know about the UNCRIC

UN Convention on the Rights of the Child (1989) - Article 42

Welcome

NHS Lothian is committed to ensuring that the rights of children and young people are understood, respected and embedded in everything we do. The incorporation of the United Nations Convention on the Rights of the Child (UNCRC) marks an important milestone towards Scotland becoming a nation where every child can flourish, and we are proud to play our part in making that vision a reality.

This report highlights the progress we have made so far and the strong foundations already in place across our organisation. Every day, colleagues across NHS Lothian work to deliver services that support children and young people to be safe, healthy, heard and respected. We have strengthened awareness of children's rights, developed new approaches to participation and engagement, and continued to build a culture where children's rights are everyone's business. We recognise, however, that incorporation is not a destination but a journey. There is still much to learn and opportunities to improve. We remain committed to listening, reflecting and working together to ensure children's rights continue to shape our decisions, services and priorities.

This work would not be possible without the support and commitment of our many partners across health, local authorities, the third sector and other agencies. We are grateful for the collaborative spirit that helps us achieve more together than we could alone.

Most importantly, I would like to offer my heartfelt thanks to the children and young people who have helped to co-design our framework, implementation plan and this report. Your experiences, ideas and insights have shaped our approach and continue to guide us. Your voices matter, and your contribution is helping to create a better future for children and young people across Lothian.



Pamela Murray, Child Health Commissioner

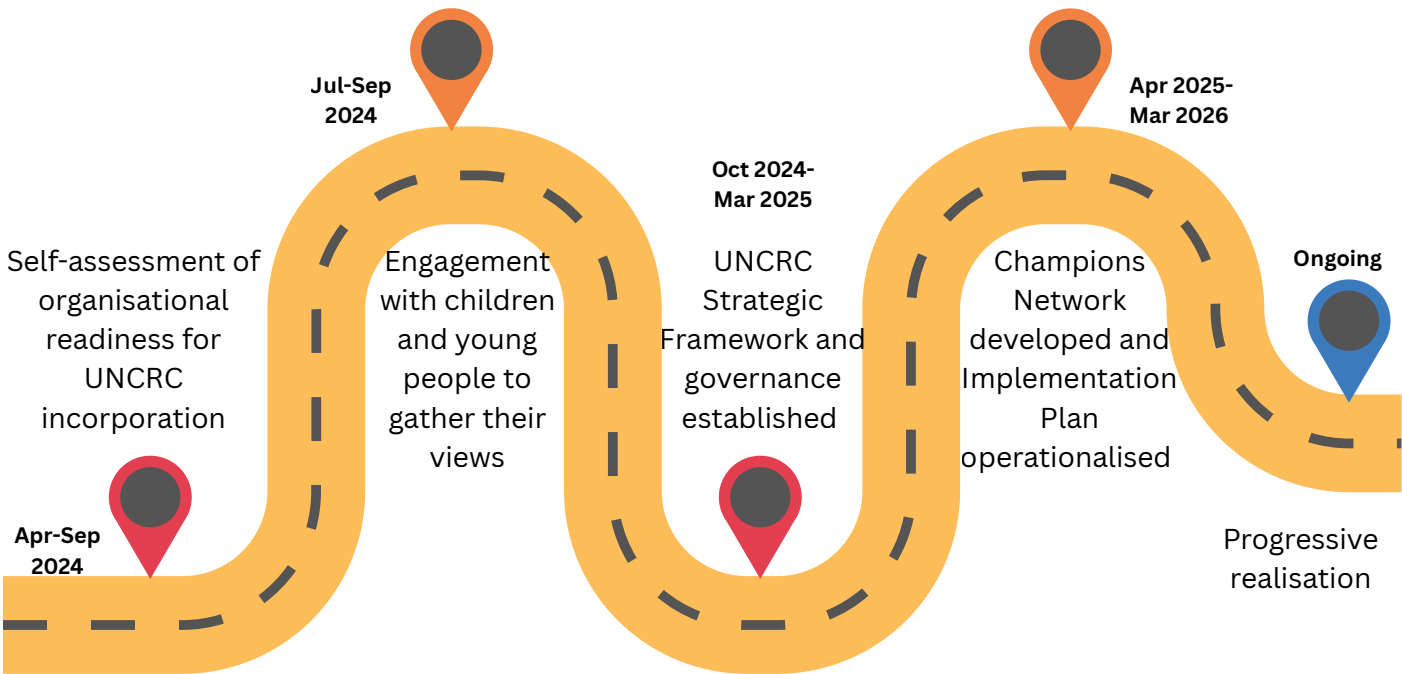
Understanding where we started

Our journey towards upholding children’s rights in NHS Lothian began a long time before the UNCRC (Incorporation) (Scotland) Act 2024 came into force. Across almost four decades since the United Nations Convention on the Rights of the Child was adopted in the United Kingdom, steps were being taken to advance children’s rights within NHS Lothian services. However, the incorporation of the UNCRC into Scots law provided the opportunity and requirement for a renewed focus on children’s rights. Most importantly, the new law encouraged us to take time to reflect on what was working well, and more significantly, on where we needed to improve.

This ‘renewed focus’ journey began in the Spring of 2024. This report describes the steps we have taken between 1 April 2024 and 31 March 2026 to advance children’s rights, along with planned activity during the next 3-year reporting period.

This report has been designed to tell the story of our children’s rights journey over the last two years. The report does not seek to detail every action taken within every service area, rather it aims to provide the reader with an understanding of our strategic approach, progress that has been made, and plans that will be taken forward during the next reporting period towards the progressive realisation of children’s UNCRC rights.

From self-assessment to action, 2024-26



UNCRC Self-Assessment

Our UNCRC Incorporation journey began with a self-assessment of organisational readiness informed by the ***Getting Ready for UNCRC Incorporation Framework*** designed by the Improvement Service. Over a four-month period, commencing in May 2024, staff and service representatives from across the organisation came together through a series of workshops and meetings to share information on the following themes:

- Leadership and Corporate Commitment
- Participation of Children and Young People
- Empowerment of Children and Young People
- Child Friendly Complaints Procedure
- Training and Awareness Raising
- Improving Practice
- Publishing Child Friendly/Easy Read Information
- Measuring Progress
- Children's Rights Budgeting
- Accountability and Reporting on Children's Rights
- Non-Discrimination/Rights at Risk

This process helped us to understand areas of good practice relating to children's rights, along with areas where improvements were needed to ensure that children and young people can enjoy their rights.

What are we doing well?

The self-assessment highlighted where things were working well within individual service areas and at leadership level. Key strengths identified were:

- Some strong leaders focused on progressing children's rights
- Focus on UNCRC and GIRFEC in *Lothian Strategic Development Framework*
- Individual good practice examples from some services
- GIRFEC embedded in community settings
- Partnership working
- Royal Hospital for Children and Young People child-friendly website
- Equality Impact Assessments
- Early-stage evidence of writing reports in a child-friendly way
- Communicating with children and young people about their care
- Gathering child health data, e.g. Health Visitor Universal Pathway, Immunisations, Breastfeeding
- Child Protection procedures

Alongside understanding where things were working well, we identified things that could be better, gaps in delivery, and opportunities that existed to advance children's rights.

Where do we need to improve?

Analysis on the findings from the self-assessment highlighted eight key themes:

1. Training and awareness raising, Education and Learning
2. Leadership and Governance
3. Policy, Planning, Service Improvement and Learning from Good Practice
4. Language and Communication
5. Clarity and Consistency
6. Impact, Compliance and Reporting
7. Engagement and Participation of Children and Young People
8. Finance and Budgets

Staff spoke about values, ways of working, facilitators, barriers, opportunities, messaging and conflict. Having gathered a large amount of information, it was important that this could be channeled into a meaningful way forward, informed by the children and young people whose rights we aim to progress.



Children and young people's participation

To support our self-assessment, a sample of children and young people across Lothian were supported by trusted adults to share their views. They told us what they know about their rights, including their rights to health and health-care. We learned what is going well for them and where we need to make improvements so that they can fully realise their rights.

Between July - September 2024, we worked with partner organisations to engage with fifty children and young people across Lothian. This approach allowed us to gather their views in multiple ways and across different settings. It was important to us that we met with children in spaces and with people that were familiar to them. Some examples of our engagement work included:

- Talking to children and families in the **Royal Hospital for Children and Young People** - facilitated by **Edinburgh Children's Hospital Charity**.
- Community workshop with young people with learning disabilities - facilitated by **Midlothian Learning Disability Team**.
- Visit to **East Lothian Champions Board** for children and young people with experience of care - facilitated by **Who Cares? Scotland**.
- Online questionnaire - facilitated by **NHS Lothian Volunteering Services**.
- Engagement through play - facilitated by **NHS Lothian Play Services**.



Engaging with children in the Royal Hospital for Children and Young People

How children and Young People's Voices shaped our direction

Children and young people told us that they most often learn about their UNCRC rights in school. Other sources included family members, health and social care professionals and third sector staff. Some young people had not received any learning about their UNCRC rights and some parents, including home educators, did not know where to get information about children's rights.

Many children and young people told us about some of the UNCRC Articles that they were familiar with, such as the Right to be listened to and taken seriously (Article 12), the Right to an education (Article 28) and the Right to rest, relax and play (Article 31) and the Right to be as healthy as possible (Article 24). Although they could name some of their rights and were familiar with the UNCRC, the majority of those we spoke to were not sure what enjoyment of their rights, particularly their rights in relation to health, would look like in practice.

Children and young people were clear that they:

- want to know about their health rights and how to claim them
- want to receive information in ways that they can understand

Feedback from the consultation was collated with information gathered from staff during our self-assessment and together these insights informed the development of **NHS Lothian UNCRC Strategic Framework** and **Children's Rights Plan 2025-29**.

The voices of children and young people come through clearly in our Children's Rights Plan and we are taking action to improve two-way communication and feedback on children's UNCRC rights between NHS Lothian and children and young people.

Actions we are working on include:

- Developing a Children's Rights web page to share information about children's rights and the actions we are taking forward.
- Developing a UNCRC Communications Strategy.
- Co-producing Children and Young People's Participation Guidance for NHS Lothian staff.



UNCRC Strategic Framework and Governance

NHS Lothian UNCRC Strategic Framework sets out the principles by which we will work and our priority areas for action in the next reporting period. The principles and priorities were directly informed by the findings of our self-assessment and consultation with children and young people.

Advancing children's UNCRC rights in NHS Lothian is a corporate priority and has senior executive endorsement. The UNCRC is embedded in organisational structures through the following mechanisms:

- Decisions endorsed by the Corporate Management Team
- UNCRC embedded in Lothian Strategic Development Framework
- Oversight provided by the Children and Young People and Maternal Health Programme Board
- Executive leadership from the Director of Public Health
- Local direction and national collaboration driven by the Child Health Commissioner Team
- Modelling, advancing and sharing good practice by the UNCRC Champions Network
- Equality and Human Rights governance
- NHS Board scrutiny of reporting

The principles and priorities set out in our Framework have also been endorsed by the four Local Authorities across Lothian - City of Edinburgh, Midlothian, East Lothian and West Lothian.

NHS Lothian Children's Rights Plan 2025-29 sets out our framework in a format that children and young people told us is easier for them to understand. The Strategic Framework, Children's Rights Plan, Children's Rights Report, and Animated Video for children and young people are available to view on NHS Lothian website.

<https://org.nhslothian.scot/equality-human-rights/childrens-rights/>

In this report we provide examples of actions that have been taken during this reporting period, alongside work that is in progress. These examples are not an exhaustive list of UNCRC actions across the organisation. We hope they will provide a flavour of steps that we are taking on our journey of progressive realisation of the UNCRC in NHS Lothian.

Within each priority area, we have strived to ensure that improvements will reach all Lothian children and young people and those from outwith Lothian who access our services. This includes identifying actions that will help to advance UNCRC rights for children who are, or have the potential to be, furthest removed from the realisation of their rights. High-level aims in this report and in our Children's Rights Plan 2025-29 are supported by a detailed Implementation Plan that will help us to achieve our goals.

UNCRC Principles

When making decisions that directly or indirectly impact children and young people, we will:

1. be informed by national policy and guidance
2. listen to children and young people
3. use an evidence-based and data-driven approach
4. co-ordinate across people and places
5. use a child friendly complaints process
6. recognise that children's rights are everyone's business
7. translate rights into practice

Priority areas for action

1

Training and awareness raising

2

Communication

3

Listening and responding to children and young people

4

Measuring impact and reporting

You Said, We Did

How children and young people's voices shaped our Children's Rights Plan

 **You said...** *"We want adults to listen to us and take us seriously."*

 **We did:**

We have made listening to children and young people a priority. We are improving the ways you can share your views and making sure adults use what you tell them when making decisions. [Priority 3]

 **You said...** *"Sometimes it's hard to understand what's happening or what our rights are."*

 **We did:**

We promised to explain things more clearly, using child-friendly words, pictures and different formats, so you can understand your care and your rights. [Priority 2]

 **You said...** *"We don't always know how to give feedback or complain if something isn't right."*

 **We did:**

We are making complaints and feedback processes kinder and easier for children and young people, so you feel safe to speak up and get help when you need it. [Priority 3]

 **You said...** *"We don't want to keep repeating our story to lots of different people."*

 **We did:**

We are working better together across services, so information is shared safely and respectfully, and you don't have to explain things over and over again. [Priority 2]

 **You said...** *"We want adults to know about children's rights and how to respect them."*

 **We did:**

We are training healthcare staff to understand children's rights and to use them in everyday work, so children are treated fairly, kindly and with respect. [Priority 1].

 **You said...** *"We want to know if changes actually happen."*

 **We did:**

We will check how well we are doing, report on progress, and keep improving. We will also tell children and young people what has changed because of their views. [Priority 4].

Priority 1: Training and awareness raising

Aims

- Raise awareness and understanding of the UNCRC and its relevance to the organisation across the workforce.
- Empower staff to uphold and progress children's rights, through improved knowledge, skills and confidence. This includes ensuring that all health staff, including independent contractors, can talk about the UNCRC confidently and translate knowledge into practice.
- Ensure that children, young people and their families, who come into contact with health services, are well-informed and supported to realise their rights.

Actions taken

UNCRC: What? When? Why? - with Lothian Association of Youth Clubs

[Advances Article 42; Indirectly advances multiple UNCRC Articles by raising staff awareness, knowledge, skills and confidence to uphold the UNCRC]

NHS Lothian partnered with **Lothian Association of Youth Clubs** to deliver bi-annual half-day 'UNCRC: What? When? Why?' in-person training sessions for staff from NHS Lothian and Third Sector youth organisations. These interactive sessions aim to achieve cross-sector learning about children's rights, with opportunities to build knowledge and skills to support practical application of the UNCRC. Feedback has been positive on the benefits of multiagency learning.

Making children's Human Rights Real in NHS Lothian - with Children's Parliament *[Advances Article 2; Article 12; Article 24; Article 42]*

Advanced training opportunities were delivered through a commissioned programme of interactive in-person and online training with **Children's Parliament**. This training was for staff who had completed the *UNCRC: What? When? Why?* training and/or the *Scottish Government, Introduction to Children's Rights* e-learning module.

Workshops focused on translating the UNCRC into practice. Children's Parliament introduced examples of children's human rights approaches and discussion took place on what NHS Lothian can learn from this.

Activities focused on creative reflection on our children's human rights work to date and building a children's rights movement: What has worked? What is challenging? What more can be done? How can agencies support each other?



'Our treasures' activity

We considered the principles of a children's human rights approach and explored how these principles are embedded in our UNCRC Strategic Framework and Children's Rights Action Plan and are being translated into practice:

- **Embedding** - Putting children's rights at the core of decision making, planning, and the delivery of services
- **Equality and Non-discrimination** - Ensuring that every baby, child and young person has an equal opportunity to fulfil their potential
- **Empowerment** - Building the agency and capacity of children and young people
- **Participation** - Listening to children and young people and taking their views seriously
- **Accountability** - Delivering a proactive culture of responsibility for children's rights

Aligned with our children's rights training programme, a network of staff, identifying as **Children's Rights Champions**, have come together to support the UNCRC incorporation journey. All members of staff joining the network have completed introductory children's rights training, with many having also completed further advanced training.

Through our partnership with **Children's Parliament**, advanced training has included learning about what it means to be an 'Unfeartie' - individuals who are willing to speak up for children, listen to their voices and promote their rights - and a number of NHS Lothian UNCRC Champions have joined Children's Parliament national Unfearties network. This brings opportunities for learning together, raising awareness of children's rights, and driving change.



A group of multi-agency 'Unfearties'

Activity undertaken by NHS Lothian Children's Rights Champions includes:

- Raising awareness, sharing learning and driving change in their teams and services.
- Coming together as a network to learn together, support each other, identify and address challenges, and share good practice.
- Working together to translate the UNCRC Strategic Framework principles and priority areas into actions, informing the UNCRC Implementation Plan.
- Embedding NHS Lothian Children's Rights Plan in service planning and delivery.

NHS Lothian has introduced the **Care About Rights** training and development programme within the **Melville Unit**, a specialist inpatient mental health service for children and young people aged 12 to 18, to strengthen a rights-based approach to care and treatment. Based on the Scottish Human Rights Commission's Care About Rights framework, the programme aims to enhance staff understanding of human rights and support them to apply this learning in everyday clinical practice.

Through participative workshops grounded in principles of psychological safety, staff are encouraged to consider how decisions can best uphold the dignity, autonomy and rights of children and young people while maintaining safe and effective care.



To date, 38 members of staff have completed the training, with feedback indicating high levels of engagement and satisfaction. The Equality and Human Rights team are continuing to roll out the programme across the Melville Unit and plan to provide additional coaching and support to help staff embed rights-based decision making within multidisciplinary team discussions and care planning processes.

While the Care About Rights Programme requires investment of staff time and can be challenging to deliver alongside clinical pressures, it has already had a positive impact on practice. Staff report increased confidence in applying human rights principles to complex situations, helping them identify less restrictive approaches to care and providing reassurance and optimism when working in challenging environments.

NHS Lothian worked with **NHS Education for Scotland and UNCRC Leads from other Health Boards** as part of a short-life working group to consider how UNCRC rights can be progressed for children treated in adult health services. As part of this work, NHS Lothian considered *'how we use data to understand need'*.

The **Child Health Commissioner team** worked with **NHS Lothian Public Health Intelligence**, supported by **Lothian Analytical Services**, to determine where children under the age of 18 years are coming into contact with adult services. Data was produced identifying the number of times that children (under 18 yrs) came into contact with adult services (Accident & Emergency (A&E), In-patient and Out-patient services by services area). Sub-analysis explored the data by Scottish Index of Multiple Deprivation (SIMD), age-group, length of in-patient stay, A&E waiting time, and ward/clinic specialities. Using data, we are more able to:

- understand where under-18s are accessing adult services, helping to identify priority areas for UNCRC awareness and training
- guide training and engagement, by targeting education and training towards adult services that see the highest numbers of children and young people.

At the time of writing this report, data analysis is ongoing to inform future direction and targeted work. The approach is proving beneficial in understanding areas of need and developing informed approaches. Work in this area is in the early stages, however we have already seen its value for helping staff in adult services to understand why the UNCRC is of importance to them. Staff who joined UNCRC training shared that while initially they could not see their role in advancing children's rights, they left training and workshops with new understanding, commitment and enthusiasm to champion children's rights in their teams.

NHS Lothian benefitted from engagement in this working group by tackling a challenging aspect of UNCRC incorporation alongside other Health Boards and learning from collaborative working.

Future work we have identified that could be taken forward in this area includes:

- exploring clinical-led projects to better understand the experiences of children and young people in adult settings - sequencing this after robust data collection.
- holding workshops for adult services to explore practical rights-based approaches, barriers and good practice.
- increased visibility of children's rights through resources and on-site engagement across hospital locations.
- promoting accessible feedback tools in adult settings to encourage children, young people and families to share experiences of care.

How Priority 1 actions are improving children's rights and reaching children furthest from their rights

Through increased awareness, training and capacity-building across NHS Lothian and partner organisations, staff are becoming better equipped to recognise, respect and uphold children's rights in their everyday practice. By supporting staff to move beyond awareness of the UNCRC and apply children's rights principles in decision-making, care planning, communication and service delivery, these actions are helping to embed a culture where children and young people are listened to, their views are valued, and their rights are systematically considered.

The focus on developing a network of champions, building confidence across both child and adult services, and supporting rights-based practice in specialist settings, helps ensure that children's rights are promoted wherever children access healthcare.

The use of data to identify where children come into contact with adult services, alongside targeted engagement and training, is particularly important in reaching children who may otherwise be less visible within health systems.

By improving staff understanding of inequality, participation and non-discrimination, these actions contribute to better outcomes for children who are furthest from their rights, including children living in poverty, children with disabilities or additional support needs, children experiencing mental ill health, and those receiving care in services not traditionally designed around children's needs. Collectively, this work is helping to create a more equitable, rights-respecting health system that is better able to identify and respond to the needs of all children and young people.



Priority 2: Communication

Aims

- Provide visible, clear and consistent internal and external communication relating to the UNCRC. Shared positive language relating to children's rights will be adopted, recognising the opportunity provided by the UNCRC Act to improve the lives of children, young people and their families.
- Ensure that information and resources of relevance to children, young people and their families is provided in clear and accessible formats, using child-friendly language.
- Strengthen communication channels across services and with partner organisations to share resources, learn from good practice and reduce duplication.

Actions taken

Pan-Lothian UNCRC [Advances Article 2; Article 3; Article 12; Article 13; Article 42]

NHS Lothian partner with the **four Local Authority areas served by NHS Lothian Health Board**, working together to share learning and align children's rights activity. This approach aims to streamline actions, strengthen effective use of resources, avoid duplication, reduce expenditure, and improve equity around children's rights practice for children and young people across Lothian. NHS Lothian chairs bi-monthly meetings of UNCRC Leads across the five organisations and a UNCRC Lead representative from NHS Lothian sits on the Children's Rights Working Groups attached to the four **Children's Services Partnerships** - City of Edinburgh, Midlothian, East Lothian and West Lothian.

This approach has improved partnership working and, although the group is still developing in terms of role and purpose, opportunities to collaborate on Lothian-wide projects have already emerged. An example of this is a collaborative pan-Lothian project being progressed with **Robert Gordon University**, focused on building positive relationships and understanding between health and social care staff and children, young people and their families [see Priority 3 section of this report for further information about this project].

NHS Lothian is an active partner in the following national groups that support UNCRC incorporation:

- **UNCRC Leads Network** (Chaired by NHS Education for Scotland) - superseded from April 2026 by,
- **UNCRC Health Leads Network** (Scotland-wide network)
- **NHS Promise Network** (Chaired by The Promise Scotland)
- **GIRFEC Learning Network** (Chaired by Scottish Government, Children and Families Directorate)

Engagement with these national networks supports us to embed a joined-up approach to multiple policy areas, underpinned by the realisation of children's human rights. NHS Lothian has benefitted from learning from work being taken forward in other Health Boards and public bodies. We have also been able to contribute to the learning of others in the following ways:

- Panel on "Implementation and accountability after the UNCRC Incorporation Act" at **Observatory of Children's Human Rights Scotland - Research Network on Children's Human Rights** event (Nov 2024).
- Presentation on Taking a Children's Rights Based Approach to Care Provision at **British Society of Paediatric Dentistry Annual Study Day** (June 2025).
- Presentation on Children's Rights Theory Into Practice at **Project Echo - Paediatric Palliative Medicine Education Network** (Oct 2025).
- Presentation on NHS Lothian's approach to integrating Equality Impact Assessments with Children's Rights and Wellbeing Impact Assessments at **Upholding Children's Rights Across Services - Shared Responsibility - WCYPF Conference** (Nov 2025).
- Facilitation of workshop at **Celebrating Breastfeeding in Scotland Conference** - Hearing the Baby's Voice: Rights-Based Approaches in Breastfeeding (March 2026).

Children's Rights Website (Advances Article 12; Article 13; Article 17; Article 24; Article 42]

The development of a **Children's Rights web page** is underway and due to launch in September 2026. The website will provide information and resources about children's rights for children, young people, families and professionals and will be hosted in the Equality and Human Rights section of NHS Lothian website.

The website will support consistent messaging about children's rights and provide a platform where children, young people, families and professionals can learn about what NHS Lothian are doing to progress children's UNCRC rights. A communications plan will support awareness of the new website.

On Board With Children's Rights - animated video [Advances Article 2; Article 3; Article 6; Article 8; Article 12; Article 13; Article 16; Article 17; Article 24; Article 28; Article 30; Article 31; Article 42]

NHS Lothian considered the best way to fulfil our statutory duty to deliver child-friendly reporting on work that we are progressing to advance children's UNCRC rights. We wanted to ensure that information we share with children and young people is of relevance and interest to them and is shared in ways that are most accessible to them. As part of our self-assessment consultation, we asked children and young people for their views on what a children's rights plan for NHS Lothian should look like.

Feedback from Children and Young People

Language

Children and young people emphasised the importance of using accessible, straightforward language. They wanted information to be written in a way that they could easily read and understand, with shorter sentences and clear explanations. Feedback highlighted the need to avoid overly complex language and ensure that information is suitable for different ages and levels of understanding.

Key messages:

- Use accessible language.
- Keep sentences short and clear.
- Ensure information can be easily read and understood by children and young people.

Accessibility

Participants highlighted the importance of information being easy to access and available to everyone. They felt that resources should be written from a child's perspective, ensuring that the content feels relevant, relatable and inclusive. Accessibility was seen not only in terms of availability but also in creating resources that genuinely reflect children's viewpoints and experiences.

Key messages:

- Information should be visible and accessible to all children and young people.
- Resources should be easy to find and use.
- Content should be written from a child's perspective.

Design

Children and young people strongly valued engaging and visually appealing designs. They wanted resources to be colourful, fun and clearly aimed at children and young people rather than adults. Visual elements such as colourful pictures were seen as important in helping understanding and maintaining interest. They also suggested a range of formats, including films, videos and app-based resources, to make information more engaging and accessible.

Key messages:

- Use colourful, attractive and child-friendly designs.
- Include pictures and visual elements to support understanding.
- Keep layouts clear and simple.
- Consider a range of formats, including videos, films and apps.

Content

Feedback indicated that children and young people want content that is positive, constructive and supportive. They felt information should help children develop, learn and improve, while also being relevant to a wide range of experiences and backgrounds. Inclusivity was identified as a key principle, ensuring that all children and young people can see themselves reflected in the information provided.

Key messages:

- Content should be constructive and support children's development.
- Information should focus on helping children improve and achieve positive outcomes.
- Resources should be inclusive and relevant to diverse experiences.

How feedback from children and young people informed our approach

Informed by this feedback, **NHS Lothian** commissioned **Palindromicals**, an independent animation film and production studio, to co-produce a video on children's rights with Lothian children and young people. The feedback was also used to develop our Children's Rights Plan. Together, the Children's Rights Plan and animated video tell children and young people:

- how children and young people's voices shaped our plan.
- what UNCRC rights mean in the context of health.
- the steps NHS Lothian are taking to advance children's UNCRC rights.
- where they can find more information about their rights and how to claim them.

Feedback from children and young people informed the content of the video and we focused on providing information that they had told us they wanted to hear and filling gaps in knowledge identified in the consultation responses.

Co-producing the video with children and young people

NHS Lothian and **Palindromicals** worked with over 100 children and young people in the age range 5-17 years through a series of surveys and workshops to design the video. Children and young people were involved in the development of both the script and the images, using their voices at each stage of the process to improve the design. They also contributed their voices to the script recording.

This iterative process allowed children and young people, supported by trusted adults, to learn about video production - what is involved, how decisions are made, how images and scripts are developed, how long it takes to produce the final product. They told us that the project was interesting and fun, and that they learned more about their rights from being involved. At the time of writing this report, the final product is eagerly awaited and a video launch is being planned for the children and young people who took part in the production. Following this, the video will be shared widely and will be available to view on the Children's Rights page of NHS Lothian website.



Animation image development



Animation image

Supporting the Deaf Community [Advances Article 2; Article 3; Article 12; Article 17; Article 23; Article 24]

NHS Lothian has strengthened the rights of Deaf children by establishing a **Deaf Children and Families Steering Group**, providing a structured forum through which children and families can influence decisions about children's health services.

The group has agreed key governance arrangements, including terms of reference, a safer spaces framework and an action plan to improve access and experiences of healthcare.

Accessibility has also been enhanced through the introduction of British Sign Language (BSL) interpretation on patient information videos on the Royal Hospital for Children and Young People (RHCYP) website. This supports Deaf children's rights to access information, healthcare, and non-discriminatory access to services.

Together, these actions demonstrate progress in promoting the participation, inclusion and wellbeing of Deaf children in line with the UNCRC.

How Priority 2 actions are improving children's rights and reaching children furthest from their rights

The actions detailed in this section are helping to create a more accessible, inclusive and rights-respecting approach to communication across NHS Lothian, enabling children, young people and families to better understand their rights and how to realise them. By strengthening communication channels within NHS Lothian, across partner organisations and through national networks, we are improving consistency of messaging and sharing learning that supports the implementation of children's rights in practice.

The co-production of children's rights resources, including the animated video and website, demonstrates a commitment to Article 12 by ensuring that children and young people influence how information about their rights is developed and shared.

Particular attention has been given to accessibility, recognising that some children face additional barriers to receiving information and participating in decisions that affect them. This includes work with D/deaf children and families, the provision of BSL interpretation, and the development of child-friendly resources informed directly by children and young people from a range of backgrounds.

By focusing on accessible formats, inclusive design and clear language, these actions help reach children who are furthest from their rights, including disabled children, younger children, children with communication needs, and those who may be less aware of their rights or how to claim them.

Collectively, this work is supporting greater awareness, participation and empowerment, helping more children and young people to access information, express their views and influence the services they receive.

Priority 3: Listening and responding to children and young people



Drawing of Article 12 by a primary school pupil

Aims

- Develop and strengthen processes to ensure that children and young people's views are taken into account when adults are making decisions that may directly or indirectly affect them. This includes supporting children of all ages from birth up to age eighteen to give their views in a way that is best for them.
- Improve feedback channels so that children and young people know how to share their views on the services we provide and are informed about the actions we have taken.
- Implement the Scottish Public Services Ombudsman (SPSO) Child Friendly Complaints Handling Process Guidance in full to deliver the Model Complaints Handling Procedure in a way that upholds children's rights under the UNCRC.

Actions taken

Involving Young People in Shaping Their Care and Support [Advances Article 12; Article 24]

Young people in the **Melville Unit (CAMHS in-patient) at the Royal Hospital for Children and Young People (RHCYP)** were actively involved in recruiting new nursing staff through the ward's weekly *Melville Meeting*. They developed two interview questions focused on how applicants would support young people during emotional distress and ensure their views are heard. These questions were included in formal interviews, encouraging candidates to reflect on empathy, communication and person-centred care. The initiative strengthened young people's participation in decisions affecting their care and demonstrated the value of their voices in shaping service delivery.

'Big School, Wee Worries' [Advances Article 12; Article 24]

A key example of how the **East and Midlothian School Nursing Service** is embedding the principles of the United Nations Convention on the Rights of the Child (UNCRC) into practice is the development of our Primary 7 transition workshop, "Big School, Wee Worries." This initiative was designed to support children's right to health, wellbeing and participation, recognising that transition to secondary school can be a significant source of anxiety for many young people.

In early 2025, we undertook a small focus group with Primary 7 pupils to better understand their experiences, concerns and priorities regarding the move to high school. Consistent with Article 12 of the UNCRC, which promotes children's right to express their views and have those views taken seriously, the feedback gathered directly informed the development of a pilot workshop.

Using Quality Improvement methodology, the workshop was refined through several Plan–Do–Study–Act (PDSA) cycles. Throughout this process, young people remained central to the design and evaluation of the programme. Their feedback influenced the workshop's name, content, delivery style and overall structure, ensuring it was relevant, engaging and responsive to their needs.

By actively involving children and young people in service design, we have created a transition resource that is informed by lived experience, promotes emotional wellbeing and demonstrates a practical commitment to children's rights in everyday school nursing practice.

Speech and Language Therapy (SLT) services used the **How to Listen to Me Profile** and the **Lundy Model of Participation** to support a young person's school transition.

SPACE

A pupil was getting ready for transition to secondary school placement. This is to a specialist school out with her local community. She is non speaking, has intellectual disability and her development is at a very early stage with no intentional communication. She relies on people who know her well to interpret her behaviours as these are subtle and may be overlooked.

VOICE

We looked at our standard communication profile format which tends to focus on use of appropriate inclusive communication strategies. It doesn't gather enough detail to highlight and describe an individual's behaviours and what they mean. It also didn't share information about how those supporting her should respond. We therefore decided to use the How to Listen to Me profile to gather this information. We took opportunity to work with parents and the school team who knew her really well to gather this information across settings.

AUDIENCE

The How to Listen to me profile was completed ahead of time so that information was available to the team in the new school before transition visits took place. This described each of her observable behaviours, what these might mean and then how these are best responded to.

INFLUENCE

This has been shared as a key document to support transition. It has been shared with new SLT who can promote its use and update this over time. The team supporting her can recognise behaviours and respond to her from the outset. As these behaviours can be subtle and are highly individualised, it may have taken long time to get to know these. They may also have been misinterpreted or not responded to (e.g. increased movement, with repeated flipping head forward – this means discomfort generally associated with her splints. Knowing what this behaviour means is key to highlighting to staff to check splints and adjust if necessary).

Staff can use this information to gather information about how she responds to new environments and activities. They can change her planned timetable activities based on these responses.

Outcome

Listening to and acting on the young person's views led to:

- more effective, personalised support
- more effective transition with better quality information.
- engagement in decisions about their own learning and communication needs.

Listening to the voices of young people in East Lothian [Advances Article 12]

‘Growing and Changing’

East Lothian Partnership and Place team (Public Health and Health Policy) are working with a group of young people (17-19 yrs) who have experience of poverty and inequalities, on matters that are important to them through the *Growing and Changing* campaign. The group gathered over 300 voices towards their *Supportive Person Campaign*. Young people presented their findings and recommendations to Public Health teams and Schools, and plan to write a report for anyone working with children and young people in East Lothian. Young people, supported by Public Health staff, gathered these voices in festival-style events with activities, music, food and fun. Creating events that were for young people, by young people and less about the ‘consultation’ proved to be a huge success in gathering the voices of young people, with over 100 attendees at each event. Going forward, *Growing and Changing* are moving towards a new campaign on young people’s mental health and how they access support, and are planning a fun sport event for young people and staff from across the East Lothian Children’s Partnership.

The Youth Participation Collective

East Lothian Partnership and Place team (Public Health and Health Policy) are working alongside council and third sector colleagues to consider how youth voice is listened to. This work brings various youth participation forums together into one place - *The Youth Participation Collective*. The work contains two strands: a *Young People Forum*, where young people from different participation groups come together to discuss ongoing issues; and a *Staff Forum* bringing together organisations, including those representing marginalised groups and young people who face additional barriers to participation.

A name for the *Young People Forum* will be chosen by young people. The group has met on three occasions this far and has already come up with 5 themes of importance to the young people: *transport, perceptions of young people, school support, youth places and spaces, and safety*. The group have provided vital feedback to the *East Lothian Equally Safe Strategy* (on violence against women and girls) and their perceptions of young people discussions are being shared with those campaigning locally on stigma.

Impact and Learning

A partnership approach between **Public Health and other Children's Services Partnership organisations** ensures that young people have opportunities to share their views, their voices are listened to, and they can meaningfully influence planning and decision-making at a strategic level.

- The *Youth Participation Collective* has an audience with the *Children's Strategic Partnership* every year.
- Lived experience is at the forefront of evidence gathering for the *Local Development Plan*
- Young People's voices help to inform the *Local Outcome Improvement Plan*

Children and Young People Feedback Channels [Advances Article 3; Article 6; Article 12; Article 24]

NHS Lothian is working to improve feedback channels so that children and young people know how to share their views on the services we provide and are informed about the actions we have taken.

Progress

During 2025/26, the **Patient Experience Team** worked in partnership with colleagues at the **Royal Hospital for Children and Young People (RHCYP)** and **Care Opinion** to deliver an engagement event aimed at raising awareness of feedback opportunities amongst children, young people and families. The event used storytelling, interactive activities and child-friendly resources, including stickers and colouring activities, to encourage participation and support understanding of how feedback can be used to improve services.

The event was well received by children, young people, families and staff, and provided an opportunity to hear directly from children about their experiences of care. Following the event, children and young people continued to share stories through Care Opinion. These stories have been shared with relevant NHS Lothian services to support learning, recognise good practice and identify opportunities for improvement.

Challenges

Children and young people are still less likely than adults to provide direct feedback about their experiences. There is a need to continue developing approaches that encourage participation and make feedback opportunities visible, accessible and meaningful.

Next Steps

The Patient Experience Team will continue to promote Care Opinion and other feedback channels across children's services and build on the learning from the RHCYP engagement event. We will also continue our review of public-facing patient experience information to ensure children, young people and families can easily find information on how to share feedback and understand how their views contribute to service improvement.

Our work to better understand where children come into contact with adult services provides an opportunity for us to expand the reach of this work beyond children's services through a targeted data-driven approach (see Priority 1 section of this report for further information on our work around children in adult services).

Child Friendly Complaints Process *[Advances Article 3; Article 6; Article 12; Article 24]*

NHS Lothian is working to implement the **SPSO Child Friendly Complaints Handling Process Guidance** in full to deliver the Model Complaints Handling Procedure in a way that upholds children's rights under the UNCRC.

Progress

The **Patient Experience Team** continues to support children, young people and their families to raise concerns, provide feedback and make complaints about NHS Lothian services. We work in line with the NHS Scotland Complaints Handling Procedure and SPSO Child Friendly Complaints Handling Process Guidance, ensuring support is available throughout the process.

Alongside managing complaints and feedback, the team have started reviewing the public-facing Patient Experience webpages to ensure information is accessible, easy to navigate and written in a way that is understandable for a wide range of users, including children and young people. This includes reviewing how people access information about giving feedback, raising concerns and making complaints.

Challenges

Complaints and feedback relating to children's services continue to be received mainly from parents, carers and advocates rather than directly from children and young people. Raising awareness of available feedback and complaints routes and ensuring information is accessible for different ages and communication needs remains an ongoing challenge.

Next Steps

We will continue to review and improve the accessibility of information available through the NHS Lothian website and explore further opportunities to make feedback and complaints processes more visible and accessible to children and young people.

Dispute Avoidance and the Child Friendly Complaints Process [Advances Article 3; Article 5; Article 12; Article 13]

NHS Lothian are working with **Dr Sarah Sivers (Robert Gordon University)** on a time-limited project that considers how to create and/or reinforce conditions in which disputes can be avoided.

Dispute avoidance is not the same as dispute resolution, for which there are a range of legal and quasi-legal mechanisms. Our work aims to provide the groundwork for an environment that seeks to avoid disputes by mitigating the incidence of disagreements that could otherwise escalate to complaints (and to court if not otherwise addressed).

We view this as an important step in the creation of a robust child friendly complaints process, and a mechanism to advance children's rights by building positive relationships and understanding between children, young people, families and health and social care staff.

Drawing on findings from Dr Sivers' research: *"Disagreements about paediatric treatment: an exploration of the causes of conflict between parents and clinicians and pathways to dispute resolution"* (2026 *Journal of Social Welfare and Family Law*, 1–21 <https://doi.org/10.1080/09649069.2026.2614857>), the project considers the broader applicability of findings from paediatric care across health and social care services.

Informed by a series of workshops with health and social care staff across Lothian, the following resources are in production for dissemination in Autumn 2026:

- Talking Head videos for health and social care staff, introducing key ways to avoid disputes arising and how they apply to work with children to progress their UNCRC rights.
- Talking Head video for parents and carers to aid understanding of the ways in which children's UNCRC rights can be upheld in parent/carer/staff engagement.
- Talking Head videos for children and young people to help them learn about their rights when engaging with health and social care professionals.
- Training for Trainers resource for health and social care teams and services.

Importantly, the project provides a means of translating published research findings into everyday practice. Work will be undertaken to monitor the uptake and impact of the resources.

How Priority 3 actions are improving children's rights and reaching children furthest from their rights

These actions are strengthening NHS Lothian's ability to listen to, understand and respond to the views of children and young people, ensuring that their voices influence decisions at both individual and strategic levels.

By embedding participation into care planning, service design, recruitment, feedback processes and partnership decision-making, children and young people are increasingly being recognised as active rights-holders rather than passive recipients of services.

Particular effort has been made to create opportunities for participation that are tailored to children's differing needs and circumstances, including supporting non-speaking children to communicate their views, involving children and young people experiencing poverty and inequality in shaping local priorities, and improving accessibility for those who may face barriers to participation.

The focus on strengthening feedback and complaints processes, alongside work to build positive relationships and avoid disputes, helps ensure that children and young people are able to raise concerns, influence change and have their rights respected when decisions affect them.

By seeking out and responding to the views of children who may be less frequently heard, including disabled children, children with complex communication needs, young people experiencing mental ill health, and those facing socio-economic disadvantage, these actions are helping to reduce inequalities in participation and ensure that services better reflect the needs, experiences and rights of all children and young people across Lothian.

Priority 4: Measuring impact and reporting

Aims

- Monitor progress on children's rights. This will involve undertaking assessments of how well children are being protected, including the use of children's rights and wellbeing assessments.
- Report every three years to Scottish Ministers in a stand-alone NHS Lothian report, with the first report submitted as soon as practicable after 31 March 2026.
- Contribute to joint reporting with partner organisations where this is relevant and appropriate regarding multi-disciplinary work to promote and protect children's rights.

Actions taken

Embedding Children's Rights in Decision-Making

NHS Lothian has undertaken a range of actions to strengthen children's rights through the **Equality and Children's Rights Impact Assessment (ECRIA) process** and wider embedding of children's rights in decision-making. Key work undertaken in this reporting period is detailed below.

Strengthening the ECRIA framework and governance

An audit was undertaken of how the Corporate Management Team (CMT) considers equality and children's rights in decision-making.

Following the audit, the **Equalities and Human Rights team**:

- Developed and published a new [Equality and Children's Rights Impact Assessment Policy](#).
- Updated CMT submission paper templates.
- Revised ECRIA guidance, templates and website resources.
- Established an annual audit process to monitor the quality and use of ECRIAs.

Reviewing decision-making through a children's rights lense

A CMT Equality and Children's Rights Audit was introduced to assess:

- whether papers considered the need for an ECRIA.
- whether ECRIAs were completed and attached where required.
- whether equality and children's rights issues were appropriately addressed in decision-making.

The audit found an overall positive rating of 65.6% for consideration of equality and children's rights within CMT papers, providing a baseline for future improvement.

Improving the quality of ECRIAs

ECRIA reports were audited against 25 questions based on Equality and Human Rights Commission and Scottish Government children's rights guidance.

Results showed:

- 96% of ECRIA reports achieved a positive rating (green or amber).
- 48% were rated green, demonstrating high-quality, well-evidenced assessments.

This indicates strong compliance with equality and children's rights guidance and provides a baseline measure for the improving the quality of assessments.

UNCRC Strategic Framework

The development of **NHS Lothian UNCRC Strategic Framework** has been instrumental in providing direction to our children's rights work, helping us to focus across the organisation on shared objectives and ways of working. We recognise that full realisation of UNCRC rights for all children and young people who come into contact with our services, either directly or indirectly, will be a long journey, and we are heartened by the steady progress that has been made over the last two years and look forward to continuing the journey throughout the next reporting period.

At the time of writing this report, we lack robust organisational measures of the impact of work to progress children's UNCRC rights on child health outcomes. One of our priorities in the next reporting period is to establish baseline data and outcomes indicators to support these measures.

Informing the development of Key Performance Indicators

NHS Lothian Child Health Commissioner has been working with colleagues from the **University of Edinburgh's Observatory of Children's Human Rights** to explore how meaningful indicators and measures can be developed to support implementation of the UNCRC within health services. This collaborative work seeks to draw on international learning and ensure that future children's rights reporting focuses not only on compliance, but on demonstrating real improvements in the experiences and outcomes of children and young people. The Child Health Commissioner has also been asked to support an ESRC-funded programme of work on children's rights monitoring, helping to shape approaches that are practical, evidence-informed and useful for public bodies in meeting their children's rights duties.

Taking a whole service approach to embedding the UNCRC

Examples are provided from two services who have aligned children's rights action plans in their service area with the UNCRC Strategic Framework principles and priorities. This approach helped the services to identify areas for improvement, aligned with NHS Lothian strategic direction.

Example 1: Speech and Language Therapy Service

What did we do?

During 2025–26, Children and Young People's Speech and Language Therapy services continued to embed children's rights across clinical practice and service development through a whole-service focus on awareness and training, communication, participation, and impact measurement. Staff awareness of children's rights has been promoted through UNCRC learning, integration of child and family voice within SLT principles of practice and increasing use of rights-based and neuro-affirming approaches in assessment, intervention and decision-making processes.

Progress we made

Progress has been made in embedding children's views within clinical pathways, report templates, communication profiles and assessment processes. Resources including *How to Listen to Me*, Talking Mats, communication profiles and symbol-supported materials have strengthened opportunities for children and young people to participate in decisions affecting them.

Feedback from families is increasingly gathered and discussed through team meetings, quarterly reporting and service development activity, and examples of co-production are emerging within service development projects.

Challenges we faced

Challenges remain in achieving consistency across all teams and settings. While family feedback is increasingly routine, there is variability in how children's views are captured, analysed and used to demonstrate impact. Accessible feedback mechanisms, participation opportunities and governance arrangements require further development to evidence how children's voices influence service decisions and outcomes.

Next steps

Priorities for 2026–29 are to embed a culture of consistent rights-based practice, strengthen co-production, standardise accessible resources and implement robust systems for measuring and reporting the impact of children's participation on service improvement and decision-making.

Example 2: East Lothian Health Visiting Service

What did we do?

During 2025–26, East Lothian Health Visiting services continued to embed children's rights across practice through a focus on staff awareness, communication, participation and governance. UNCRC awareness was promoted through team meetings, supervision, professional development discussions and induction processes, supported by identified UNCRC champions. Children's rights messaging was incorporated into routine contacts with families, health promotion activity, partnership working and service communications. Health Visitors continued to promote participation by observing and responding to the views of babies, children and families during assessments and home visits, while children's perspectives increasingly informed service development and quality improvement activity. Rights-based considerations are also becoming more visible within assessment, planning, documentation and governance processes.

Progress we made

There has been increased staff confidence in discussing and applying children's rights, with greater consideration of children's views within assessments, reviews and care planning.

Children's rights are more visible within documentation, service communications and partnership activity, contributing to improved awareness among staff, families and stakeholders. The service has strengthened its understanding of children's experiences and priorities and there is growing discussion of outcomes for children and young people through governance, reporting and service improvement processes.

Challenges we faced

We face challenges in maintaining consistency across all Health Visiting teams and services. Consistent application of rights-based approaches are affected by competing training priorities, limited protected learning time and variations in staff confidence. Ensuring accessible communication for families with diverse needs, achieving meaningful engagement with underrepresented groups and balancing children's rights activity alongside other service priorities continue to require attention. Further work is also needed to strengthen how the impact of children's rights is measured, evidenced and reported across settings.

Next Steps

Priorities for 2026-29 are to strengthen and expand the network of UNCRC champions, continue embedding children's rights within documentation and assessment processes, and increase the availability of accessible and child-friendly information, including digital resources and materials in different formats and languages. The service will further develop opportunities for participation and co-production, improve how feedback and participation outcomes are shared and used, and strengthen reporting arrangements to demonstrate the impact of children's rights on service delivery and outcomes for children and families.

How Priority 4 actions are improving children's rights and reaching children furthest from their rights

The actions described in this section are strengthening NHS Lothian's ability to demonstrate accountability for children's rights by ensuring that children and young people are considered more systematically in decision-making, service planning, delivery and evaluation. The development of governance, audit and impact assessment processes is helping to embed children's rights across the organisation and move children's rights from policy into practice.

By improving the quality and consistency of Equality and Children's Rights Impact Assessments, NHS Lothian is better able to identify potential impacts on children and young people and take steps to address inequalities before decisions are implemented.

The use of audits, reporting mechanisms and service-level self-assessment supports a culture of continuous improvement, enabling services to reflect on progress, identify gaps and share learning.

Importantly, this work creates greater visibility of the experiences and outcomes of children who are most at risk of being overlooked, including children with disabilities, babies and younger children whose views may need to be interpreted through trusted adults, children experiencing poverty, and those facing barriers to participation or access to healthcare.

While recognising that further work is required to develop robust outcome measures, the foundations established during this reporting period place NHS Lothian in a stronger position to evidence impact, monitor progress and ensure that the realisation of children's rights remains a core consideration across all areas of service delivery.

The road ahead

This report is not just about looking back, but also looking forward. Advancing children's rights in NHS Lothian is a work in progress and we will continue to take action, record improvements and monitor impact over time. Our UNCRC Strategic Framework and Children's Rights Plan sets out our direction of travel. We will continue to progress ongoing actions that have been highlighted in this report and will commence new activity to help us reach our goals. Feedback that we receive from this reporting cycle will be used to strengthen our approach and refine our plans.

Detailed below are the outcomes we will work towards and some of the actions we will take in the next reporting period to help us achieve our outcomes.



Children, young people and their families are well-informed and supported to enjoy UNCRC rights

We will:

- Develop a communications plan to raise awareness of the UNCRC and the actions we are progressing.
- Raise the visibility of the UNCRC across physical spaces that children, young people and their families come into.
- Provide information on children's rights through relevant channels, such as the Personal Child Health Record (Red Book).



Staff are empowered to uphold and progress children's rights

We will:

- Continue to deliver introductory-level multi-agency staff training on children's rights with Lothian Association of Youth Clubs and develop an advanced training offer.
- Embed the UNCRC in relevant staff training modules.
- Grow our UNCRC Champions Network to share and model good practice.
- Develop a 7-minute briefing and dissemination plan.
- Deliver a series of Lunch and Learn online sessions to build staff knowledge and skills.
- Develop and maintain our children's rights web and Intranet pages.

- Develop a library of resources for staff to support the practical application of the UNCRC.
- Work with Robert Gordon University to develop Dispute Avoidance training and resources that will support staff to embed relational practice that upholds the UNCRC.
- Work with independent contractors, such as GPs, Dentists, Pharmacy staff, to raise awareness and support practical application of the UNCRC.
- Use a data-driven approach to identify and work with adult services that come into contact with under 18s



Information is clearly communicated and accessible

We will:

- Adopt shared positive language relating to children's rights across the organisation.
- Progress the use of media, such as videos, animation and talking heads, to share information with children, young people and families.
- Develop guidance for staff on producing child-friendly information and resources.
- Progress pan-Lothian approaches through shared actions and resources via the Pan-Lothian UNCRC Leads Group.



Children and young people's views are taken into account in decisions that may affect them

We will:

- Develop participation guidance to ensure that children and young people are meaningfully involved in decisions that affect them.
- Improve opportunities for children and young people to share their views on the services they receive.
- Improve feedback channels to ensure that children and young people know about the actions we have taken based on their feedback.
- Fully implement a Child Friendly Complaints Process and raise awareness with children, young people and families.

-
- Work with Robert Gordon University to develop resources for children and families to help avoid disputes from arising.



Progress is monitored and reported

We will:

- Establish baseline data on UNCRC implementation.
- Develop and pilot outcome indicators to help us monitor the impact of our work.
- Conduct assessments to evidence how well children's rights are being upheld, including the use of Children's Rights Impact Assessments.
- Evidence the progressive realisation of the UNCRC across our UNCRC Strategic Framework priorities.
- Deliver 3-yearly Corporate UNCRC Reporting.
- Develop 3-yearly child-friendly UNCRC reporting based on what children and young people tell us they want to hear.
- Collaborate with partner organisations across the four Lothian local authority areas to ensure consistency and quality of UNCRC reporting.

Conclusion

This report aims to inform the reader of NHS Lothian commitment and strategic direction towards the progressive realisation of children's rights. Sitting alongside strategy, the report demonstrates specific initiatives that are being taken forward to embed UNCRC principles and child-friendly approaches across services.

We consider that by embedding children's rights into planning, governance and decision-making, staff and services will be supported to embed our Strategic Principles and Priorities into everyday practice.

This report has allowed us to reflect on progress and enablers of change, and we will continue to refine our approach based on the evidence we gather as we move forward.

Key Highlights, 2024-26

1. Leadership and Strategic Commitment

NHS Lothian has established strong foundations for advancing children's rights through clear leadership, governance and strategic planning. The development of a UNCRC Strategic Framework, Children's Rights Plan, implementation programme and governance structures has created a coordinated approach to embedding children's rights across the organisation. Significant investment has also been made in workforce development, awareness raising and impact assessment processes to support staff to translate children's rights into everyday practice.

- Established a UNCRC Strategic Framework and Children's Rights Plan with senior executive endorsement and clear governance arrangements.
- Embedded children's rights within organisational planning, decision-making and reporting structures.
- Developed a programme of staff learning, champions network and rights-based practice initiatives to build knowledge, confidence and accountability.
- Strengthened Equality and Children's Rights Impact Assessment processes to support evidence-based decision-making and continuous improvement.

2. Collaborative Partnership Working

Collaboration has been a key enabler of progress throughout NHS Lothian's children's rights journey. By working closely with local authorities, third sector organisations, national networks, academic partners and community groups, NHS Lothian has strengthened learning, shared resources and promoted a more consistent approach to children's rights across Lothian and beyond. This partnership approach has increased capacity, reduced duplication and supported innovative projects that improve outcomes for children and young people.

- Developed a Pan-Lothian approach with four local authorities to align children's rights activity and share learning.
- Worked with third sector and community partners to deliver training, participation activities and co-produced resources.
- Contributed to, and learned from, national UNCRC, GIRFEC and children's rights networks.
- Collaborated with academic and professional partners to develop innovative approaches to participation, communication and dispute avoidance.

3. Meaningful Participation of Children and Young People

Children and young people have been at the centre of shaping NHS Lothian's approach to UNCRC incorporation. Their views informed the self-assessment process, strategic priorities, Children's Rights Plan and communications resources. Across services, increasing emphasis is being placed on creating meaningful opportunities for children and young people to influence decisions about their care, service design and strategic planning. This work is helping to ensure that children's rights are realised through genuine participation, inclusion and accountability.

- Engaged directly with children and young people to identify priorities and inform strategic planning.
- Co-produced child-friendly resources, including the Children's Rights Plan, website content and animated video.
- Increased opportunities for children and young people to influence care planning, service improvement and recruitment processes.
- Strengthened feedback, participation and complaints mechanisms to ensure children and young people's voices are heard, acted upon and reflected in future developments.

Our partners

The progress described in this report would not have been possible without the support of the below partner organisations. We thank them and the many others who are working with us to advance UNCRC rights for children and young people across Lothian.



You can find more information about our work to progress children's rights at <https://org.nhslothian.scot/equality-human-rights/childrens-rights/>

Meeting: NHS Lothian Board

Meeting date: 07 October 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 August 2026 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in appendix 1.
- 2.1.2 Note the overview of the changes in the CRR over the past 2 years in table 1.
- 2.1.3 Note the revised description of risk 6134 – Reduced working week as supported by Staff Governance Committee.
- 2.1.4 Note the emergence of issues relating to the implementation of the national Child Health Information System (nCHIS) included in risk 6274 - National Delivery of Digital System Replacements.
- 2.1.5 Review frequency of risk mitigation plans presented to relevant assurance committees set out in table 2.
- 2.1.6 Note that CMT has reviewed divisional high and very high risks and identified any operational risks that required further consideration by the CMT.

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 September 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 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	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25	Sep-25	Oct-25	Dec-25	Apr-26	Jun-26	Jul-26	Sep-26
3600 - Finance	25	25	25	25	20	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
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	12
6185 - Safe Delivery of Maternity Services									20	20	20	20	20
6274 - National Delivery of Digital System Replacements											16	16	16

Risk Removed from CRR (April 2026)													
5020 - Water Safety and Quality	12	12	12	8									
3828 - Nursing Workforce	12	12	12	6									
5784 - Low Secure Accommodation	15	15	15	10									
5785 - High Secure Female Accommodation	12	12	12	12	12	12	12	12	12	12			
1076 - Healthcare Acquired Infection	16	16	16	16	16	16	16	16	16	16	16	16	

- 2.3.2 Staff governance committee supported a refocus of the risk description 6134 – Reduced working week, as noted below to reflect that we are now in the implementation phase.

‘There is a risk of adverse impacts on service performance, financial performance and / or staff experience as a result of the reduction of the working week to 36 hours for all Agenda for change staff from 1 April 2026.’

- 2.3.3 Board members are asked to note that additional risk has emerged relating to the implementation of the national Child Health Information System (nCHIS) in May 2026, one of the systems included in risk 6274 - National Delivery of Digital System Replacements.
- 2.3.4 A number of system-related issues impacting scheduling, reporting and operational processes across children's screening and immunisation programmes were identified from August 2026 onwards. Whilst individual issues have been managed through local mitigation measures, the cumulative impact of multiple system defects, reporting limitations and manual workarounds is creating significant operational and clinical risk. There remains a risk that system deficiencies could result in delayed or missed vaccinations, screening appointments, and other time-critical child health interventions, potentially affecting programme performance and the ability to maximise population health benefit.

A Local Incident Management Team has been established to provide coordinated oversight of risks, impacts, and mitigating actions across affected programmes. Current mitigations include enhanced monitoring, manual validation of reports and patient records, prioritisation of clinically vulnerable children, and escalation through national governance and supplier routes. Whilst these actions have supported the continued safe delivery of services, they are heavily reliant on additional workforce capacity and sustained manual intervention. The absence of a confirmed timescale for resolution, combined with the continuing emergence of new issues, presents an ongoing risk to service resilience and the organisation's ability to maintain routine programme delivery, quality improvement activity, and preparation for forthcoming seasonal vaccination programmes.

2.3.5 Risks mitigation plans are presented regularly to relevant committees for assurance. The intended frequency is a minimum of twice per annum, though this does vary and may be more frequent at the request of the committee. Table 2 sets out the frequency of review over the past 3 years.

Table 2 – Committee assurance dates

			Assurance Level														
ID	Title	Assurance Committee	2026		2025				2024				2023				
3600	Finance	Finance & Resources		Moderate Mar 26				Moderate Jun 25	Limited Mar 25				Limited Mar 24				Limited Mar 23
5186	4 Hours Emergency Access Target	Healthcare Governance				Limited Nov 25			Limited Mar 25		Limited Jul 24			Limited Nov 23		Limited May 23	
		Strategy Planning & Performance				Limited Nov 25		Limited May 25	Limited Jan 25				Limited Nov 23		Limited May 23		
3726	Hospital Bed Occupancy	Healthcare Governance				Limited Nov 25			Limited Mar 25		Limited Jul 24			Limited Nov 23		Limited May 23	
		Strategy Planning & Performance				Limited Nov 25	Limited May 25	Limited Mar 25	Limited Jan 25						Limited May 23		
5185	Access to Treatment	Healthcare Governance				Limited Nov 25		Limited May 25		Limited Nov 24		Limited May 24		Limited Oct 23		Limited May 23	
		Strategy Planning & Performance	Limited May 26			Limited Nov 25		Limited May 25	Limited Jan 25			Limited May 24		Limited Nov 23		Limited May 23	
5388	HSDU Capacity	Finance & Resources		Limited Mar 26			Limited Aug 25		Limited Mar 25	Limited Dec 24	Limited Aug 24		Limited Mar 24	Limited Dec 23	Limited Aug 23		Limited Mar 23
5189	RIE Facilities	Finance & Resources	Limited Jun 26	Limited Feb 26		Limited Oct 25		Limited Jun 25	Limited Feb 25	Limited Oct 24		Limited May 24		Limited Dec 23	Limited Jul 23		Limited Feb 23
3455	Violence & Aggression	Staff Governance					Moderate Jul 25		Moderate Mar 25	Moderate Oct 24		Moderate May 24			Limited Jul 23		Limited Feb 23
3328	Roadways/Traffic Management	Staff Governance		Limited May 26	Limited Dec 25	Limited Sep 25	Limited Jul 25	Limited May 25		Limited Dec 24	Limited Jul 24		Limited Mar 24	Limited Oct 23		Limited May 23	
1076	Healthcare Associated Infection	Healthcare Governance		Moderate Mar 26					Moderate Mar 25			Moderate May 24		Moderate Oct 23		Moderate May 23	
5322	Cyber Security	Audit & Risk	Moderate Jun 26					Moderate Jun 25				Moderate Jun 24				Moderate Apr 23	
5510	Royal Edinburgh Bed Occupancy	Healthcare Governance		Limited Jan 26				Limited Mar 25	Limited Jan 25				Limited Jan 24				
5737	Royal Infirmary of Edinburgh Fire Safety <i>Added December 23</i>	Staff Governance	Limited Jul 26	Limited Mar 26		Limited Oct 25	Limited Jul 25	Limited May 25	Limited Mar 25	Limited Dec 24	Limited Jul 24		Limited Mar 24				
		Finance & Resources	Limited Jul 26		Limited Dec 25	Limited Oct 25	Limited Jul 25	Limited Jun 25	Limited Feb 25								
6134	Reduced Working Week <i>Added September 25</i>	Staff Governance	Limited Jul 26			Limited Oct 25											
6185	Safe Delivery of Maternity Services <i>Added December 25</i>	Healthcare Governance	Limited May 26	Limited Jan 26	Limited Dec 25												
		Staff Governance		Limited Mar 26													
6274	National Delivery of Digital System Replacements <i>Added April 26</i>	Finance and Resources	Limited Aug 26														

2.3.6 Divisional High and Very High Risks

High and very high risk on the acute services, HSCPs, REAS and corporate services risk registers were reviewed by the CMT in September 2026. As in previous reports, there are common themes, closely related to risks contained in the CRR including:

- Finance
- Waiting times
- Capacity
- Workforce
- Violence and aggression
- Estates and facilities

2.3.7 Quality/ Patient Care

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

2.3.8 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.

2.3.9 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.

2.3.10 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.

2.3.11 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.

2.3.12 Route to the Meeting

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

2.4 Recommendation

Assurance and discussion – Board members are asked to:

- Review the August 2026 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- Note the overview of the changes in the CRR over the past 2 years in table 1
- Note the revised description of risk 6134 – Reduced working week as supported by Staff Governance Committee Revised description RWW.
- Note the emergence of issues relating to the implementation of the national Child Health Information System (nCHIS) included in risk 6274 - National Delivery of Digital System Replacements.
- Review frequency of risk mitigation plans presented to relevant assurance committees set out in table 2.
- Note that CMT has reviewed divisional high and very high risks and identified any operational risks that required further consideration by the CMT.

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Risk assurance table

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
3600	Finance <i>Financial breakeven</i>	Craig Marriott	V High: 20 Likelihood: Likely (4) Impact: Extreme (5)	V High: 20 Likelihood: Likely (4) Impact: Extreme (5)	V High: 20 Likelihood: Likely (4) Impact: Extreme (5)	Finance & Resources Committee	Moderate March 2026	- The Board has undertaken its Q1 review of the year end forecast position. The Board remains optimistic that financial balance will be achieved. Challenges in delivery of recurrent efficiency savings remain a key hurdle to delivery of financial targets. - Month 3 financial position remains challenging with an in-year overspend of £8.4m. This is a combination of a £16m operational overspend and release of non-recurring reserves of £7.6m. - The savings target for the year is £68m, the opening gap was £18m of schemes identified which has reduced to £14m. The Board remains focussed on delivery of this gap. Identification of £68m of efficiency schemes is one of the challenges - the other key issue is deliverability of those schemes, and we are seeing evidence of some slippage. - We continue to try and support improved performance delivery that does not have a detrimental impact on our financial targets. We have identified some additional non-recurring resources to support cancer performance in-year. - The financial strategy remains to deliver on 3 key areas - Achieve a balanced out turn - Create flexibility for budget realignment - Most importantly, the reduce the size of our recurrent gap

5186	4 Hours Emergency Access Target <i>Unscheduled Care</i>	Jim Crombie	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	High: 15 Likelihood: Possible (3) Impact: Extreme (5)	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited November 2025 Limited November 2025	NHS Lothian continues to operate under sustained unscheduled care pressure. 4-hour EAS performance averaged 65% in the most recent month, compared with 64% across FY2025/26 and 64% across FY2024/25. Admitted patient performance was 30%, in line with FY2025/26 and slightly above the FY2024/25 average of 29%, while non-admitted performance remained at 74%, consistent with both comparator years. Demand continues to be higher than historic levels. Attendances averaged 881 per day, compared with 848 during FY2025/26 and 808 during FY2024/25, while admissions from ED averaged 192 per day, compared with 191 and 173 respectively. This sustained level of activity continues to place pressure on EAS performance and downstream capacity. Front Door Performance and Flow Non-admitted performance remains comparatively stable at 74%. Average time to triage was 21 minutes, continuing to demonstrate improvement compared with 28 minutes during FY2025/26 and 34 minutes during FY2024/25. Average time to first assessment was 79 minutes, an improvement on the FY2025/26 average of approximately 100 minutes and FY2024/25 average of 106 minutes. This represents a positive improvement in early patient assessment despite continued high levels of demand. Long Waits and Delays Long waits remain below both previous financial-year averages. 8-hour breaches averaged 98 per day, compared with 103 during FY2025/26 and 111 during FY2024/25, while 12-hour breaches averaged 50 per day, compared with 56 and 61 respectively. This indicates that improvements in the management of extended waits have broadly been maintained despite continued high occupancy and demand pressures. Site-Level Variation RIE continues to experience the greatest overall pressure, with 4-hour EAS performance of 53%, in line with the FY2025/26 average but above the FY2024/25 average of 51%. Non-admitted performance was 62%, while average time to first assessment was 130 minutes, reflecting continued pressure on front-door and admitted flow. WGH recorded 67% 4-hour EAS performance, above its FY2025/26 average of 62% and FY2024/25 average of 65%. Non-admitted performance remained strong at 81%, with an average time to first assessment of 50 minutes and comparatively low levels of extended waits. SJH recorded 68% 4-hour EAS performance, compared with 66% during both FY2025/26 and FY2024/25. Non-admitted performance was 76%, while average time to first assessment was 92 minutes. Performance therefore remains comparatively stable despite ongoing occupancy and flow pressures. RHCYP continues to demonstrate the strongest overall performance, achieving 89% 4-hour EAS compliance, with non-admitted performance of 92% and minimal long waits. Targeted System Interventions

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
								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 support navigation and redirection of urgent referrals to appropriate alternative pathways. The SAS Call Before Convey pathway continues to develop, with increasing utilisation providing further opportunity to support appropriate alternatives to ED conveyance. Despite sustained demand and high acute bed occupancy, performance against a number of key flow measures remains improved compared with previous-year averages. However, admitted patient flow and downstream capacity remain the principal constraints on consistent improvement in overall 4-hour EAS performance. Funding & System Resilience The £1.1 million Hospital at Home funding continues to support community capacity alongside frailty and wider system-flow initiatives. Acute bed capacity, sustained demand and delayed discharge remain key operational risks; however, coordinated whole-system interventions continue to support admission avoidance, discharge flow and management of pressure across sites.

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
3726	Hospital Bed Occupancy <i>Unscheduled Care</i>	Jim Crombie	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	High: 15 Likelihood: Possible (3) Impact: Extreme (5)	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited 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.

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
								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. Further improvement remains dependent on continued whole-system coordination across acute services, HSCP capacity, discharge pathways and community-based alternatives to admission.

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
5185	Access to Treatment <i>Scheduled Care</i>	Jim Crombie	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	*Not yet agreed	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited November 2025 Limited May 2026	Performance Against SG Trajectory/ Targets As of end of July 26 - Over 52-week performance for OP at the end of July was 3,727. This was better than a planned trajectory of 3,996. - Over 52-week performance for IPs at the end of July was 1,687. This was better than a planned trajectory of 1,789. - The number of patients waiting over 6 weeks for endoscopy at the end of July has reduced to 2,137 versus a trajectory of 2,105. - The number of patients waiting over 6 weeks for radiology was 1,496 versus a trajectory of 1,641. - Performance against the 31-day cancer target was 90.3% in July 2026. This is above the NHS Lothian trajectory of 88.1% but below the 95% standard. - Performance against the 62-day cancer standard was 70.1% in July 2026. This was below the NHS Lothian trajectory of 67% 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: - 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. 31 & 62-day Cancer Trajectories 26/27: - Based on completed DCAQ CMT (26 August) recommended to approve a non-recurrent (NR) investment programme for Prostate, Breast and Colorectal Cancer Services to support backlog clearance, and achievement of 78.5% compliance with the 62-day Cancer Waiting Times Standard by March 2027. - Preliminary work has also been undertaken across several other cancer pathways, including Head and Neck, Lung and Gynaecology, identifying potential improvement opportunities and associated investment requirements equating to >£3m a year. However, as the VSM and DCAQ reviews for these pathways have not yet been completed no request for this investment is being presented within this paper. Further VSM and DCAQ analysis will be undertaken to develop fully costed recommendations for future consideration and approval.

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
5388	HSDU Capacity <i>Supports quality and safety of delivery of services throughout NHS Lothian</i>	Jim Crombie	V High: 20 Likelihood: Almost certain (5) Impact: Major (4)	V High: 20 Likelihood: Almost certain (5) Impact: Major (4)	*Not yet agreed	Finance & Resources Committee	Limited March 2026	- A programme of national review, support and resilience for all NHS Scotland decontamination units continues. - Focus remains on continuing to increase resilience of the current NHS Lothian 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. - Monitoring of the Risk Mitigation Plan comes via the following governance groups. - HSDU Risk Mitigation Group - HSDU Quality Management Meeting (for specific items only). - Estates & Facilities Senior Management Team (where escalation is required)
5189	RIE Facilities <i>Supports quality and safety of delivery of services throughout NHS Lothian RIE</i>	Jim Crombie	High: 15 Likelihood: Possible (3) Impact: Extreme (5)	High: 15 Likelihood: Possible (3) Impact: Extreme (5)	Medium :8 Likelihood: Unlikely (2) Impact: Major (4)	Finance & Resources Committee	Limited June 2026	The Critical assets working group (CAWG) continues to meet on a weekly basis to monitor, and provide technical oversight, of critical asset activity across the site. A consolidated register of Category 1, 2, 3 & 4 works has been collated and is now subject to risk scoring and prioritisation. Elements of the risk mitigation plan will be impacted by the hand back of the RIE from Consort to NHS Lothian due by December 2027 and will be revised at the appropriate time. An established working group is now in place to oversee the hand back from the current PFI provider. A redefined upgrade and replacement works for lifts is currently being scoped and considered for funding, based on risk profile of current assets. Critical ventilation systems have been subject to review and proposed scope to remediate lifecycle risk remains under development The group are now including the replacement of theatre equipment during these works so to reduce the downtime of these critical areas.
3455	Violence & Aggression <i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i>	Tom Power	High: 15 Likelihood: Almost certain (5) Impact: Moderate (3)	High: 15 Likelihood: Almost certain (5) Impact: Moderate (3)	High: 12 Likelihood: Likely (4) Impact: Moderate (3)	Staff Governance Committee	Moderate July 2025	- 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 was presented to the H&S committee in August - The corporate partnership forum has endorsed the merger of the Management of Aggression Team (previously managed by Clinical Education) with Health and Safety Corporate Services, effective from August. 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 - An updated risk mitigation plan will be presented to the September meeting of the Staff governance committee for assurance.

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
3328	Roadways/Traffic Management <i>Underpins the quality and safety of delivery of services throughout NHS Lothian</i>	Jim Crombie	High: 12 Likelihood: Possible (3) Impact: Major (4)	High: 12 Likelihood: Possible (3) Impact: Major (4)	High: 12 Likelihood: Possible (3) Impact: Major (4)	Staff Governance Committee	Limited May 2026	Royal Edinburgh Hospital Further engagement with City of Edinburgh council is underway to extend the Traffic Enforcement Order (TRO) to further reduce inappropriate parking and maintain emergency access Western General Hospital A one-way system is in place on 'Hospital Main Drive' is now permanent and 'snagging' works complete. Repair work to the multi-storey car park on the site is scheduled to commence October 2026. The grounds of the RVH will act as a vital contingency when this work commences. Royal Infirmary of Edinburgh Arrangements to divert waiting emergency vehicles at the Emergency department (most notably Police Scotland) to Plot 1 continue and traffic management teams also patrol the area. Funding has now been awarded to relocate the long 'zebra' pedestrian crossing at the entrance to the RIE and tender for the work is currently being completed. - Traffic Management risks continue to be managed via local Soft FM Management Teams and site Traffic Management. - The Pan Lothian Traffic Management Group provide continued oversight and direction and have established a dedicated Risk Register which will provide the group with clear oversight on traffic risks that cannot be managed at a site level.
5322	Cyber Security <i>Digital enablement</i>	Tracey Gillies	High: 12 Likelihood: Possible (3) Impact: Major (4)	High: 12 Likelihood: Possible (3) Impact: Major (4)	Unable to reduce	Audit & Risk Committee	Moderate June 2026	- 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 - As required, disaster recover template was delivered to the SHCA on 31 July 2026

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
5510	Royal Edinburgh Bed Occupancy <i>Mental Health</i>	Jim Crombie	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	Medium : 9 Likelihood: Possible (3) Impact: Moderate (3)	Healthcare Governance Committee	Limited January 2026	System Leadership - The Mental Health Whole System Executive Improvement Board and Operational Improvement Group continue to provide system oversight and support flow and capacity management across the mental health system. - Agreed improvement workstreams remain in progress across acute and community services. Infrastructure & Capacity - The Divert Suite remains operational, reflecting ongoing system-wide bed capacity pressures. - Work continues to safely reduce reliance on divert capacity; however, sustained demand for inpatient beds continues to limit progress. - The Alternatives to Admission workstream continues to progress as part of wider unscheduled care improvement activity. Rehabilitation & Patient Flow - The planned reduction of seven rehabilitation beds remains in progress. Delivery by June 2026 was not achieved due to continued bed pressures and flow challenges, with a revised plan targeting completion by September. - Review of the rehabilitation model continues through a dedicated workstream. - Joint work with Edinburgh HSCP to reduce delayed discharges and improve patient flow remains ongoing, with only limited improvement evident to date. - Delayed Discharges remain high sitting in the mid 50's range. Discharge without Delay workstream continues to focus on developing discharge pathways. - Development of KPIs for discharge co-ordinators and additional Social Work capacity Strategic System Developments - Discussions continue regarding the transition of the Intensive Home Treatment Team (IHTT) from REAS to Edinburgh HSCP to support a more integrated community-based model of care. - Edinburgh HSCP is recruiting a 2nd Clinical Services Manager – this post will manage a range of services, including IHTT.

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
5737	Royal Infirmary of Edinburgh Fire Safety <i>Supports quality and safety of delivery of services throughout NHS Lothian</i>	Caroline Hiscox	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	V High: 25 Likelihood: Almost certain (5) Impact: Extreme (5)	Staff Governance Committee Finance & Resources Committee	Limited July 2026 Limited July 2026	Assurance reporting continues to the Finance & Resource Committee as the primary assurance committee for this risk. Staff governance will continue to receive updates bi-annually as part of H&S reporting. 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. - Fire Technical Safety Group provides technical oversight on fire safety, inclusive of remediation - 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 <i>Supports quality and safety of delivery of services throughout NHS Lothian</i>	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	Limited July 2026	- An impact assessment framework is now in place to measure effectiveness of mitigation, including oversight of areas who did not receive funding 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 - July Staff governance committee supported refocus of the risk description to reflect that we are now in the implementation phase. Assurance level accepted remained as limited as it was still too early to understand the full impact - Staff governance committee receive an AfC reform update paper at every meeting

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
6185	Safe Delivery of Maternity Services <i>Supports quality and safety of delivery of services throughout NHS Lothian</i>	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 and governance arrangements remain in place to oversee delivery of the mitigation plan, supported by regular engagement with Scottish Government colleagues - One HIS action remains outstanding, linked to completion of the RIE Environmental Improvement Lifecycle Programme, with completion planned by December 2027. - Progress continues across critical actions, including embedding completed HIS recommendations and sustaining improvements in areas such as recruitment, culture and PDP compliance. - Work is underway at SJH to extend triage hours from 9am-5pm to 9am-7pm. An options appraisal and risk assessment are being developed to identify the preferred model for enhanced out-of-hours triage provision. - One Whistleblowing Action Plan action remains open and is being monitored through the Maternity Short Life Working Group. - While progress has been made, the full impact of improvements is not yet evidenced. Further time is required to embed and sustain changes, particularly those relating to culture. - A repeat culture survey is underway to assess progress over the past 12 months, with over 200 responses received. The closing date has been extended to 11 September to maximise participation, and findings will inform the next phase of the culture workplan. - Recruitment activity continues to support workforce stability and reduce reliance on short notice staffing changes. Staffing remains stable at 1.5% above establishment, with 33 newly qualified midwives due to start shortly and 7 Band 7 appointments successfully recruited across SJH and RIE. - A three-year midwifery workforce plan is being developed to align workforce capacity with future population needs and service demand. - Workforce modelling, including retirement and turnover analysis, continues to inform future recruitment planning and support safe staffing levels over the coming years.

Risk Number	Objective	Executive Lead	Score (July)	Score (Sept)	Target Score	Assurance Committee	Assurance Level	August/September 2026 Update
6274	National Delivery of Digital System Replacements <i>Digital enablement</i>	Caroline Hiscox	High: 16 Likelihood: Likely (4) Impact: Major (4)	High: 16 Likelihood: Likely (4) Impact: Major (4)		Finance and Resources Committee	Limited August 2026	- First assurance paper presented to F&R in August and agreed update will come back to October meeting - National programme for SOLUS - Endoscopy Reporting System has been abandoned and NHS Lothian is moving to an alternative provider with implementation scheduled for completion by end of year - A number of system-related issues across children's screening and immunisation programmes were identified from August 2026 onwards, following implementation in May 2026 - A Local Incident Management Team has been established to provide coordinated oversight of risks, impacts, and mitigating actions across affected programmes - The absence of a confirmed timescale for resolution, combined with the continuing emergence of new issues, presents an ongoing risk to service resilience and the organisation's ability to maintain routine programme delivery, quality improvement activity, and preparation for forthcoming seasonal vaccination programmes.

Meeting: NHS Lothian Board

Meeting date: 07 October 2026

Title: NHS Lothian Integrated Performance and Quality Report (IPQR)

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 discusses the NHS Lothian Integrated Performance and Quality Report (IPQR) attached in *Appendix 1*. Detailed scrutiny and assurance remain the responsibility of the relevant Board committees and established governance routes (see page 3 of *Appendix 1*), with the IPQR providing a consolidated organisational view for the Board. More granular information, for example by site, service, specialty, tumour group or locality, continues to be considered through the relevant governance arrangements.

The sequencing tested for this reporting cycle is that detailed review and challenge take place through the relevant Board committee before the consolidated position is reported to the Board. This approach is still being embedded and where committee consideration has not preceded the Board reporting deadline, the latest position previously scrutinised through the relevant governance route has been retained. Work is continuing to improve the alignment of committee and Board reporting cycles and support the timely presentation of information to the Board.

Board members are asked for the following:

- **Awareness** – Members are asked to note 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 wider Assurance Information System. It supports Board-level oversight by drawing together key performance and quality information already subject to operational management and detailed governance scrutiny.

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 is currently escalated to Stage 3 of the framework.
 - CAMHS was de-escalated from Stage 3 to Stage 2 of the framework in September 2026.
- 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 overall performance position remains challenging, but there are areas of sustained improvement. The clearest progress continues to be in reducing the longest waits across planned care, diagnostics and CAMHS, although this has not yet translated consistently into achievement of national access standards. The October IPQR also continues to highlight significant pressures associated with hospital occupancy and flow, cancer performance and access to mental health services.

This distinction between improvement in underlying pathways and achievement of headline standards is important when interpreting the overall position. For example, inpatient, outpatient and diagnostic long waits have reduced, while performance against a number of national standards remains below target.

The Board should therefore take assurance from areas where sustained improvement is evident, while recognising that significant delivery risks remain and require continued operational focus, alongside scrutiny through the relevant Board committees.

2.3.2 Operational performance

The Strategy, Planning and Performance Committee considered the latest position in September 2026. The waiting-time indicators included in the IPQR are nationally specified reportable measures and provide an important but partial view of access and service pressure. They do not represent all waiting lists or access challenges across NHS Lothian. More detailed service-level and locally defined measures continue to be considered through operational and committee reporting.

2.3.3 Quality and Patient Care

The quality and patient care measures reported within the IPQR were considered by the Healthcare Governance Committee in September 2026.

2.3.4 Workforce

As the September Staff Governance Committee did not take place, the workforce section retains the previously available position and will be refreshed following the next committee meeting.

2.3.5 Financial

The Finance and Resources Committee cycle is currently out of sequence with the Board reporting timetable. This iteration therefore reflects the latest position available for this Board cycle, with future reporting cycles being aligned where possible.

2.3.6 Risk Assessment/Management

NHS Lothian Board Corporate Risks are reported to the appropriate Board committees with risk assessments and mitigation plans detailed at the required frequency. There are no additional factors identified within this report that would affect the previously reported risk grading or assurance level.

2.3.7 Equality and Diversity, including health inequalities

No specific decisions are being sought through 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 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 October 2026



Integrated Performance and Quality Report (IPQR)

NHS Lothian Board – 07 October 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
- Chart axes may not start at zero where this improves the visibility of changes and trends

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** (April 2025 – March 2026).
- 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 Quarter 1 **Forecast revenue position** reports a £27m deficit based on financial performance up to Month 3. This is driven by an estimated gross operational overspend of £69m across Business Units partially mitigated through the release of planned resources of £42m.
- The **Financial Plan** assumes achievement of 3% savings (£68.5m) with savings plans totalling £54m identified at that stage, but a current year forecast delivery of £45m delivery against those plans with £37m being recurring savings delivery.
- The largest movements from financial plan estimate are within the Acute Services Division estimating a £56m overspend which is a £5m movement from financial plan and REAS with a £7m overspend, a £5m deterioration from financial plan. Facilities continue to estimate a £11m overspend but this is an £2m improved position from plan. Currently a balanced position has been reported to SG at this stage despite this deterioration.
- **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.

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.

Executive Summary

Strategy, Planning and Performance Committee

Urgent and Emergency Care

- Emergency department attendances, general practice activity and other urgent care services remain broadly stable, with no evidence of a sustained increase in demand. However, recent activity at some acute sites is above the long-term average and will continue to be monitored.
- Performance against the 4-Hour Emergency Access Standard remains below the national standard, reflecting ongoing constraints in system flow. However, performance has remained relatively stable over the past two years with no evidence of sustained deterioration.
- Significant reductions in 8- and 12-hour breaches achieved during 2025 have been sustained, with recent data suggesting further improvement may be emerging.

System Flow

- Adult acute occupancy remains above levels typically associated with optimal patient flow despite modest improvement from previous peaks. High occupancy continues to constrain both urgent and elective care pathways.
- Delayed discharge performance remains improved relative to 2024 and compares favourably with Scotland across most Lothian local authority areas. However, wider social care demand remains concentrated within community services rather than hospital settings.

Elective and Diagnostic Care

- Sustained progress continues in reducing long waits across inpatient, day case and outpatient pathways, with performance currently ahead of planned trajectories for reducing waits over 52 weeks.
- While the longest waits continue to reduce, overall waiting list size remains significant and performance against national waiting time standards remains below target. Recovery of the longest waits is progressing faster than recovery of headline standards.
- Diagnostic recovery continues, with Radiology performing ahead of trajectory and Endoscopy broadly aligned with recovery plans.

Cancer Care

- Performance against the 31-day cancer standard remains broadly stable and close to target overall, although variation exists between tumour pathways.
- Performance against the 62-day standard remains significantly below target. Current performance continues to reflect the impact of prioritising patients with the longest waits, with improvement expected to lag behind recovery of underlying backlog and pathway capacity.

Mental Health

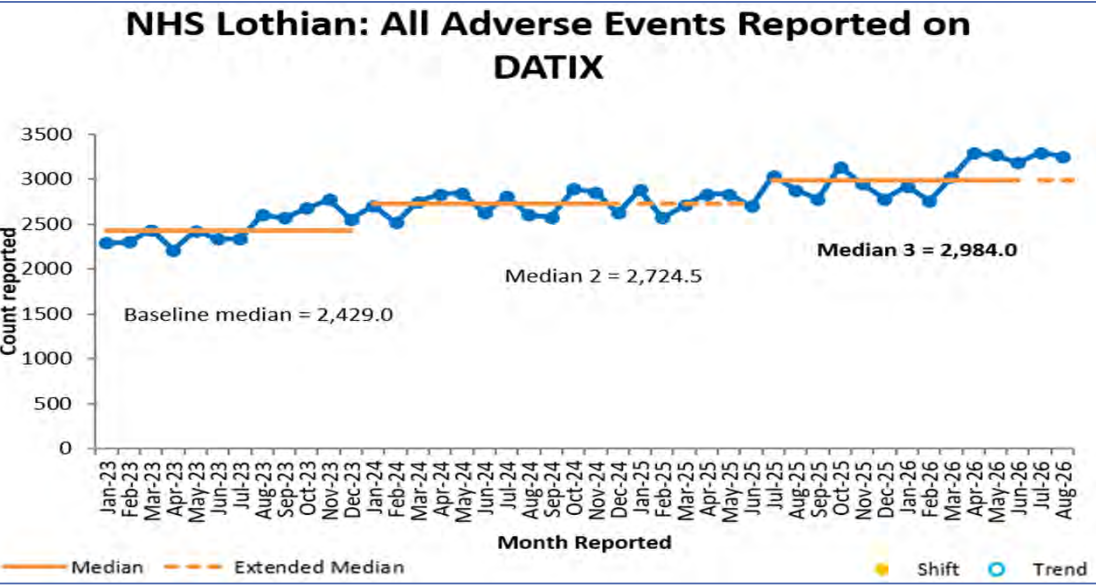
- CAMHS performance remains below the national standard; however, the overall waiting list continues to reduce and waits over 52 weeks have been eliminated.
- Psychological Therapies performance remains broadly stable but below target, with waiting list size continuing to increase gradually.
- Inpatient mental health services continue to experience significant pressure, with bed occupancy frequently approaching 100%.

Population Health

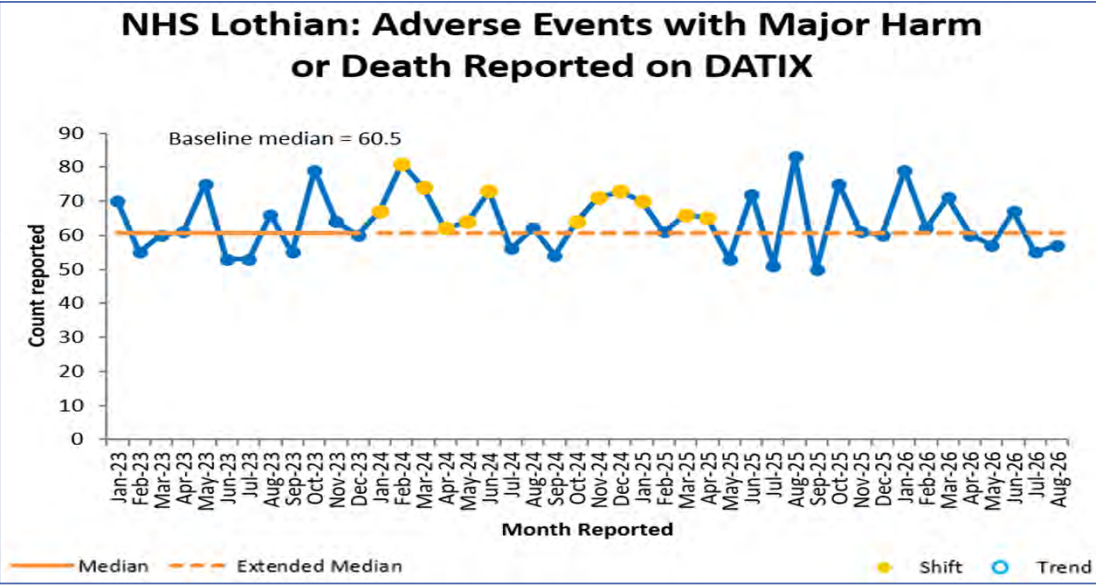
- Performance across population health measures remains mixed. Good performance continues in childhood immunisation uptake and breastfeeding outcomes, while cervical screening, diabetic retinopathy screening and smoking cessation remain areas requiring further improvement.

Adverse Events

Lead Committee – Healthcare Governance

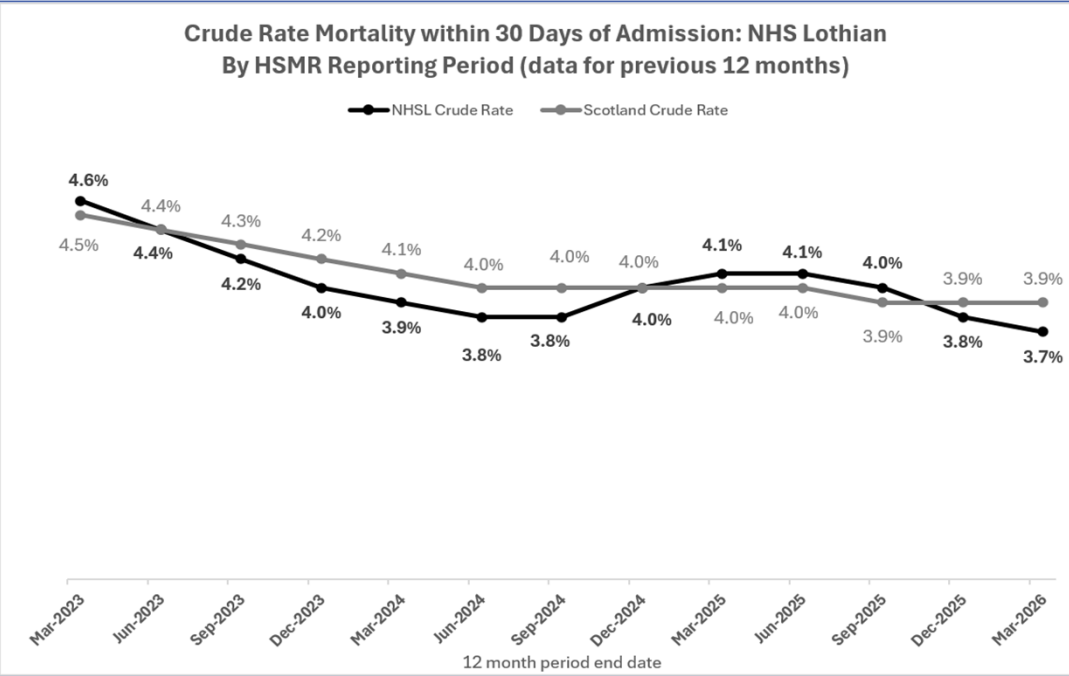
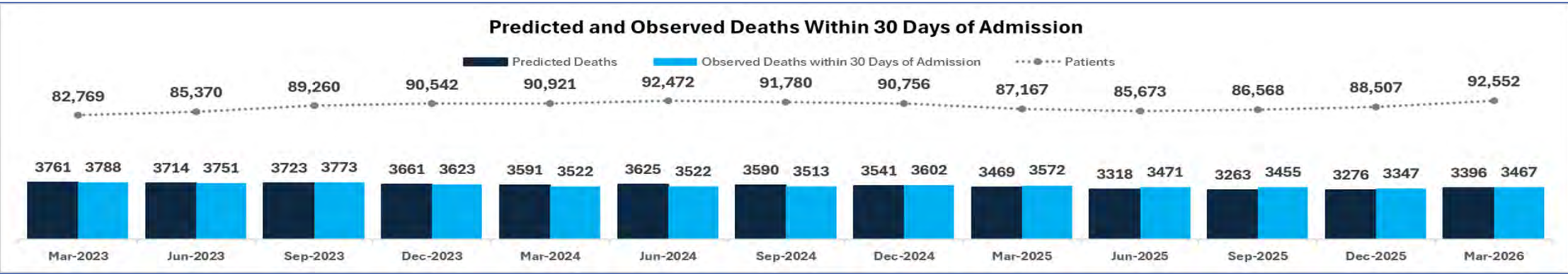


<u>Measure Definition</u> Monthly run chart of all adverse events reported on Datix across NHS Lothian.	<u>Measure Definition</u> Monthly run chart of all adverse events with major harm and or death reported on Datix across NHS Lothian.
<u>Why it matters</u> Monitoring all adverse events over time supports NHS Lothian’s open reporting culture while enabling effective oversight and management of overall event numbers.	<u>Why it matters</u> 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.
<u>What is this showing?</u> A sustained increase of all adverse events reported from July 2025. The revised median is 2,984.	<u>What is this showing?</u> 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.

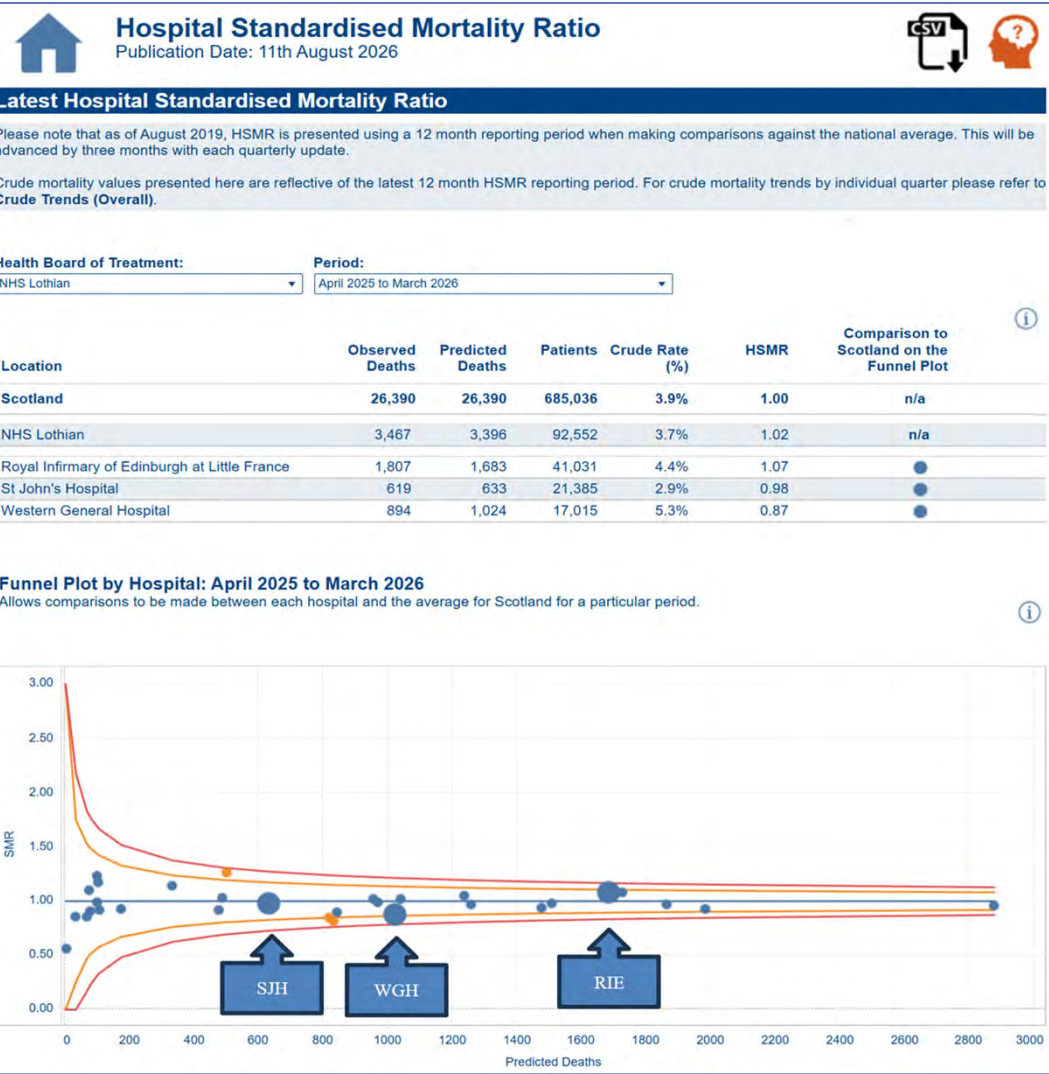
What is this showing?
 NHSL Crude Mortality Rate in March 2026 was 3.7% for the current 12-month reporting period. The national rate was 3.9%.

3.7% NHSL Crude Mortality Rate (March 2026)

3.9% Scotland Crude Mortality Rate (March 2026)

Hospital Standardised Mortality Rate (HSMR)

Lead Committee – Healthcare Governance



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 April 2025 to March 2026 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)
 April 2025 - March 2026

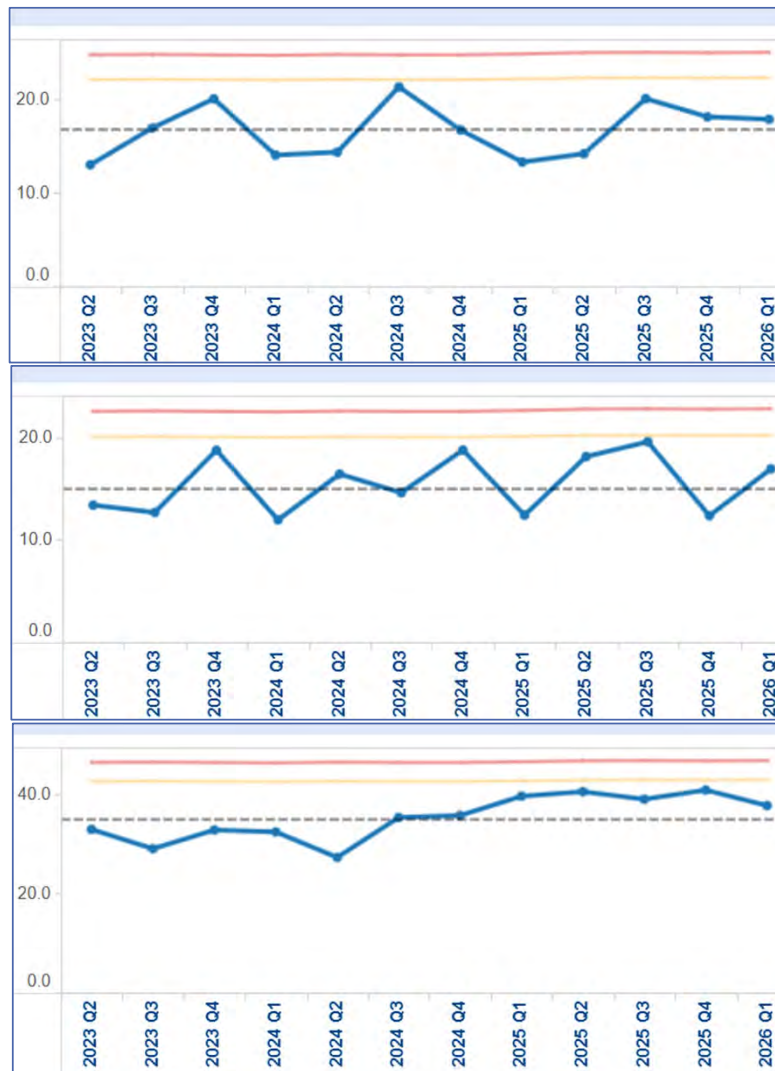
Board/Hospital	HSMR / SMR	Number of Patients	Number of Observed Deaths
NHS Lothian	1.02	92,552	3,467
RIE	1.07	41,031	1,807
SJH	0.98	21,385	619
WGH	0.87	17,015	894

1.02 NHSL HSMR
 (March 2026)

1.00 Scotland HSMR
 (March 2026)

Hospital Associated Infections (HCAIs)

Lead Committee – Healthcare Governance



Rate of SAB across Lothian – 17.7
Scotland Average SAB Rate – 18.9
(Q1 2026/27 Jan to Mar)

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 Jan to Mar)

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 Jan to Mar)

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.

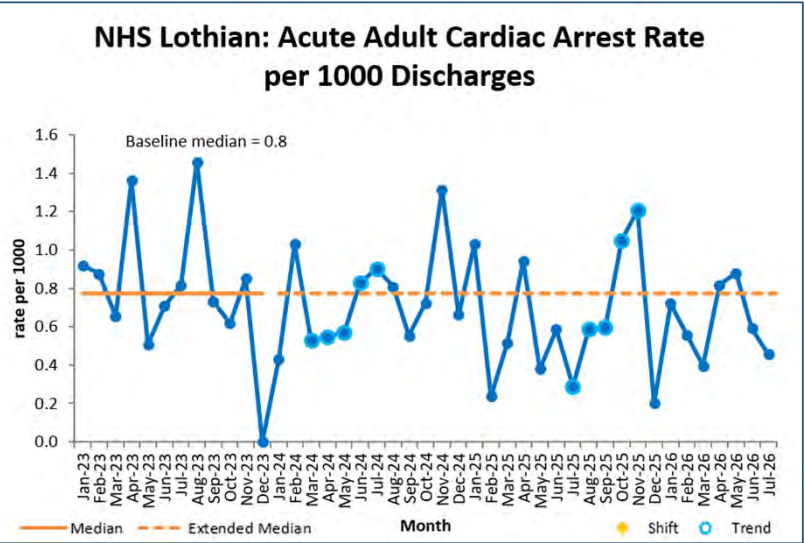
What is this showing?
There are no exceptions to report when benchmarking against NHS Scotland performance.

No NHS boards were above normal variation when analysing trends for healthcare associated CDI, SAB or ECB over the past three years.

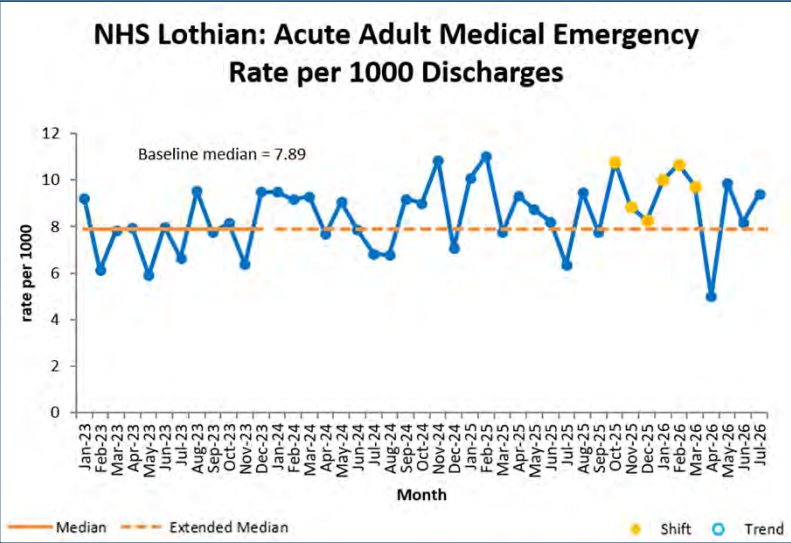
NHS Lothian continues to perform comparably, or better than, boards of similar size and complexity.

Hospital 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

Measure Definition

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.

Why it matters

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.

What is this showing?

The 12-month baseline median shows a rate of 0.8. There are 2 upwards trends starting in March 2024 and July 2025.

Measure Definition

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.

Why it matters

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.

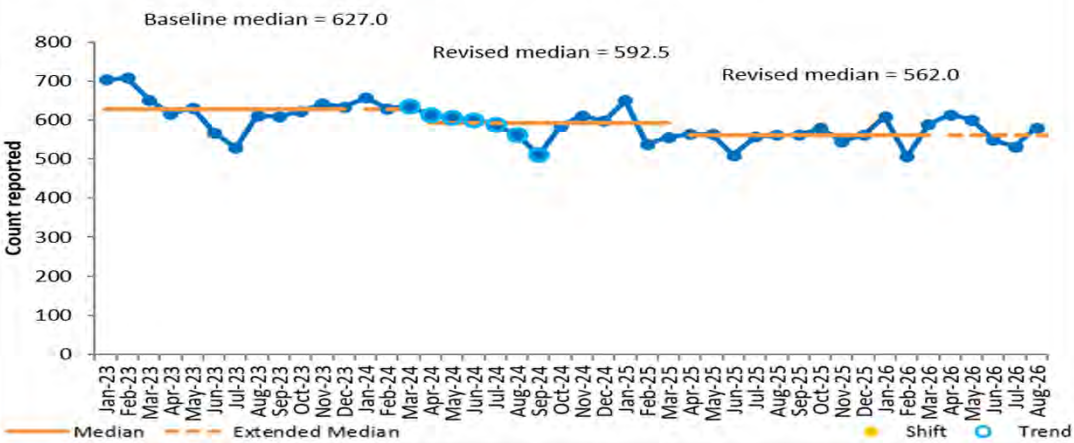
What is this showing?

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

NHS Lothian: All Falls



Measure Definition

Count of all falls reported on Datix across NHS Lothian Inpatient Sites (including Community Hospitals)

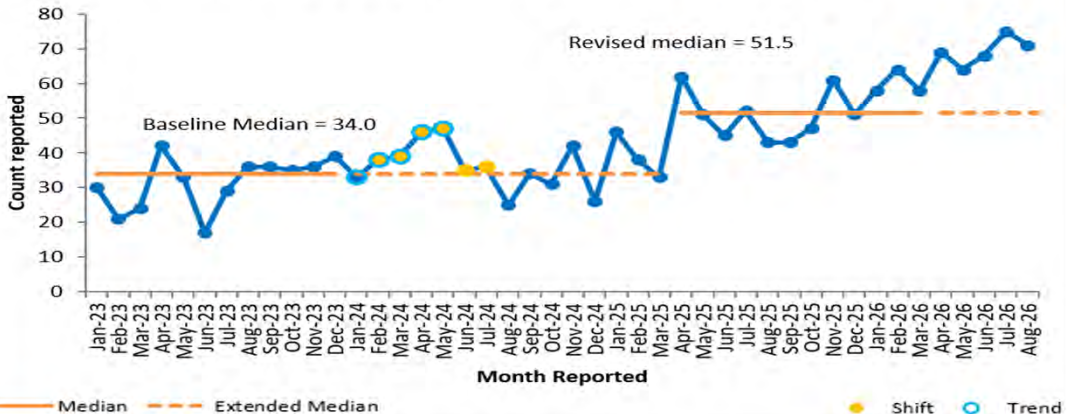
Why it matters

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).

NHS Lothian: Pressure Ulcers - Where harm recorded as moderate, major or death



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

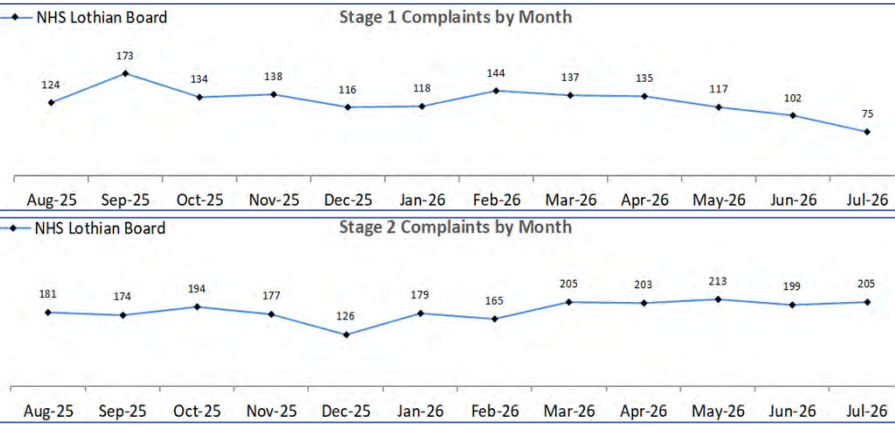
Pressure ulcers are among the top ten harms in healthcare. They cause unnecessary pain, longer hospital stays, and higher costs.

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



Measure Definitions
Monthly run charts of

- All stage 1 complaints received
- All stage 2 complaints received

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.

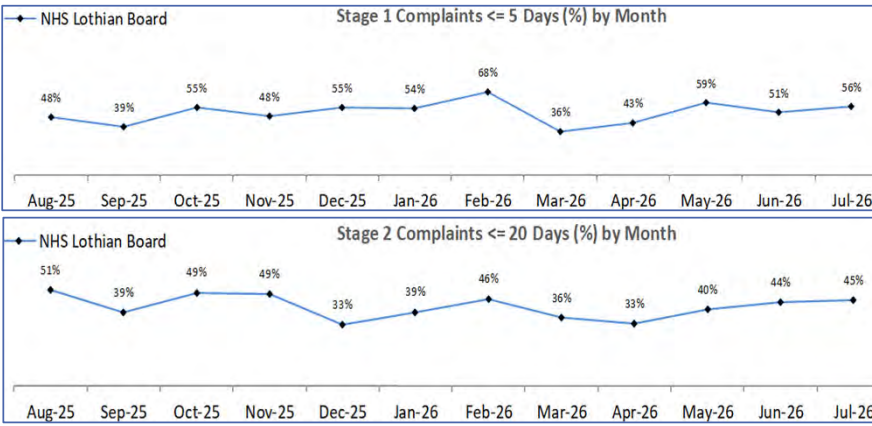
What is this showing?
Between August 2025 to July 2026 the number of complaints ranges each month from 75 to 173 for Stage 1 and from 126 to 213 for Stage 2.

75 Stage 1 Complaints
(July 2026)

205 Stage 2 Complaints
(July 2026)

56% Stage 1 Complaints
Responded to within 5
Days (July 2026)

45% Stage 2 Complaints
Responded to within 20
Days (July 2026)



Measure Definitions
Monthly run charts of

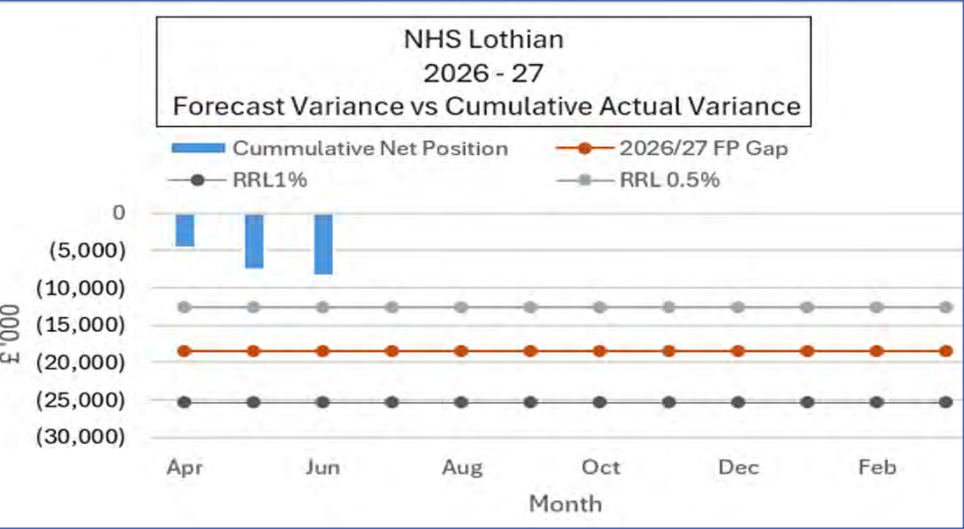
- % of all stage 1 complaints achieving 5-day target.
- % of all stage 2 complaints achieving 20-day target.

Why it matters
Monitoring 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 August 2025 to July 2026 percentages achieving the targets for Stage 1 complaints ranges from 36% to 68%, and for Stage 2 complaints ranges from 33% to 51%.

Financial Measures

Lead Committee – Finance and Resources



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 2026/27 Financial Plan to support a path to break even. The 2026/27 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

£54m of savings plans have now been identified, with a forecast delivery of £45m in year and £37m recurrently against those plans. In year delivery against plan is currently on target.

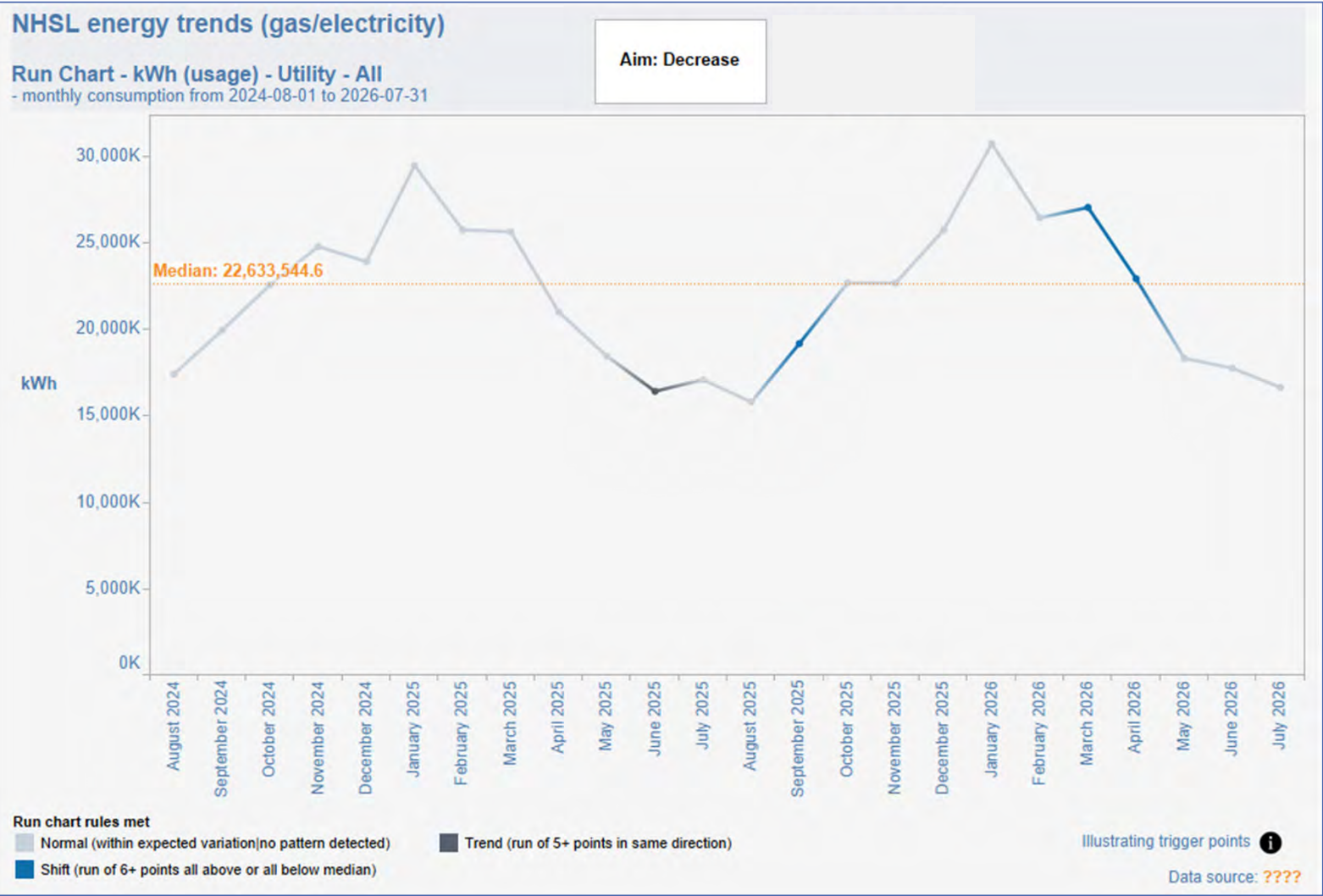
Business Unit	YTD Variance £'000	Sustainability & Value	£'000
Acute Services Division	(12,266)	3% Savings Target	68,545
REAS	(1,728)	Schemes Identified in Financial Plan	50,091
Edinburgh Partnership	(297)	Additional Schemes Identified in Year	3,661
East Lothian Partnership	255	Total Schemes Identified	53,752
Midlothian Partnership	190	Planned Delivery April	7,042
West Lothian Partnership	18	Achieved April	6,254
Directorate Of Primary Care	305	Shortfall in delivery	(787)
Facilities	(2,773)		
Corporate Services	(469)		
Strategic Services	(217)		
Inc + Assoc Hlthcare Purchases	970		
Reserves	7,596		
Total Variance	(8,447)		

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

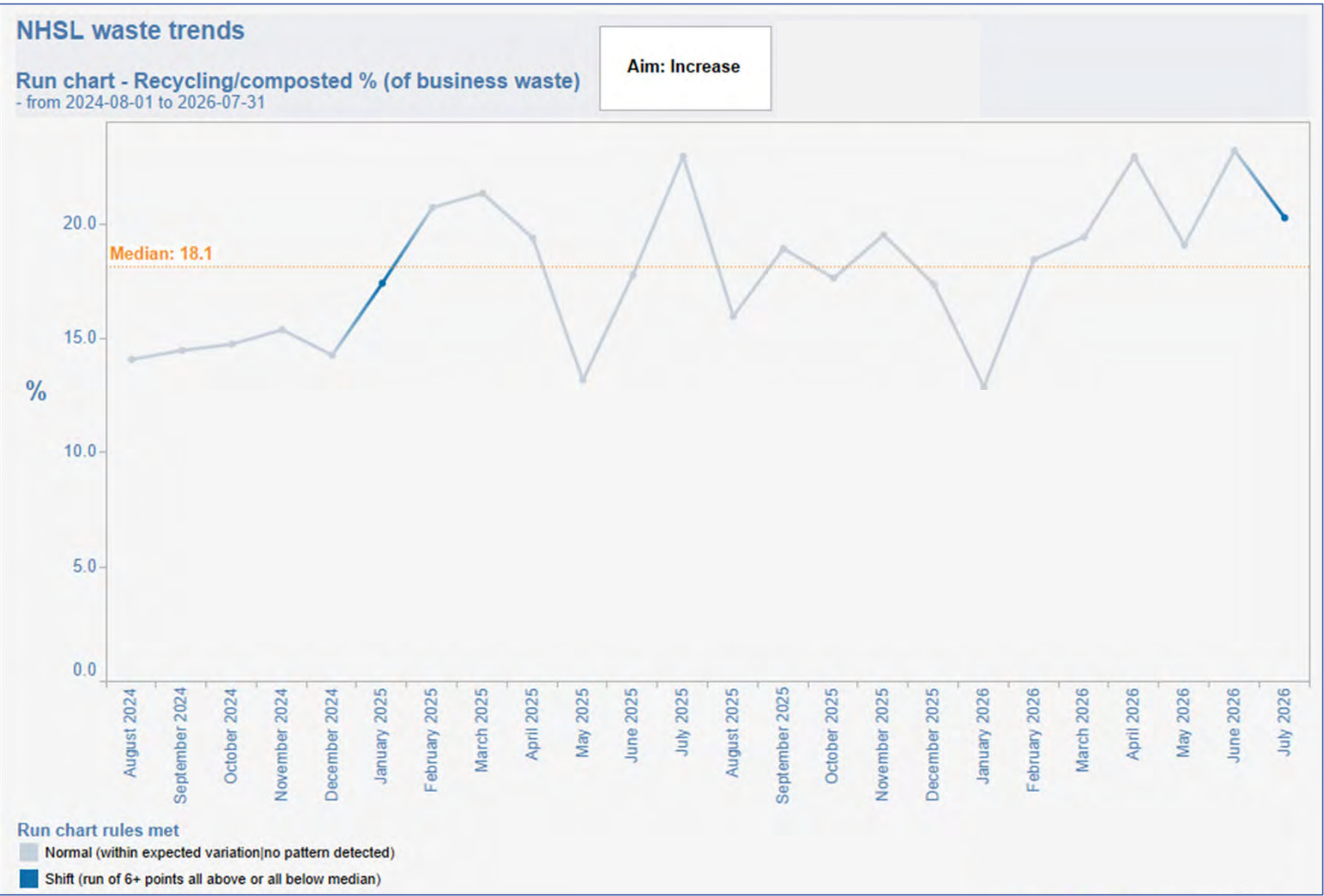
An indicator of whether energy consumption is rising or falling over time.

What is this showing?

Median usage of 22,633,544.6 kWh for the period August 2024 – July 2026. There is clear seasonal variation with higher gas usage in the winter and lower in summer. However, rolling 12-month total utility consumption over the reporting period indicates consumption is on the increase.

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

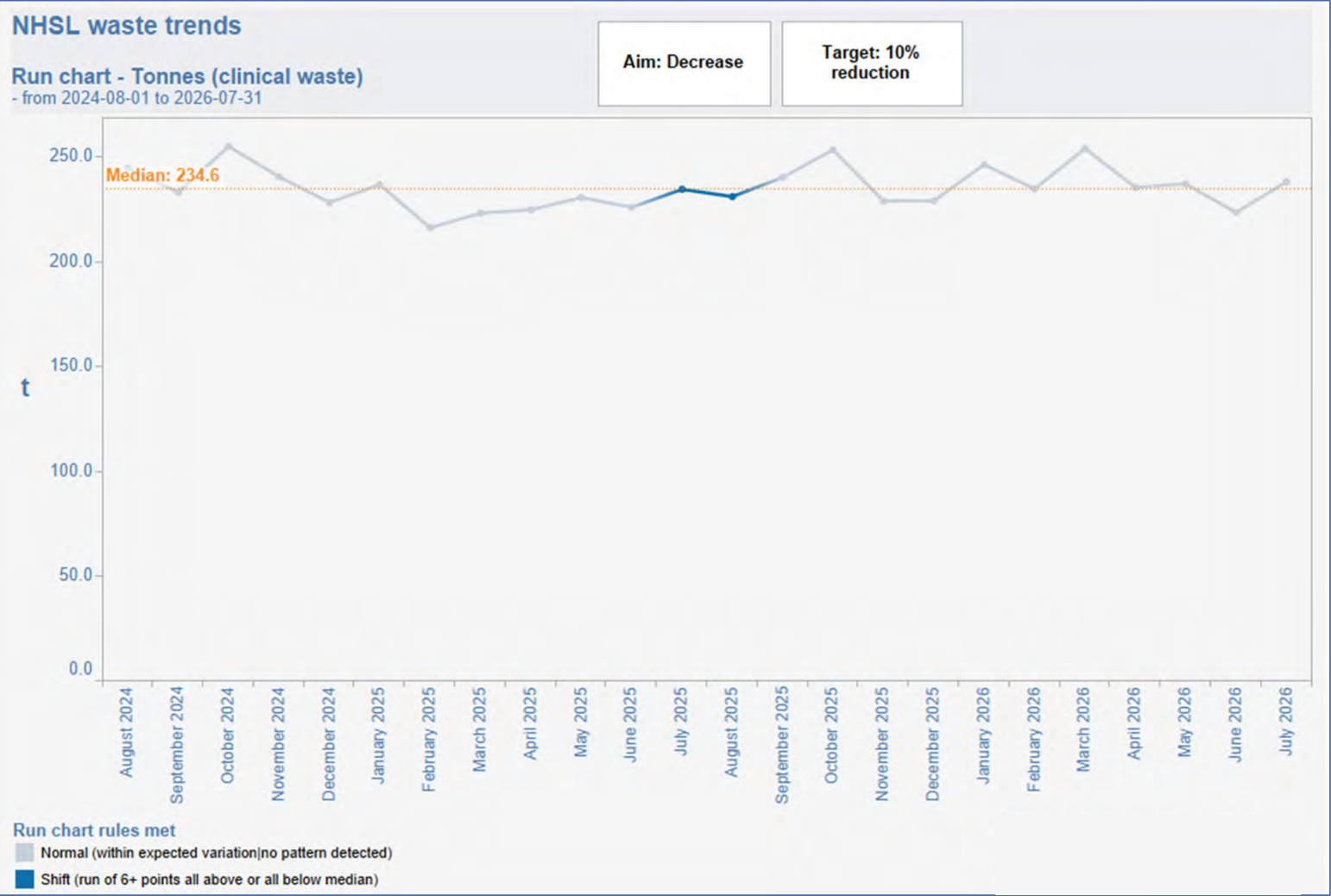
An indicator of whether the behavioural process of recycling is improving.

What is this showing?

The current median is 18.1% in the two years to July 2026. Data from February 2026 indicate sustained upward pattern in the percentage of recycled/composted business waste. As shown, six consecutive points were above the median by July 2026, confirming a statistically significant shift to date.

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?

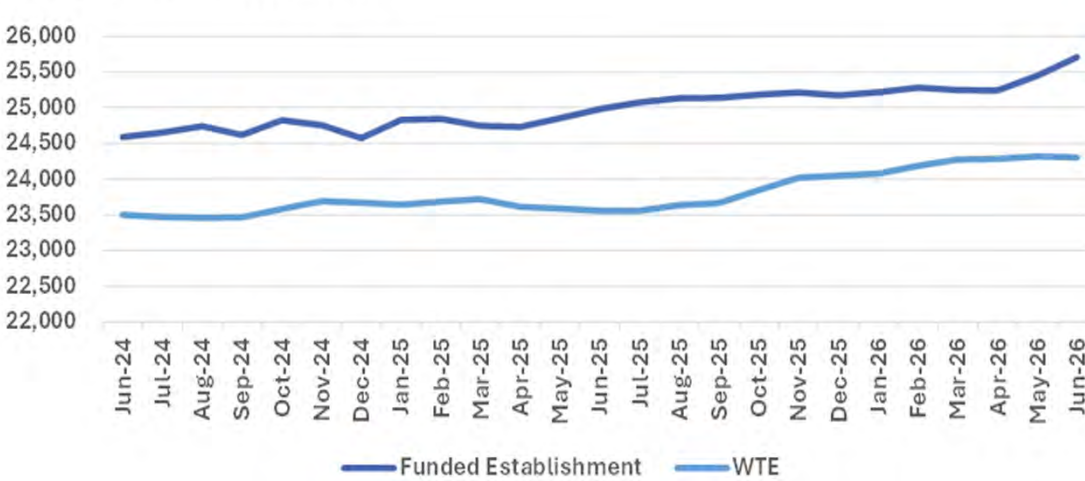
Median is 234.6 tonnes* in the two years to July 2026. From February 2025 to August 2025, a statistically significant downward shift occurred, aligning temporarily with an intervention at local hospital level. Subsequent data show no further signals, indicating a return to typical process variation.

*Please note – in the last iteration of this report, the median was noted as 39.4 tonnes which was incorrect. The chart and narrative have been updated to reflect the correct figures.

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

Sickness Absence Rate (%)



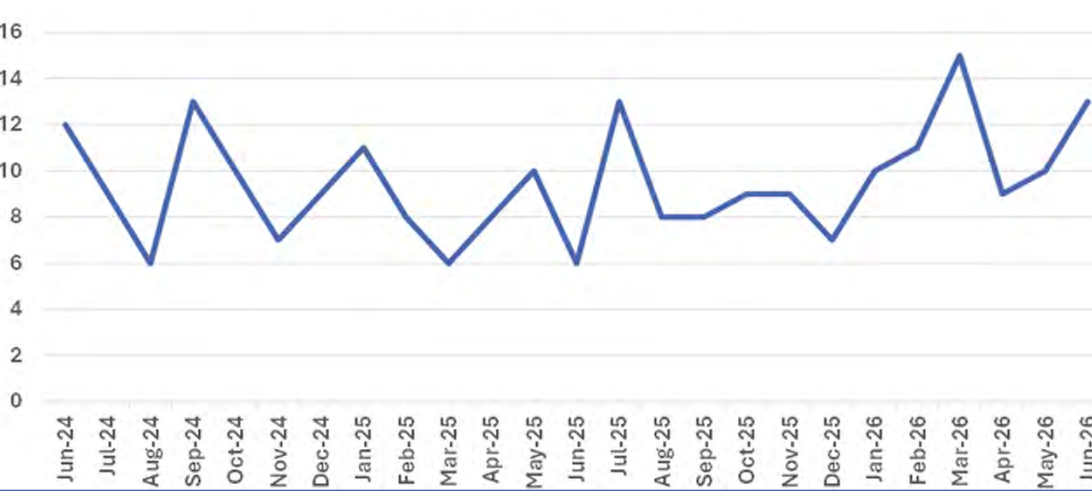
Why it matters

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).

RIDDOR Incidents reported to HSE



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 with no clear underlying trend.

Workforce Wellbeing

Lead Committee – Staff Governance

NHS Lothian Staff Referrals to OHS



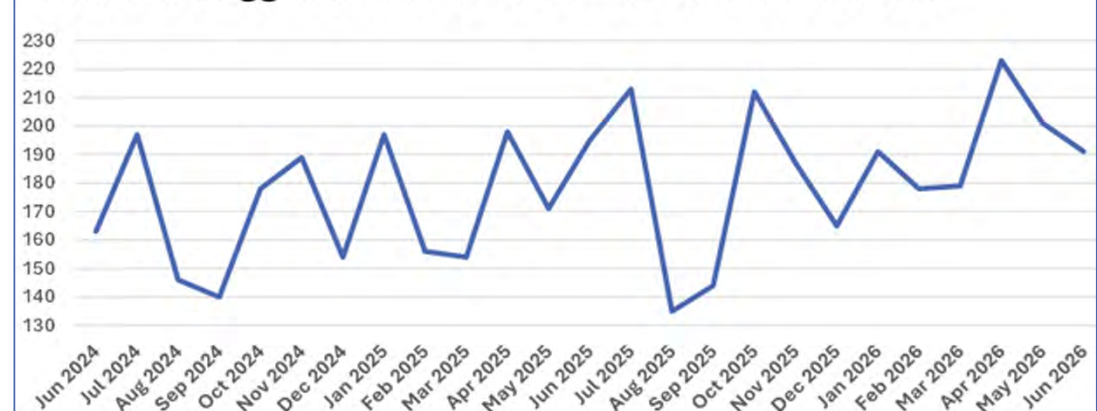
Why it matters

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

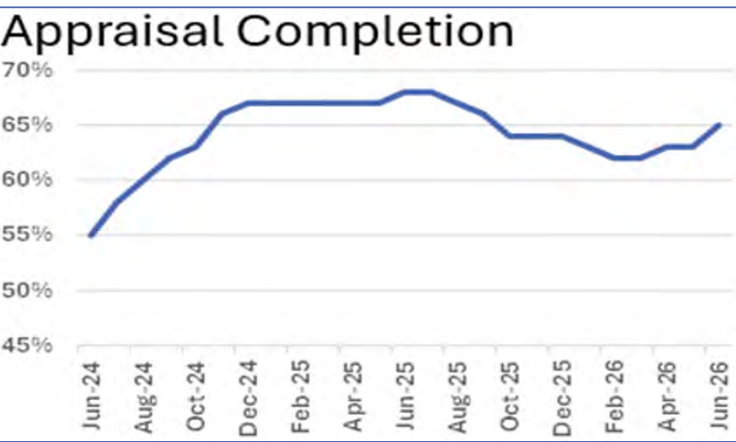
The number of adverse events relating to Violence/Aggression and Other Unwanted behaviours provides an assessment of the extent to which staff are subject to harm. When triangulated with other measures it may help indicate the impact of staffing pressures and/or flag up cultural concerns.

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.

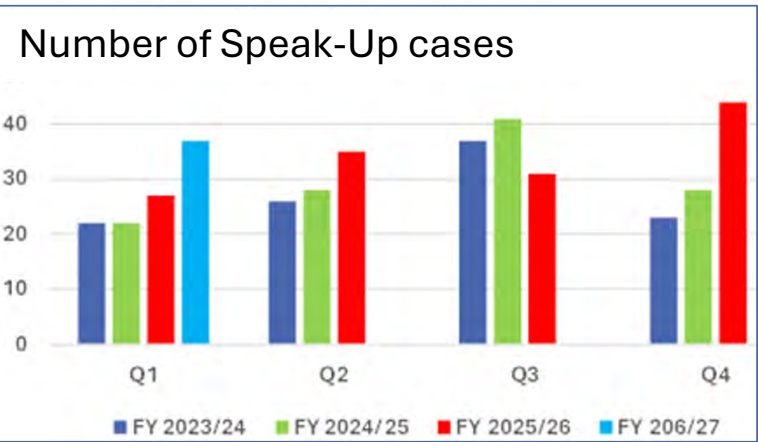
Culture and Staff Experience

Lead Committee – Staff Governance



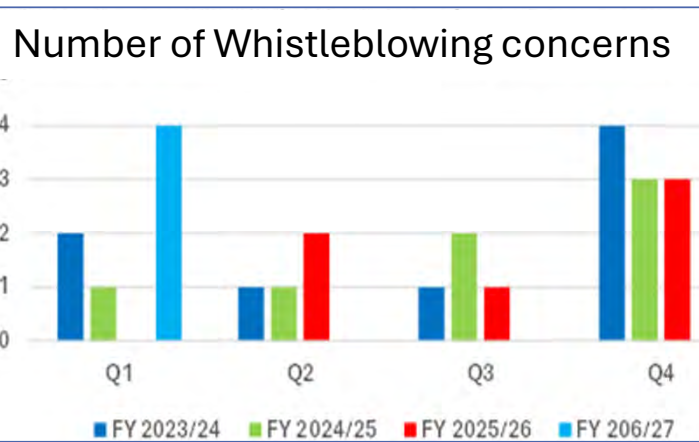
Why it matters
Appraisals support staff wellbeing, development and performance. Completion rates indicate whether staff receive regular, structured conversations about objectives, feedback and professional growth, helping align individual and organisational priorities.

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.



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.



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

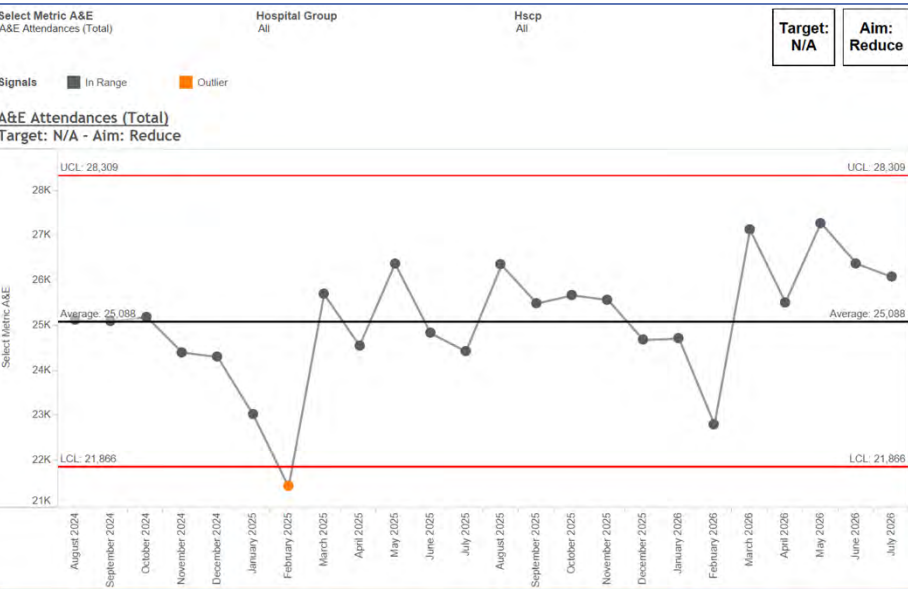


Measure	Latest Month Performance	Performance 3 Months Previous	Performance 12 Months Previous	Latest Available Scottish Comparator	Target	Trend
4 Hour Emergency Access Standard	66.4% (Jul26)	62.7% (Apr26)	72.5% (Jul25)	67.7% (Jul26)	95%	Stable
Inpatient/Day Case Waiting List Size	21,943 (Jul26)	22,192 (Apr26)	21,448 (Jul25)	157,271 (Jul26)	-	Improving
% Inpatient/Day Case Patients Treated within 12 Weeks	58.2% (Jul26)	57.0% (Apr26)	51.4% (Jul25)	57.0% (Jul26)	100%	Stable
Outpatient Waiting List Size	82,282 (Jul26)	81,268 (Apr26)	101,491 (Jul25)	507,535 (Jul26)	-	Improving
% New Outpatients Seen within 12 weeks	68.9% (Jul26)	63.4% (Apr26)	67.0% (Jul25)	65.9% (Jul26)	95%	Improving
% Endoscopy Patients Waiting Less than 6 weeks	51.7% (Jul26)	37.1% (Apr26)	23.5% (Jul25)	52.5% (Jun26)	100%	Improving
% Radiology Patients Waiting Less than 6 weeks	85.3% (Jul26)	78.7% (Apr26)	45.4% (Jul25)	78.6% (Jun26)	95%	Improving
% Patients Starting Cancer Treatment within 31 Days of a Decision to Treat	90.1% (Jul26)	92.3% (Apr26)	93.6% (Jul25)	94.5% (Mar26)	95%	Stable
% Patients Starting Cancer Treatment within 62 Days of an Urgent Suspicion of Cancer Referral	72.4% (Jul26)	62.4% (Apr26)	63.7% (Jul25)	72.2% (Mar26)	95%	Stable
% patients starting CAMHS treatment within 18 weeks	72.4% (Jul26)	63.1% (Apr26)	63.4% (Jul25)	92.4% (Jun26)	90%	Stable
% patients starting Psychological Therapy treatment within 18 weeks	78.0% (Jul26)	76.2% (Apr26)	76.2% (Jul25)	81.1% (Mar26)	90%	Stable

Please note, the most recent NHS Scotland benchmarking published data may lag behind locally available data.

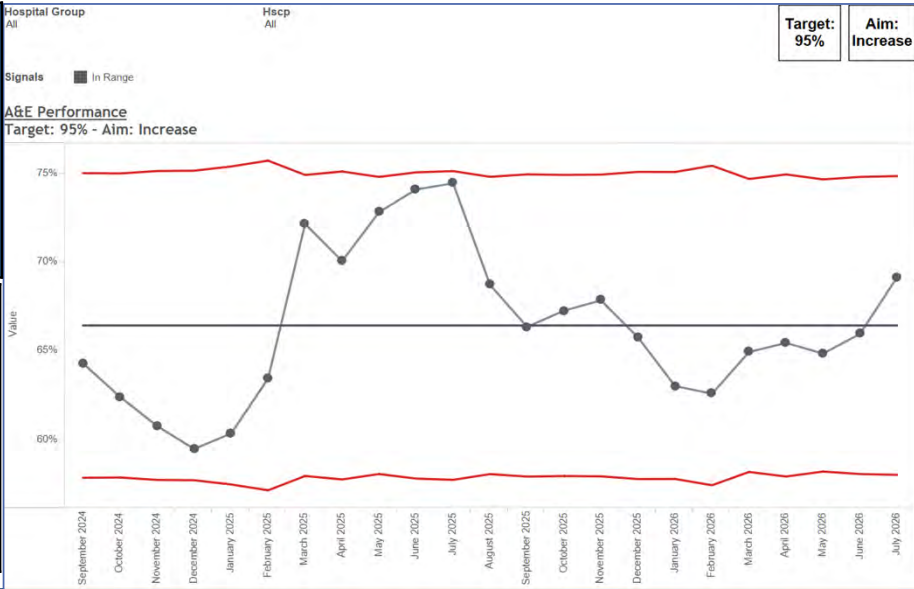
Urgent & Emergency Care – Attendances and 4 Hour Emergency Access Standard (EAS)

Lead Committee – Strategy, Planning and Performance



23,722 Attendances across Lothian (July 2026)

138,860 Attendances across Scotland (July 2026)



66.4% NHS Lothian within 4 hours (July 2026)

67.7% Scotland within 4 hours (July 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?

The total numbers of attendances has remained 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. However, the last 5 data points are above the mean and will continue to be monitored to determine if this does become a shift (eight or more).

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

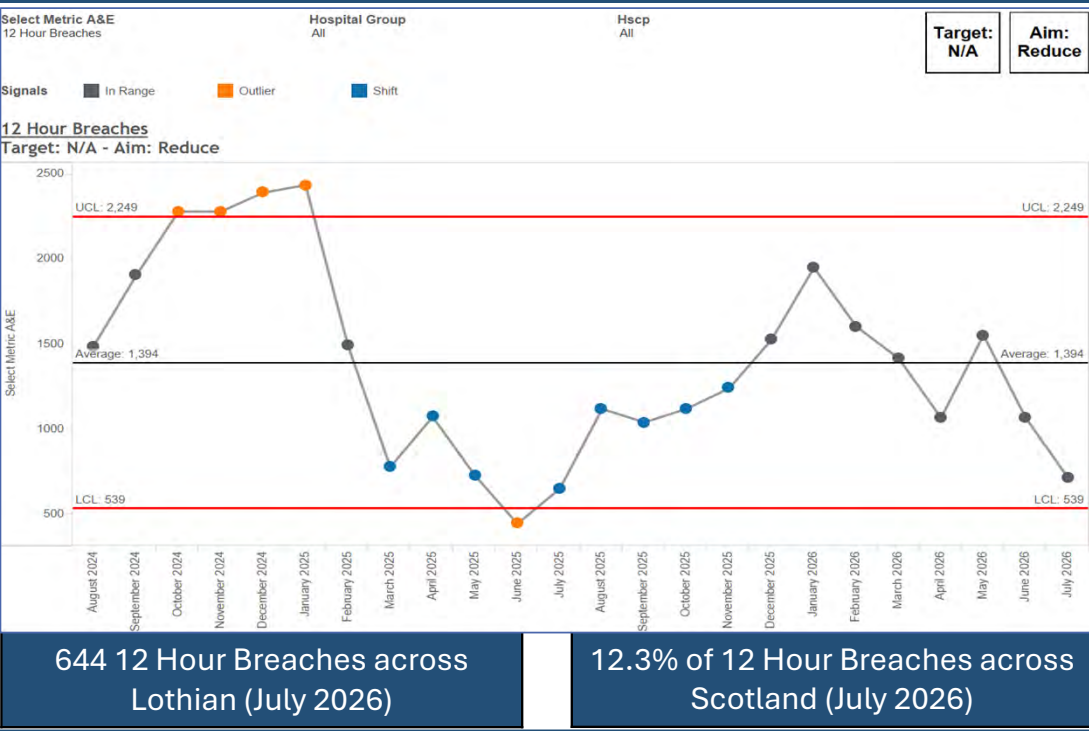
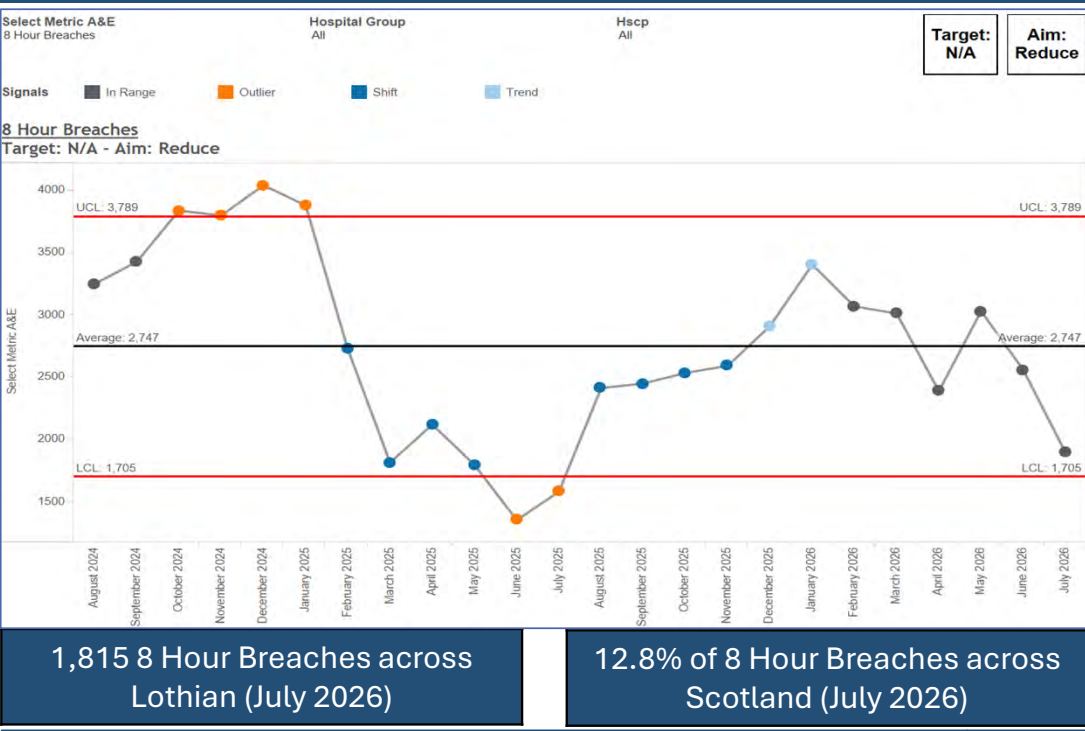
An indicator of ‘system flow’; how efficiently patients move through the hospital.

What is this showing?

Delivery remains well below the 95% standard, with a median of 66% 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



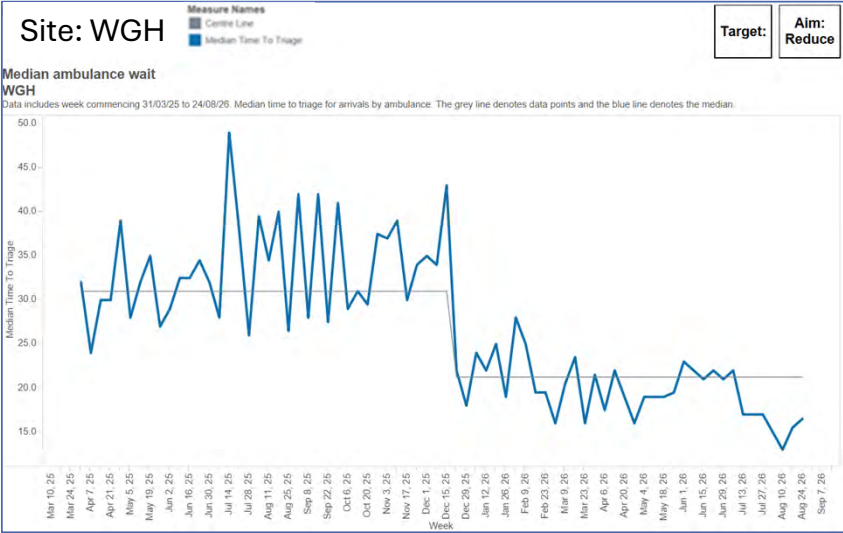
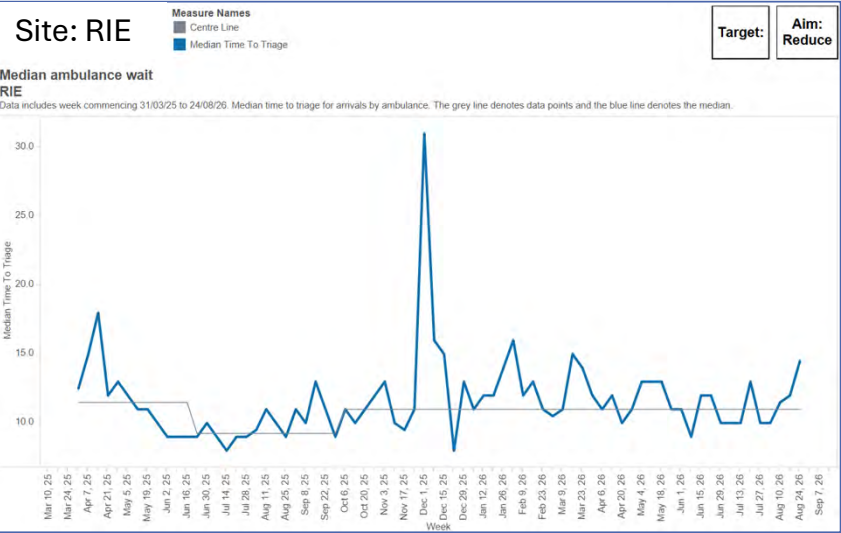
Measure Definition
Number of patients who have waited more than 8 or 12 hours at A&E to be seen, treated, and either discharged or admitted.

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 more than 8 and 12 hours in emergency departments has shown periods of special cause variation over the past two years associated with changes in operational processes and focused action to reduce the longest waits from early 2025. A substantial reduction was achieved during 2025, and performance has since stabilised at a lower level rather than returning to historic highs. Recent months have shown a further downward trend in long waits; however, additional data points are required to determine whether this represents normal variation or the start of a sustained improvement shift.

Urgent & Emergency Care – Median Time to Triage Ambulance Arrivals

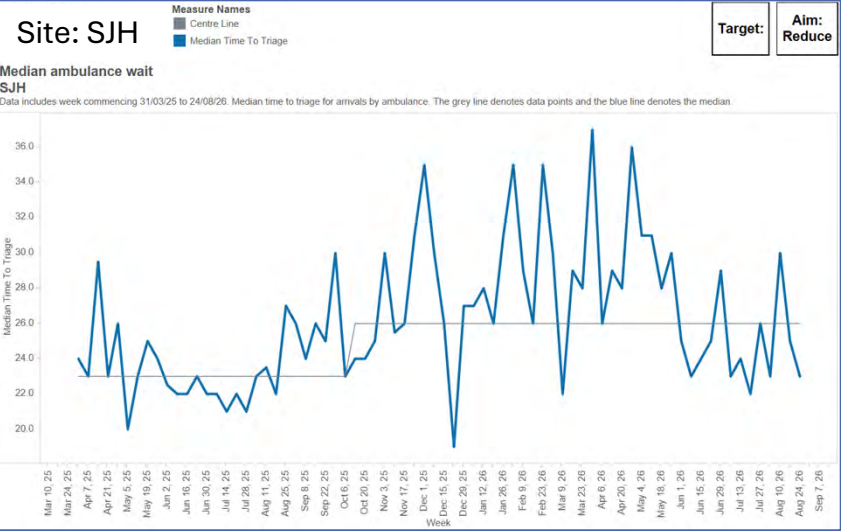
Lead Committee – Strategy, Planning and Performance



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.

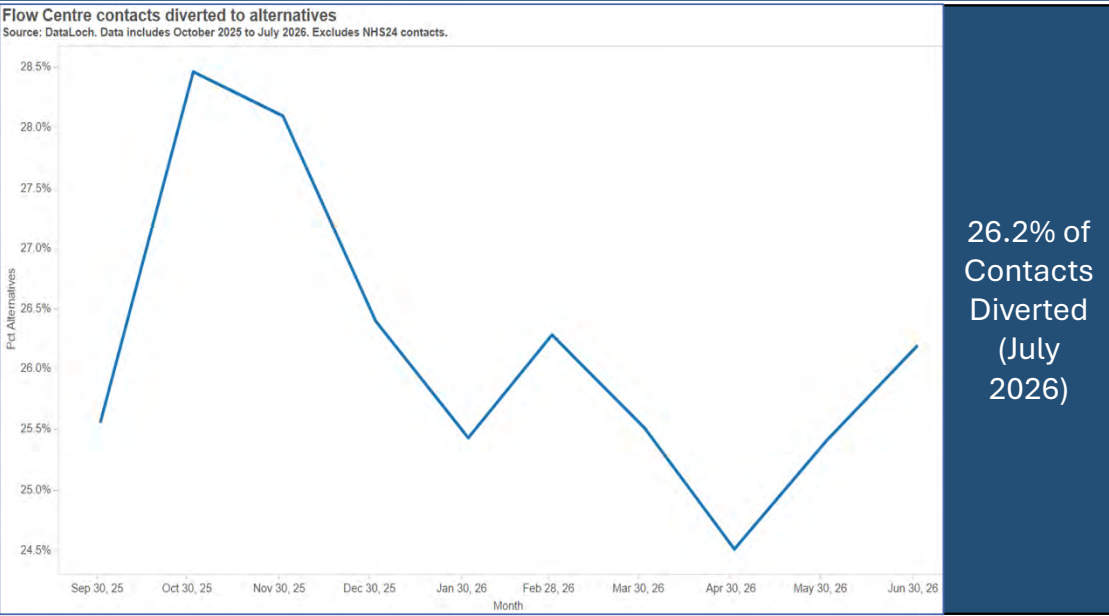
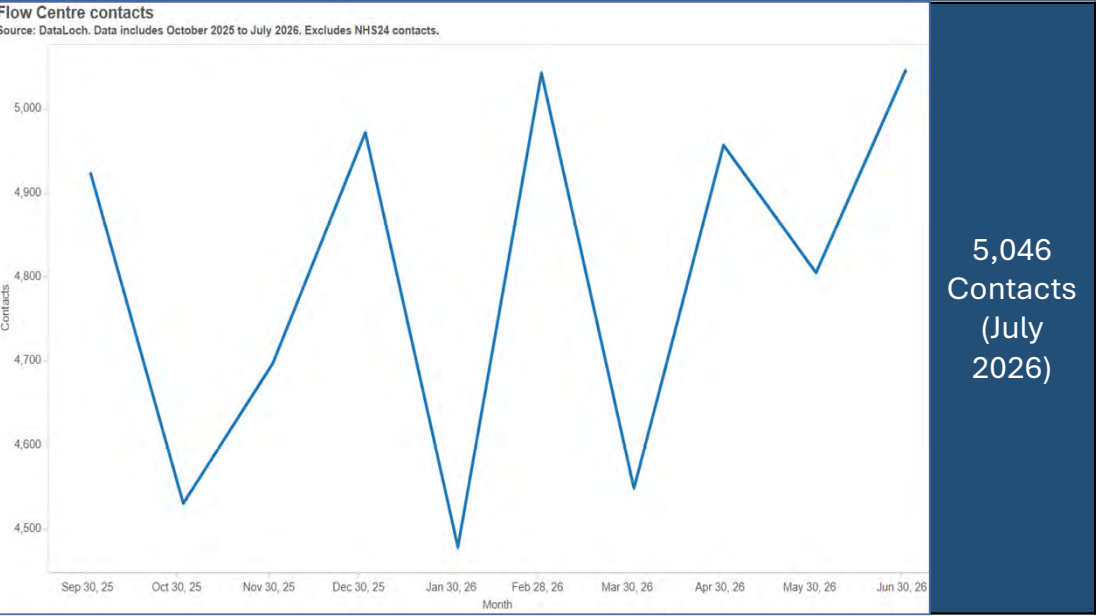
What is this showing?
Median time from ambulance arrival to triage remains relatively short across all three adult acute sites. Performance has improved at WGH, remains stable at RIE, and has deteriorated slightly at SJH. The measure provides assurance that ambulance arrivals are being absorbed into hospital pathways without evidence of prolonged handover delays.



RIE: 10 mins median ambulance arrival to triage (27 July 2026)
SJH: 26 mins median ambulance arrival to triage (27 July 2026)
WGH: 17 mins median ambulance arrival to triage (27 July 2026)

Urgent & Emergency Care – Flow Navigation Centre (FNC) Redirection of Urgent Referrals to Non-Emergency Pathways

Lead Committee – Strategy, Planning and Performance

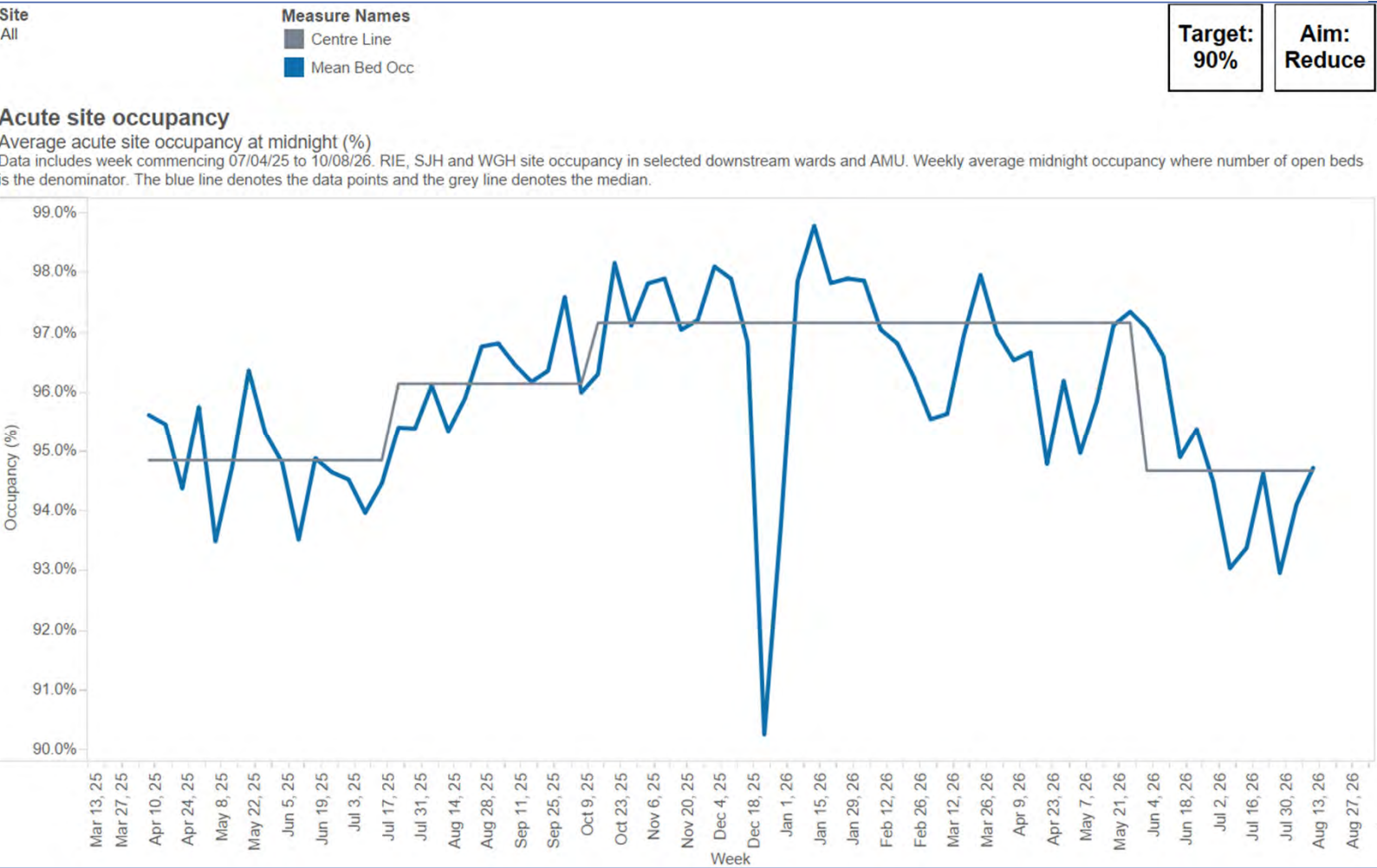


Measure Definition Number of patient contacts through the Flow Navigation Centre. Excluding NHS24 contacts.
Why it matters We want to provide an alternative for patients to access care without attending Emergency Departments.
What is this showing? Flow centre contacts remain relatively steady at almost 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).

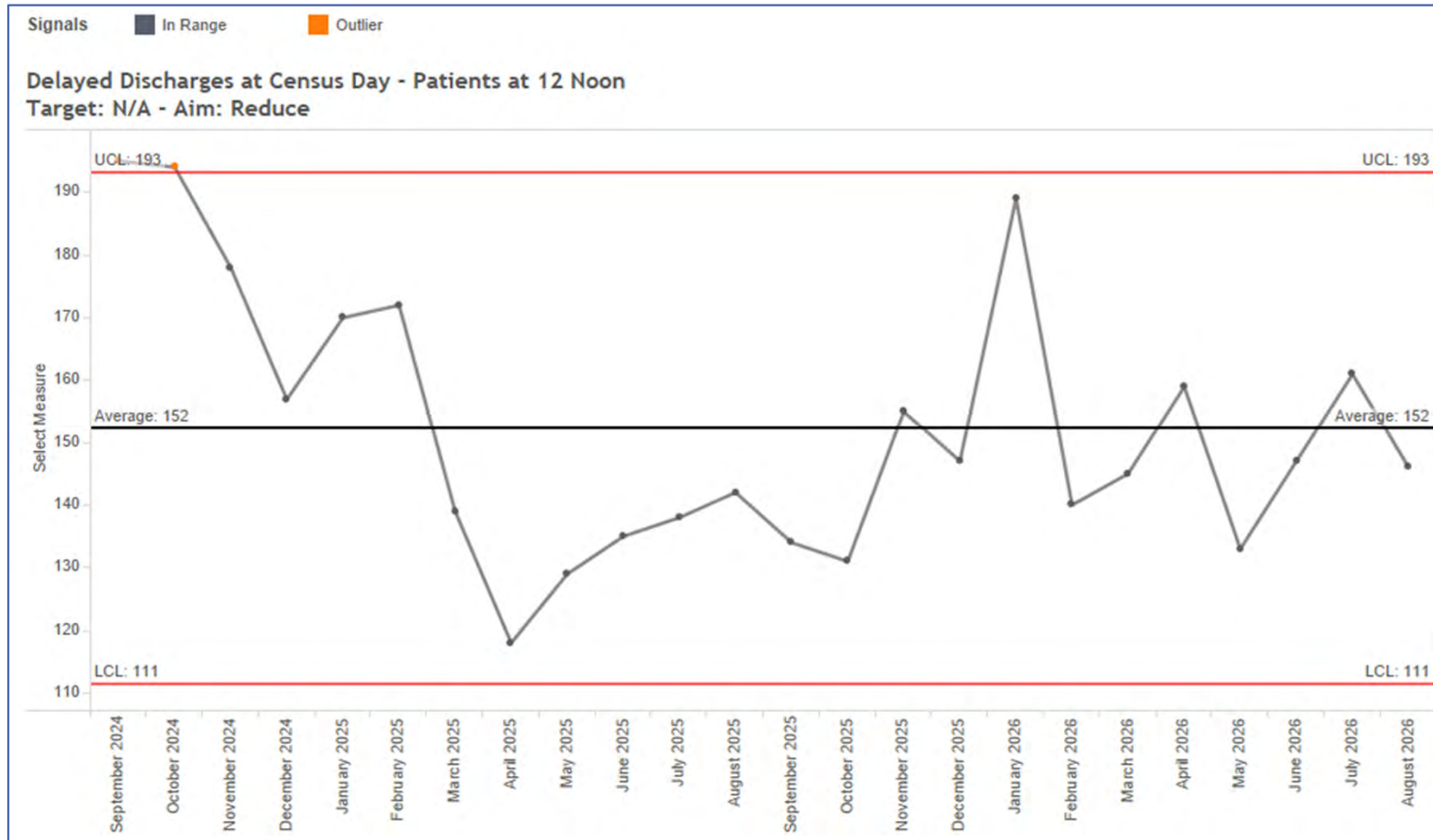
Why it matters
High occupancy levels can lead to patient care delays and increased ‘boarding’ outside usual ward placement. NICE recommends a pragmatic 90% occupancy level, and there is strong correlation between occupancy and 4hr emergency access performance.

What is this showing?
Adult acute bed occupancy remains persistently high across all sites and above the 90% threshold. Although occupancy has reduced modestly from previous peaks and recent performance is lower than the long-term average, levels remain above those typically associated with optimal patient flow. High occupancy is therefore likely to continue constraining flow across urgent and elective care pathways.

94.1% Mean Bed Occupancy
(03 August 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?

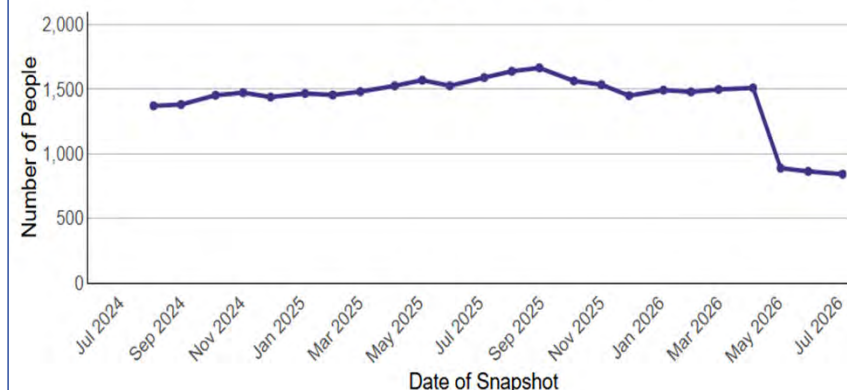
The number of delayed patients last exceeded control limits in October 2024, followed by significant reduction over 2025. Normal variation can be seen since January 2026 following a downward shift for the majority of 2025.

163 Delayed Discharges across RIE, SJH and WGH (July 2026)

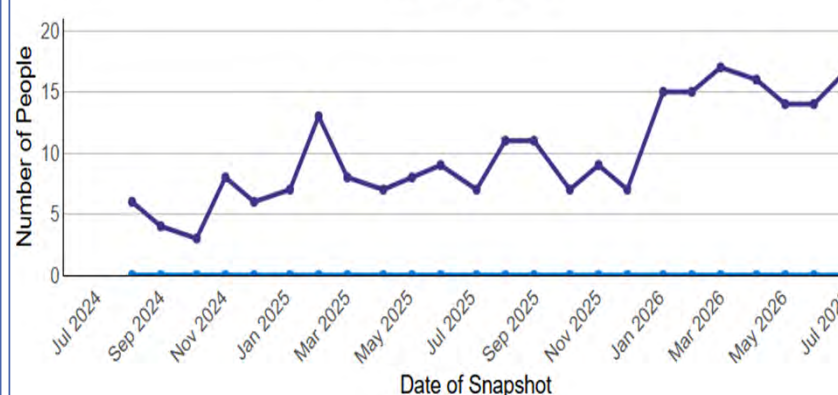
Social Care – Number of People Waiting for a Social Care Assessment (Hospital and Community)

Lead Committee – Strategy, Planning and Performance

Total Number of People Waiting for a Social Care Assessment in City of Edinburgh^P.



Number of People Waiting for a Social Care Assessment in East Lothian^P.



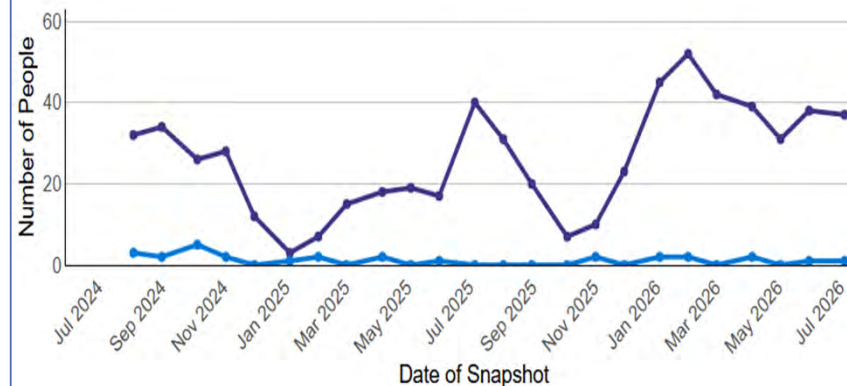
Why it matters

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.

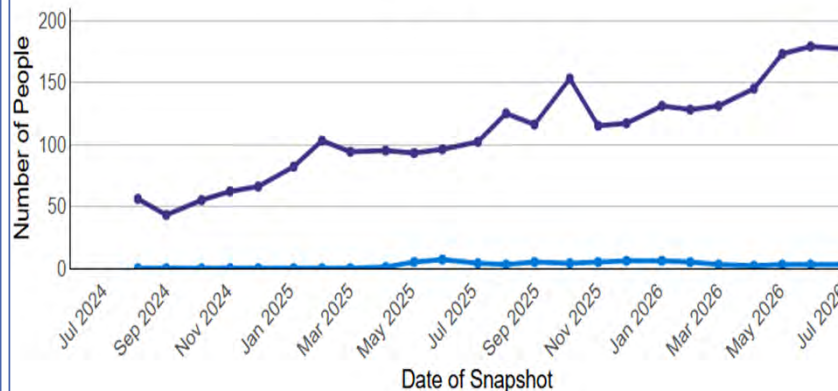
What is this showing?

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.

Number of People Waiting for a Social Care Assessment in Midlothian^P.



Number of People Waiting for a Social Care Assessment in West Lothian^P.

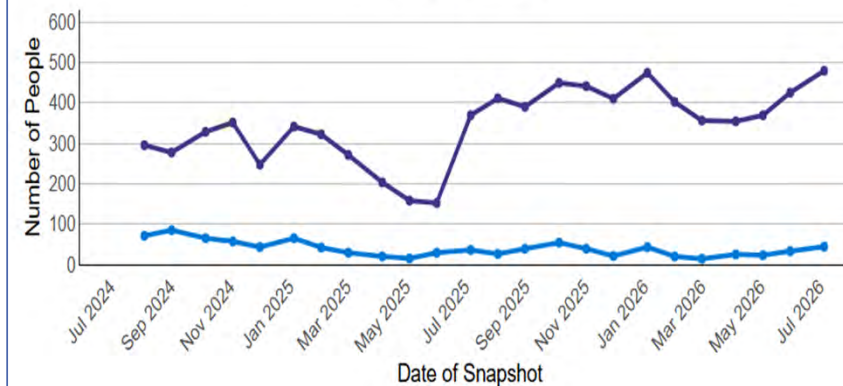


Category — Community — Hospital

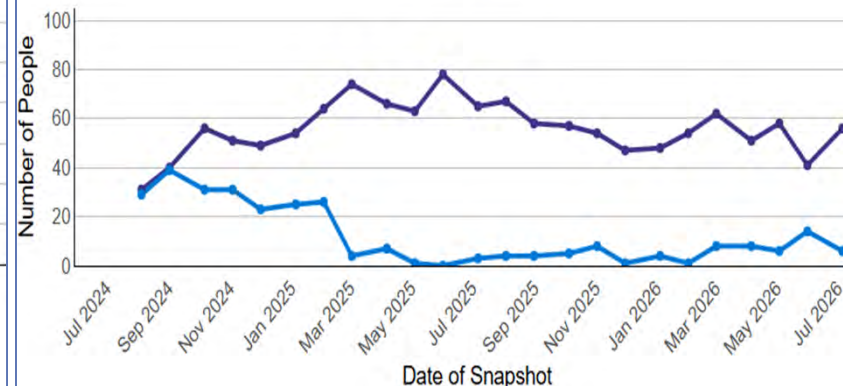
Social Care – Number of People Assessed and Waiting on a Package of Care (Hospital and Community)

Lead Committee – Strategy, Planning and Performance

Number of People Assessed and waiting for a Care at Home Package in City of Edinburgh^P.



Number of People Assessed and waiting for a Care at Home Package in East Lothian^P.



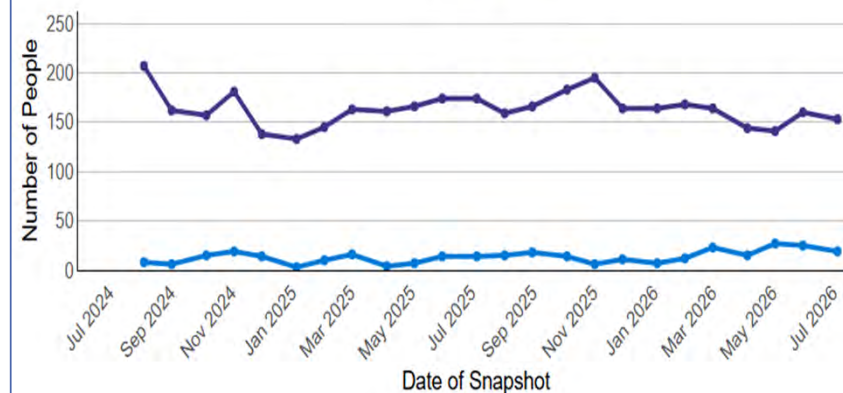
Why it matters

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.

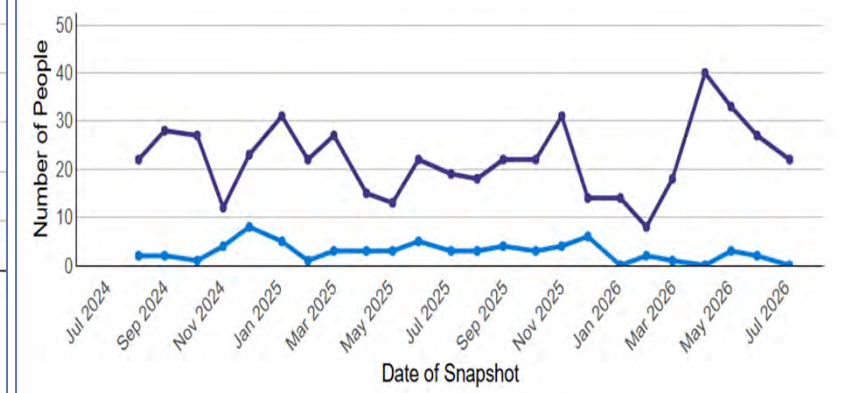
What is this showing?

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.

Number of People Assessed and waiting for a Care at Home Package in Midlothian^P.



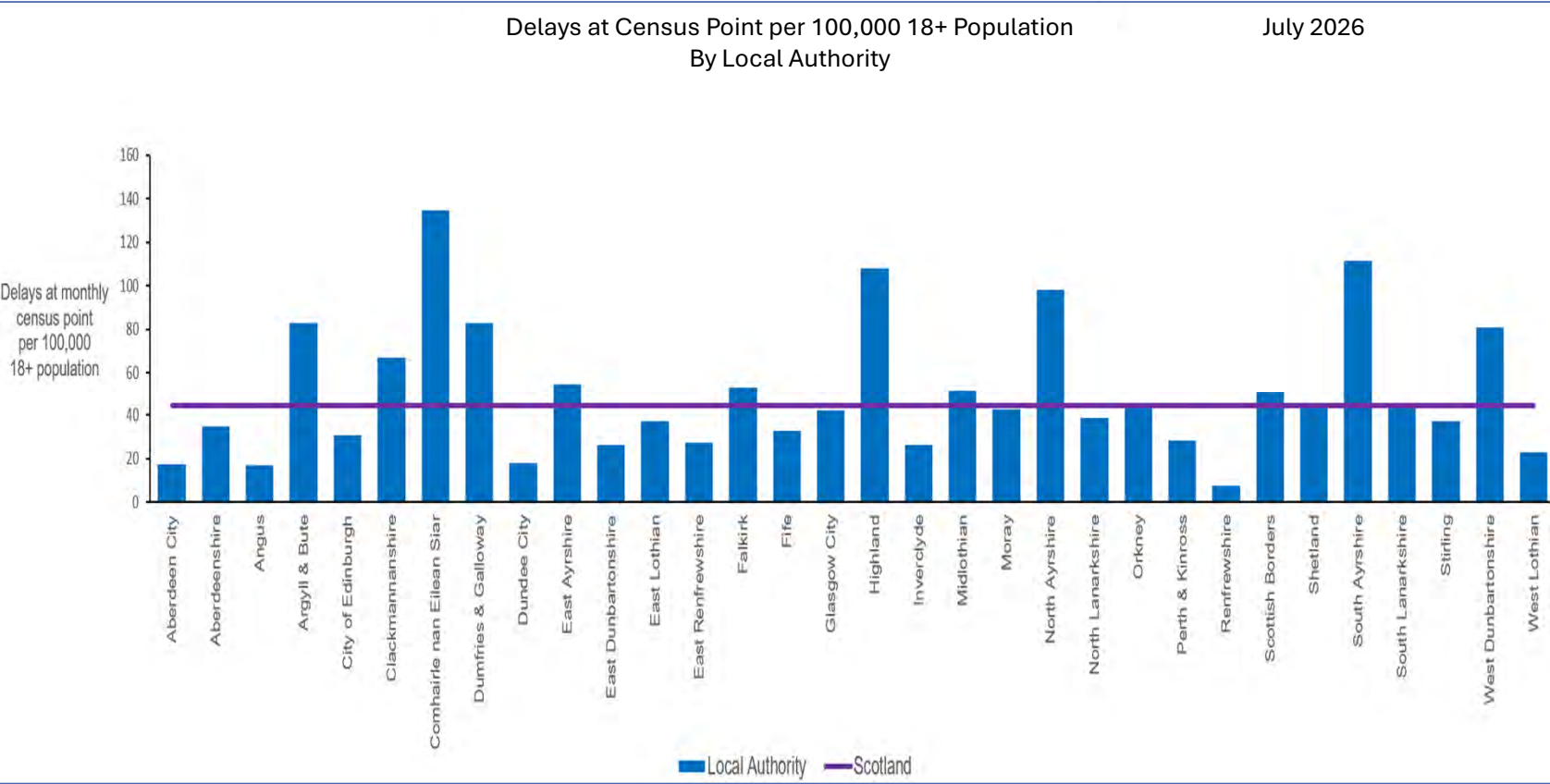
Number of People Assessed and waiting for a Care at Home Package in West Lothian^P.



Category — Community — Hospital

System Flow – Delayed Discharges: Scottish Comparator

Lead Committee – Strategy, Planning and Performance



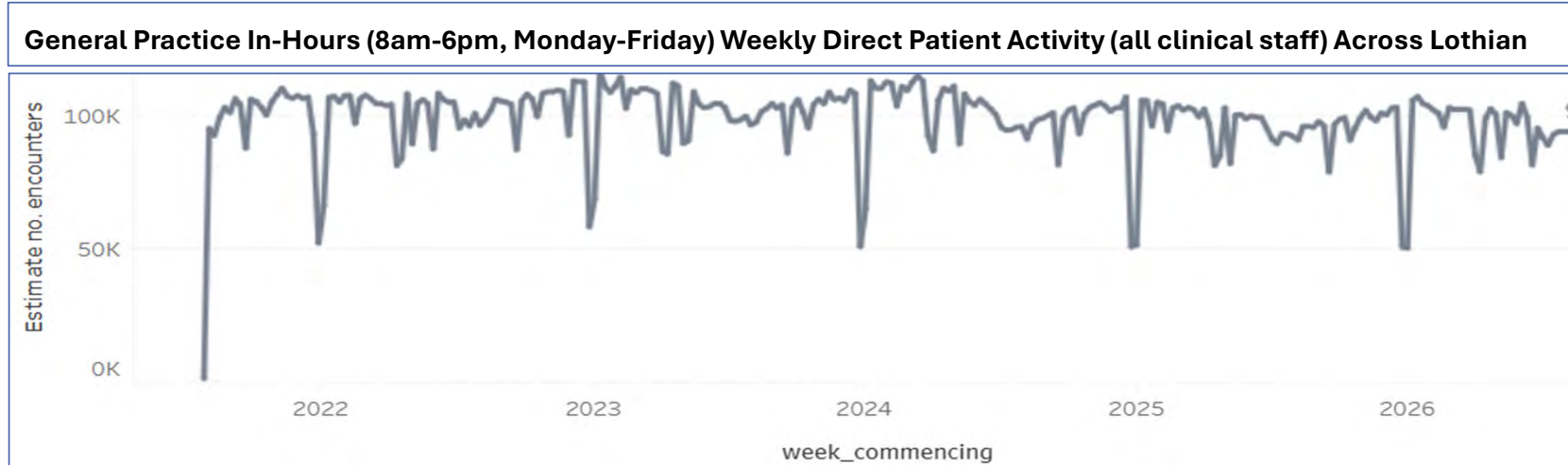
Measure Definition - Delayed discharges at census point per 100,000 population aged 18+, shown by local authority area and compared with the Scotland rate.

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 July 2026, three of the four Lothian local authority areas were below the national average, with Midlothian the only Lothian area above. Overall, this suggests that delayed discharge performance across Lothian is broadly in line with, or better than, national comparators, although variation remains between local authority areas.

Urgent & Primary Care – General Practice In-Hours and Out-of-Hours Activity

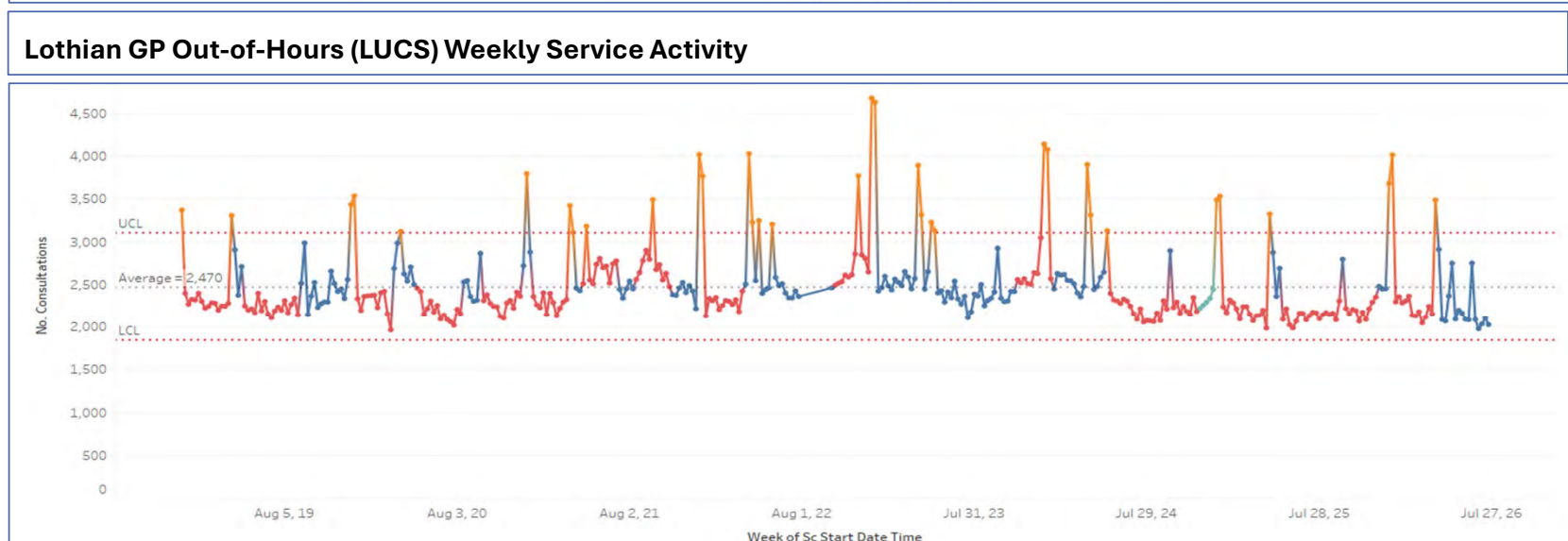
Lead Committee – Strategy, Planning and Performance



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.

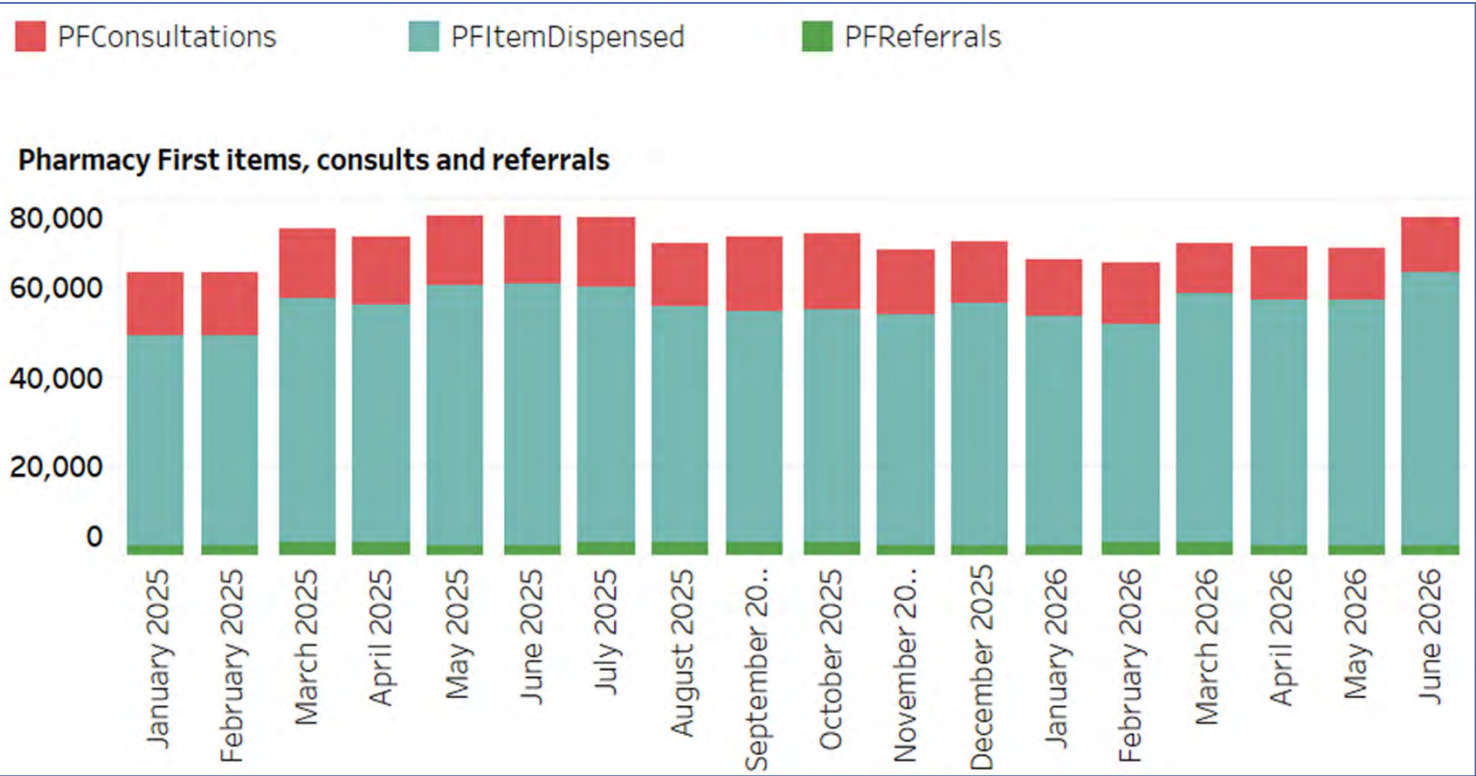
Why it matters
General practice is often the first point of contact with healthcare services. Activity across in-hours and out-of-hours services provides insight into how people access urgent and routine care and can indicate pressures elsewhere in the system.

What is this showing?
General practice activity has remained broadly stable over the period shown. Out-of-hours activity shows 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.



Urgent & Primary Care – Community Pharmacy

Lead Committee – Strategy, Planning and Performance



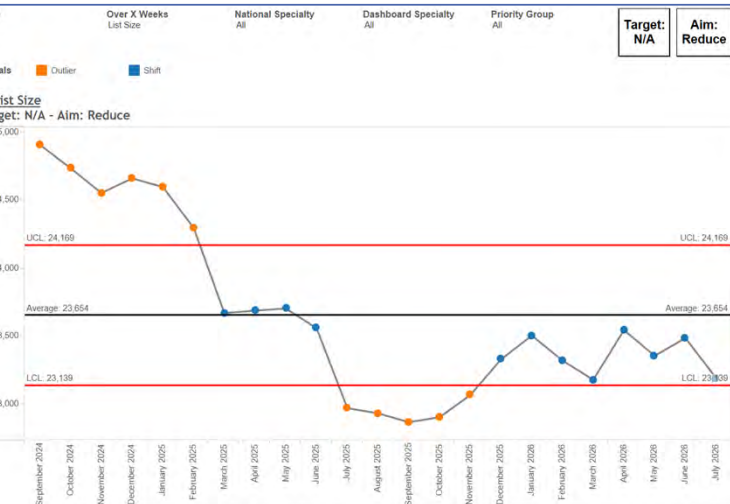
Measure Definition- Number of Pharmacy First consultations, items supplied and referrals made through community pharmacies across NHS Lothian.

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.

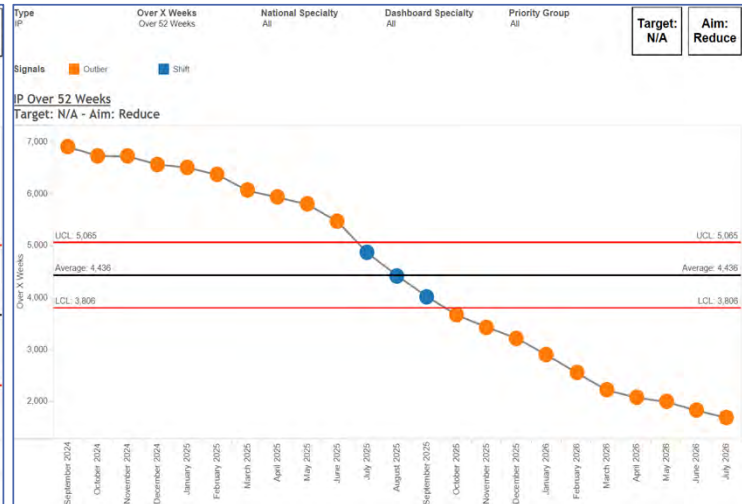
Elective Care – Inpatient & Day Cases (IPDC)

Lead Committee – Strategy, Planning and Performance



21,943 Patients Waiting for IPDC Treatment (14.0% of Scotland waiting list) (July 2026)

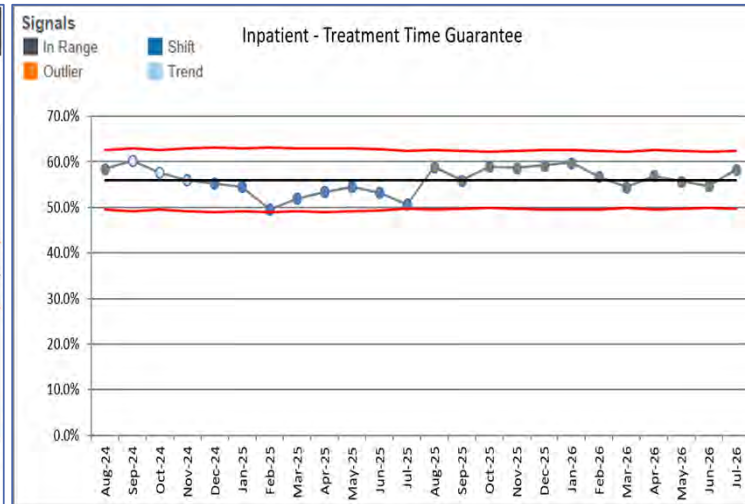
Measure Definition - Number of IPDC patients on the waiting list.



1,579 Patients Waiting >52 Weeks (July 2026) (9.4% of Scotland waits >52 Weeks)

July 2026 Trajectory: 1,789 (-210 patients waiting >52 weeks)

Measure Definition - Number of IPDC patient waits >52 weeks.



58.2% treated within 12 Weeks (Scotland Average: 57.0%) (July 2026)

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 – New Outpatients

Lead Committee – Strategy, Planning and Performance

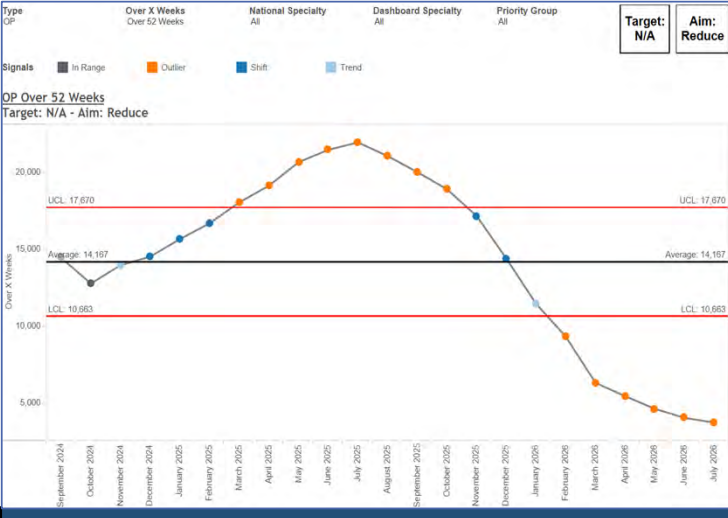


82,282 patients waiting for a first Outpatient appointment (16.2% of the Scotland waiting list) (July 2026)

Measure Definition - Number of waits for a first outpatient appointment.

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.



3,855 patients waiting >52 Weeks (July 2026) (25.9% of Scotland Waits >52 Weeks)

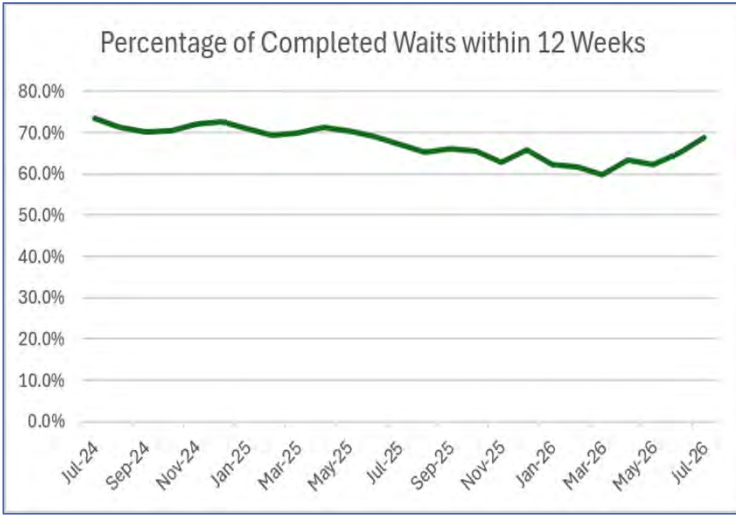
July 2026 Trajectory: 3,996 (-141 patients waiting >52 weeks)

Measure Definition - Number of waits for a first outpatient appointment longer than 52 weeks.

What is this showing?

Sustained progress has been made during 2025 and 2026 in reducing the longest outpatient waits, with a substantial reduction in patients waiting more than 52 weeks and improved performance for patients waiting less than 12 weeks.

Although the overall waiting list remains large and increased slightly during July 2026, NHS Lothian continues to make progress against its recovery trajectory. At the end of July, 3,855 patients were waiting more than 52 weeks, with performance remaining ahead of the planned trajectory for recovery.

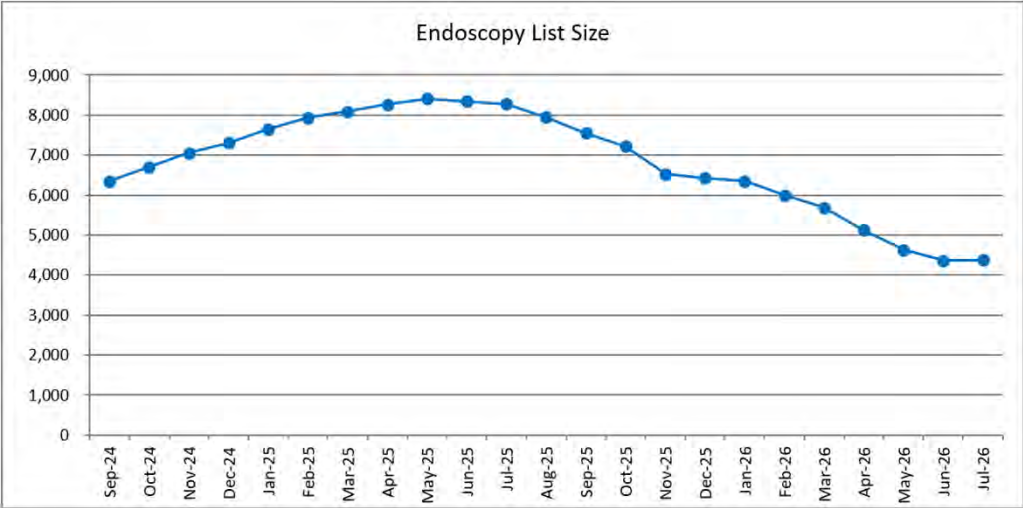


68.9% seen within 12 Weeks (July 2026) (Scotland Average: 65.9%)

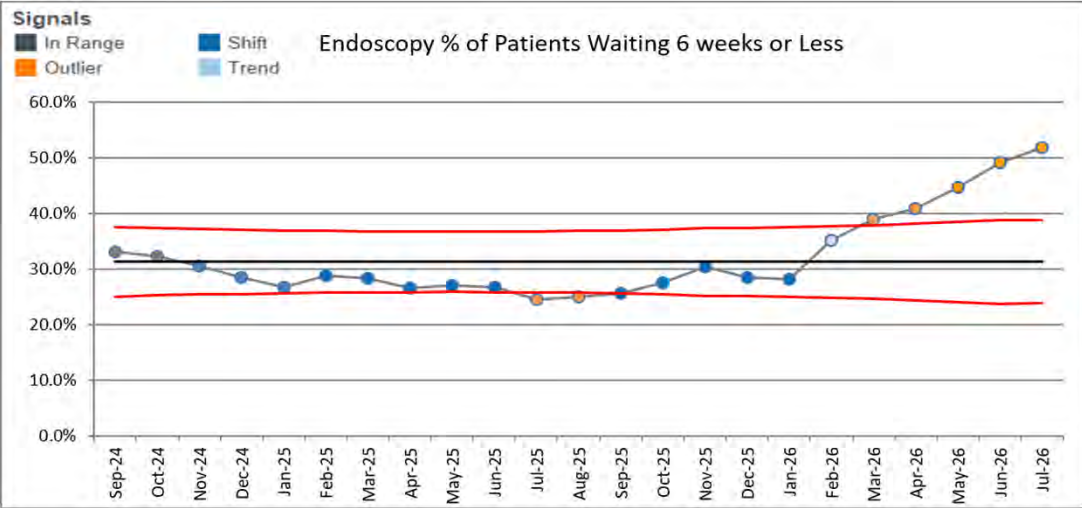
Measure Definition - Percentage of patients seen within 12 weeks of referral to first outpatient appointment.

Diagnostic Care – Endoscopy

Lead Committee – Strategy, Planning and Performance



4,376 Patients Waiting for Endoscopy (July 2026)
(15.8% of the Scotland waiting list in June 2026)



51.7% Patients Waiting <6 Weeks (July 2026)
(Scotland Average 52.5% in June 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

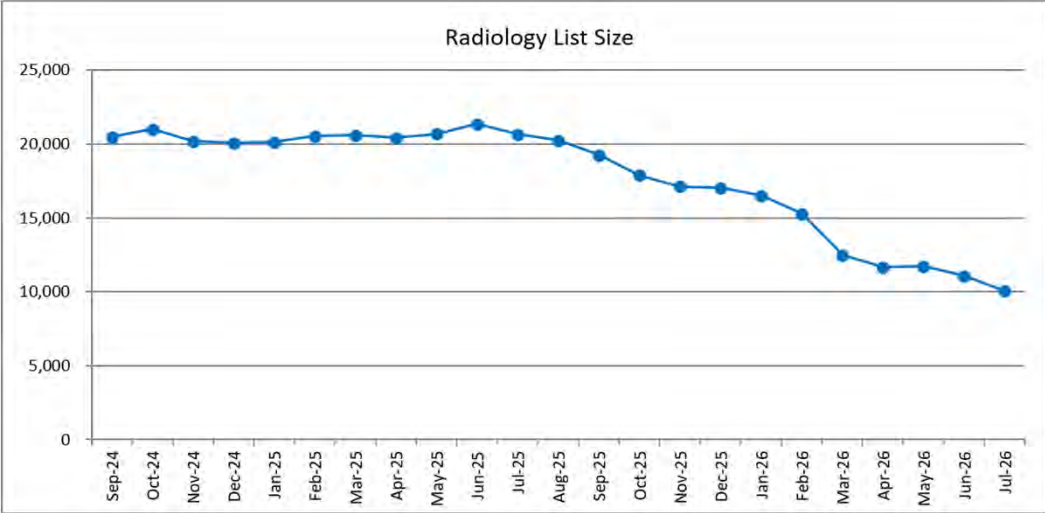
Timely access to endoscopy supports earlier diagnosis, treatment planning and surveillance. Delays can affect patient outcomes and may also increase pressure across planned care, cancer and urgent diagnostic pathways.

What is this showing?

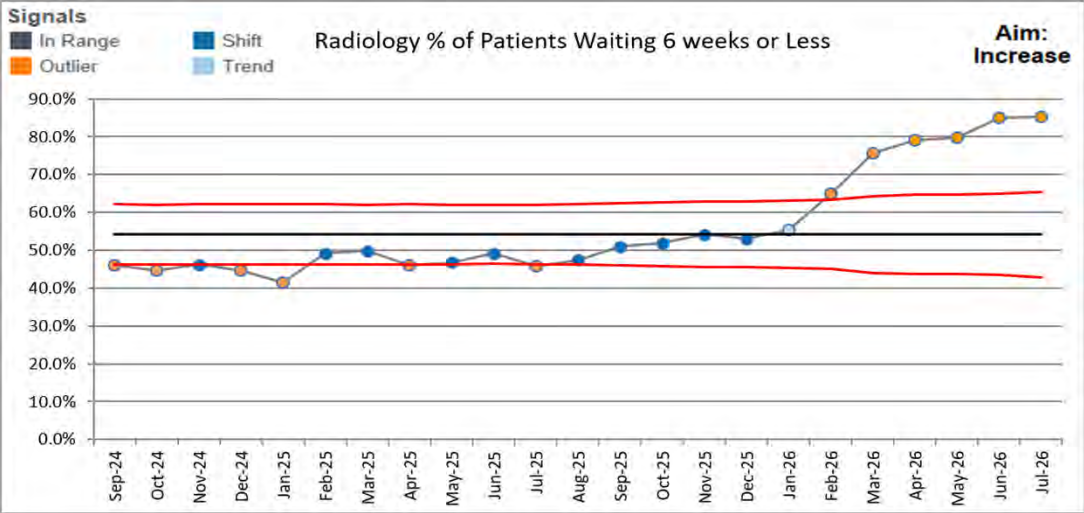
Endoscopy performance improved during 2026, with the proportion of patients waiting less than six weeks increasing to 51.7% by July. The overall waiting list has reduced from its 2025 peak to 4,376 patients in July, with 2,114 patients waiting more than six weeks. The 2026/27 trajectory anticipates further 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



10,065 Patients Waiting for Radiology (July 2026)
(13.1% of the Scotland waiting list in June 2026)



85.3% Patients Waiting <6 Weeks (July 2026)
(Scotland Average 78.6% in June 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

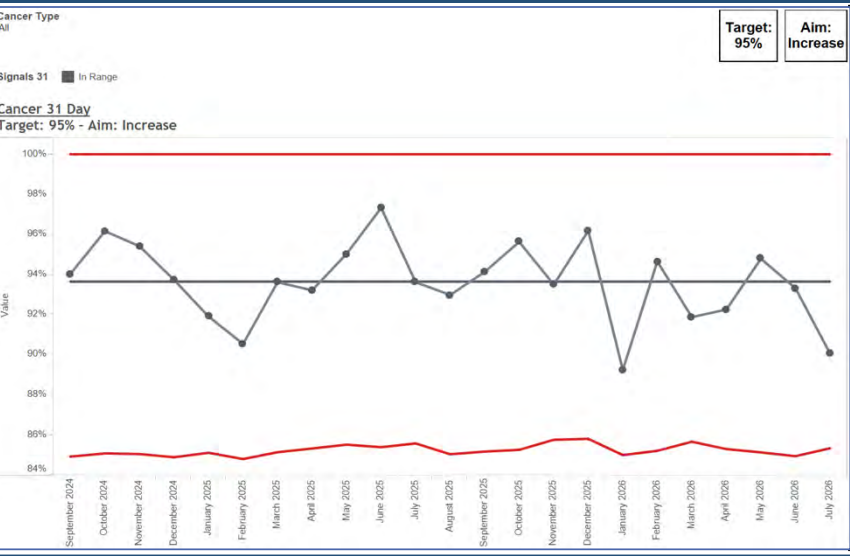
Timely access to radiology supports diagnosis, treatment decisions and monitoring of disease progression. Delays can affect patient outcomes and contribute to pressure across elective, urgent and cancer pathways.

What is this showing?

Radiology performance has improved significantly during 2026, with 85.3% of patients waiting less than six weeks by July. The overall waiting list has reduced substantially, and the number waiting more than six weeks has fallen to 1,484 in July 2026, indicating sustained progress towards achievement of the national standard. The 2026/27 trajectory anticipates further improvement, with current performance ahead of the planned trajectory to date.

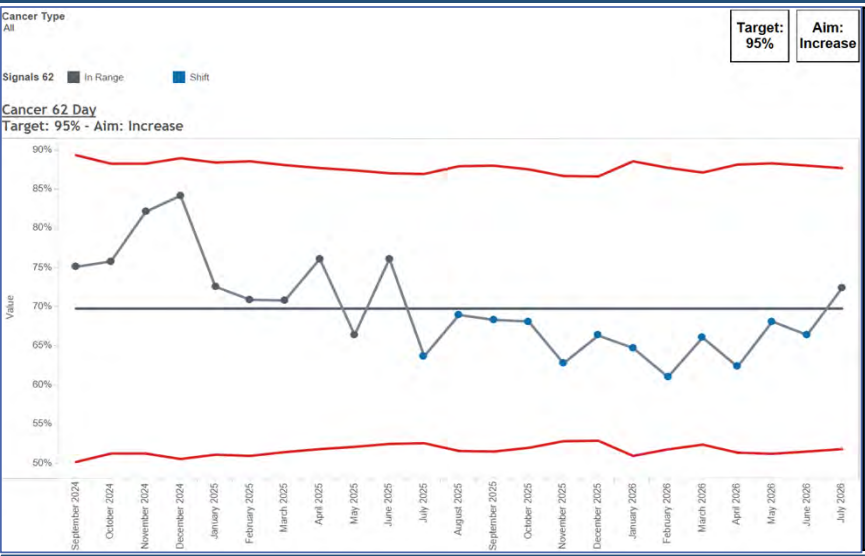
Cancer Care

Lead Committee – Strategy, Planning and Performance



90.1% began treatment within 31 Days (July 2026)

NHS Scotland: 94.5% (March 2026)



72.4% began treatment within 62 Days (July 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

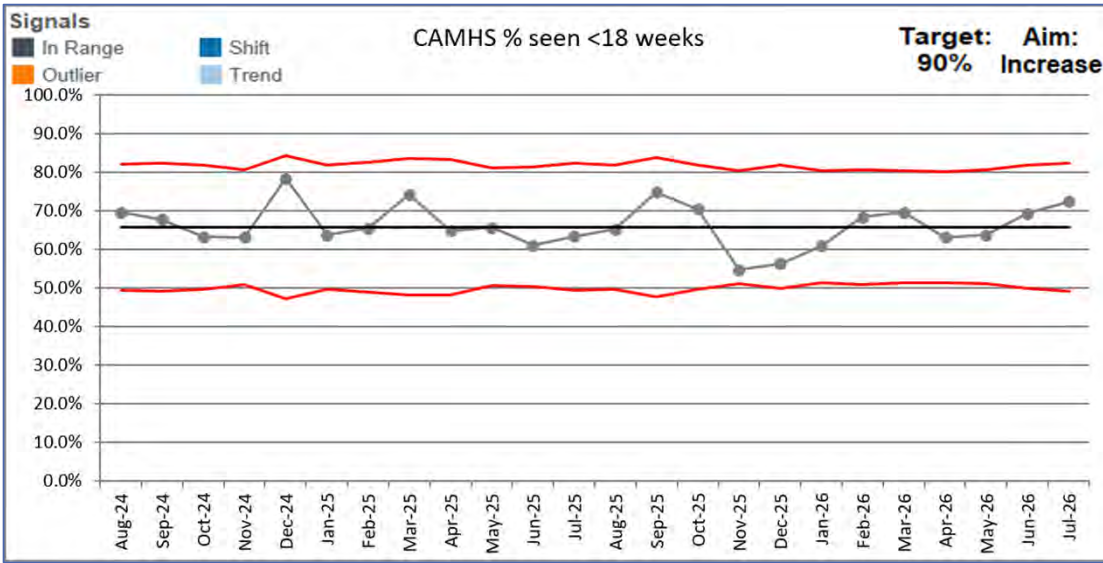
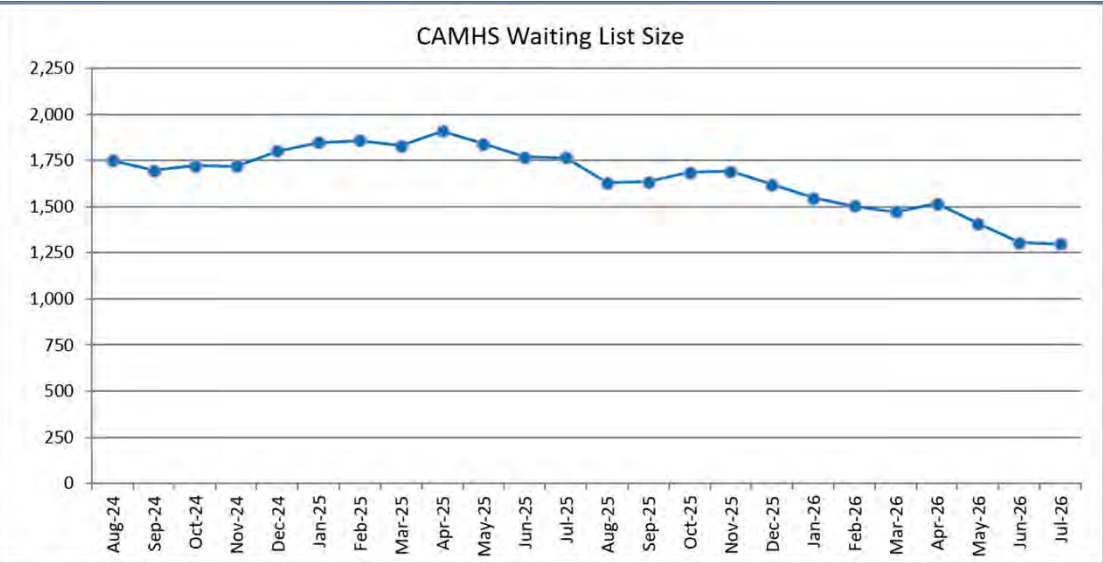
Timely access to cancer diagnosis and treatment supports improved patient outcomes and experience. Cancer waiting time standards provide an indication of how effectively patients are progressing through diagnostic and treatment pathways.

What is this showing?
Performance against the 31-day standard has remained broadly stable over the past two years and close to the national target. While performance varies between tumour groups, most consistently achieve or are close to the 95% standard, with lower performance seen within colorectal and some urological cancer 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. July 2026 performance returned to the long-term average, ending the previous downward shift and indicating a return to stability. Improvement is therefore expected to lag behind the recovery of underlying backlog and pathway capacity.

Mental Health – CAMHS

Lead Committee – Strategy, Planning and Performance



1,297 Patients Waiting (July 2026)
(29.6% of the Scotland waiting list in June 2026)

72.4% seen within 18 Weeks (July 2026)
(Scotland Average 92.4% in June 2026)

Measure Definition – Percentage of patients starting treatment within 18 weeks of referral. The national standard is 90%.

Why it matters

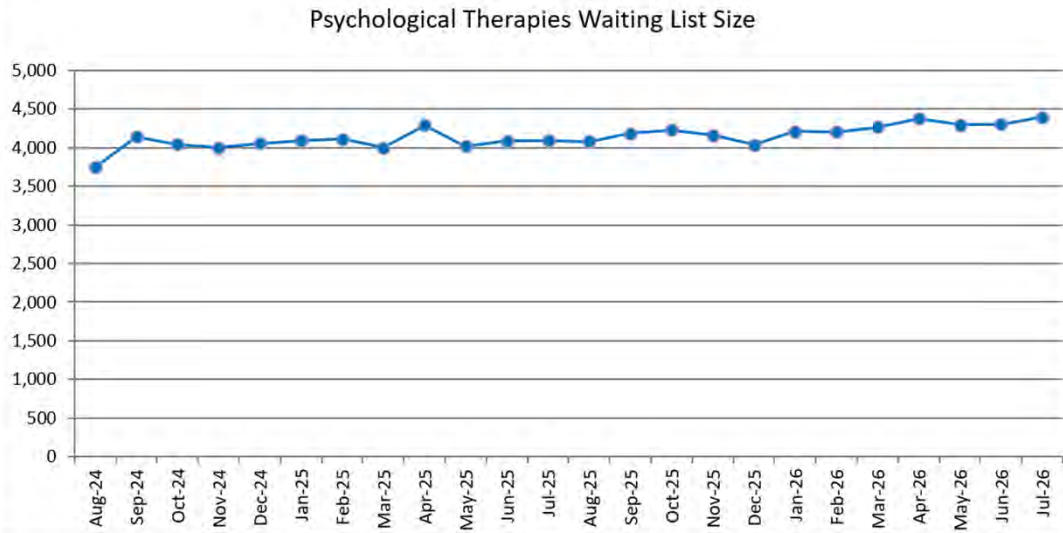
Timely access to mental health services supports improved outcomes, patient experience and early intervention. Waiting time standards provide an indication of access across mental health pathways.

What is this showing?

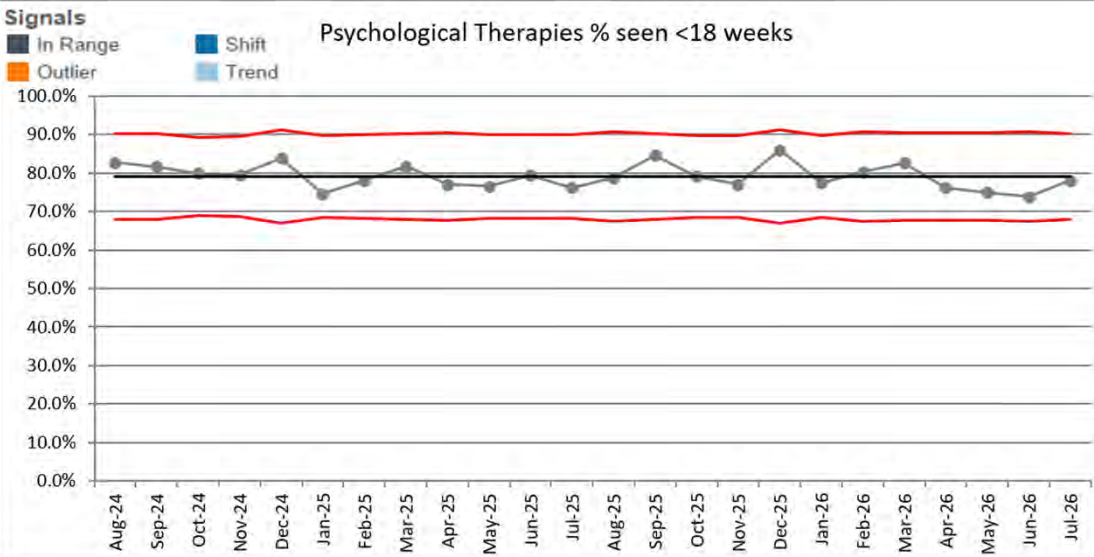
Performance against the 18-week standard remains below the national target. However, the overall CAMHS waiting list continues to reduce and waits over 52 weeks have been eliminated. While many patients continue to wait longer than 18 weeks, the number of patients experiencing the longest waits continues to fall, demonstrating sustained progress in improving access to CAMHS services.

Mental Health – Psychological Therapies

Lead Committee – Strategy, Planning and Performance



4,397 Patients Waiting (July 2026)
(17.9% of the Scotland waiting list in June 2026)



78.0% seen within 18 Weeks (July 2026)
(Scotland Average 82.4% in June 2026)

Measure Definition – Percentage of patients starting treatment within 18 weeks of referral. The national standard is 90%.

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 Psychological Therapies and has remained broadly stable over the reporting period. Performance continues to align broadly with the Scottish average. While performance has remained stable, the number of patients waiting for treatment has increased gradually over time, indicating ongoing service pressure and continued challenge in improving access.

Mental Health - REH Bed Occupancy and Delayed Discharges

Lead Committee – Strategy, Planning and Performance

Lothian: Bed Occ Trend (incl Out of Area patients): 17/08/25 to 18/08/26

Hospital: REH; Specialty: All



HSCP: (All) Hospital Code: REH Ward: (All) Specialty: (All)

Delayed discharges count

Number of daily delayed discharges at 12 noon each day



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?

Bed occupancy remains persistently high within inpatient mental health services and frequently approaches 100%. Although occupancy reduced during spring 2026, this improvement was not sustained and occupancy has subsequently returned to previous levels.

Occupancy at this level indicates ongoing pressure within inpatient mental health services and limited flexibility to respond to increases in demand.

Measure Definition

Number of patients clinically ready to leave hospital but remain for various reasons.

Why it matters

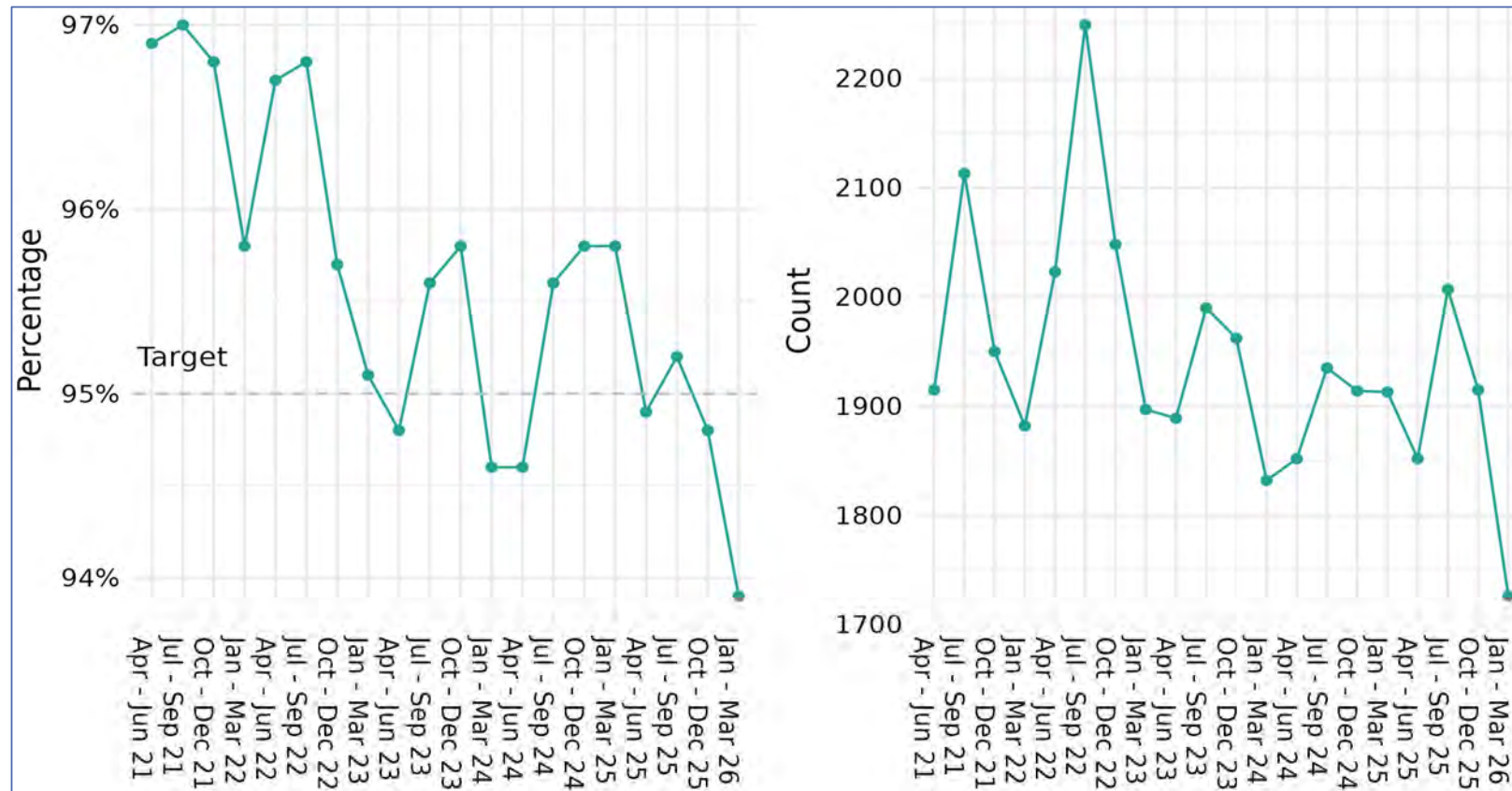
Timely discharge from hospital is an important component of person-centred care and an indicator of how effectively health and social care services work together to support patients in the most appropriate setting.

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 its lowest (93.9%) in Q4 2025/26. Uptake fluctuates from quarter to quarter. The Lothian uptake is in line with the national average.

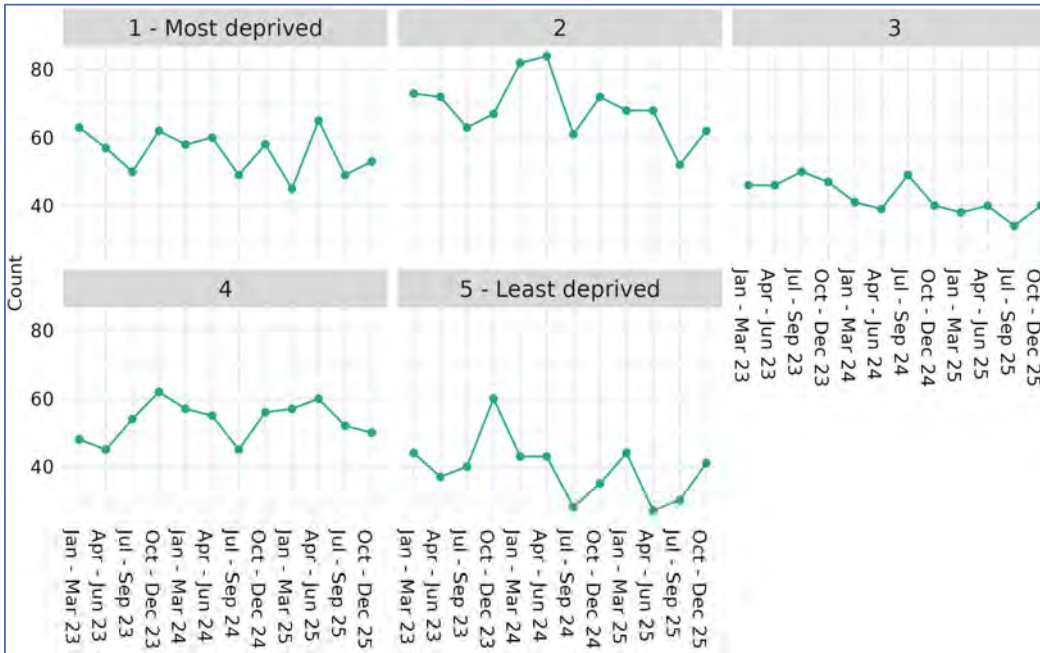
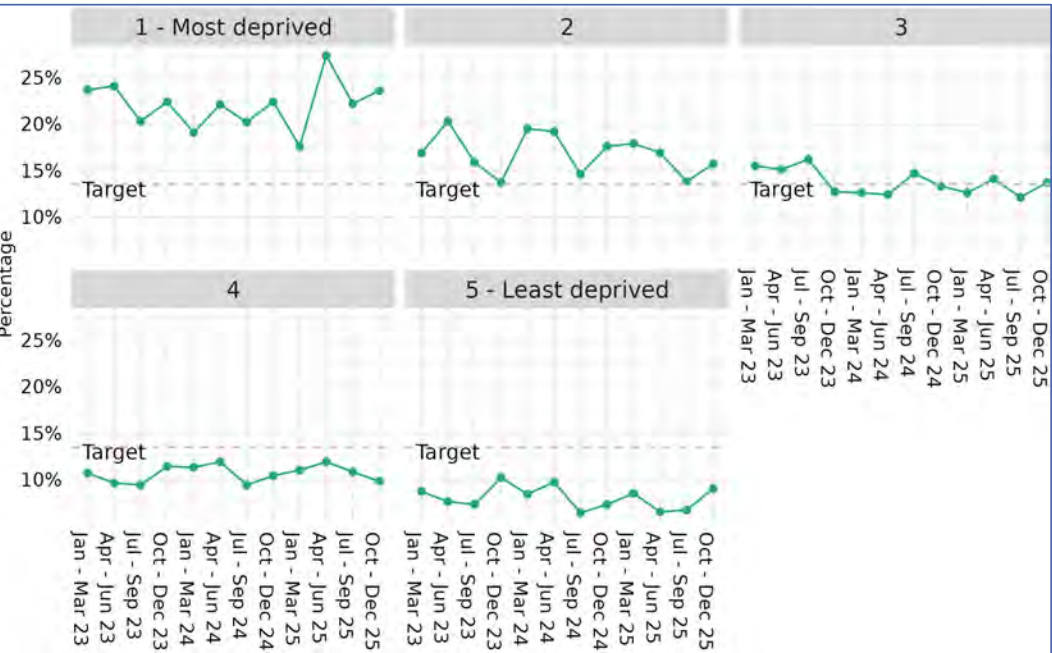
Lothian Uptake – 93.9% / 1,726 Patients Seen (Q4 2025/26)

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



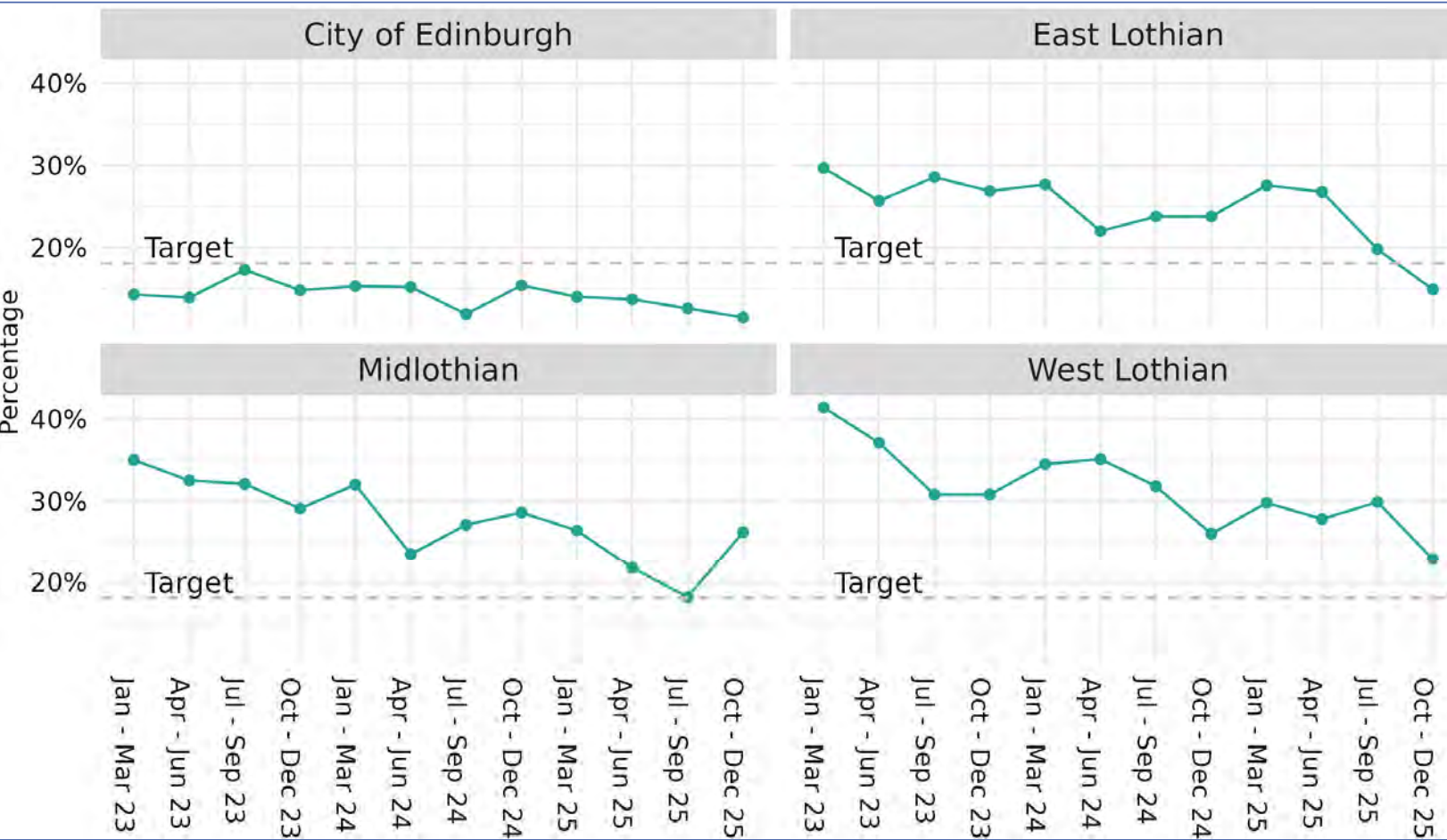
Lothian – 13.1% (Q3 25/26)	Scotland – 15.9% (Q3 25/26)	SIMD 1 – 23.6% (Q3 25/26)	SIMD 2 – 15.7% (Q3 25/26)	SIMD 3 – 13.7% (Q3 25/26)	SIMD 4 – 9.8% (Q3 25/26)	SIMD 5 – 9.0% (Q3 25/26)
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Measure Definition - Percentage and Count of child health reviews 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 Early identification of developmental concerns enables timely, targeted support, helping to improve longer term outcomes.	What is this showing? 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.
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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%

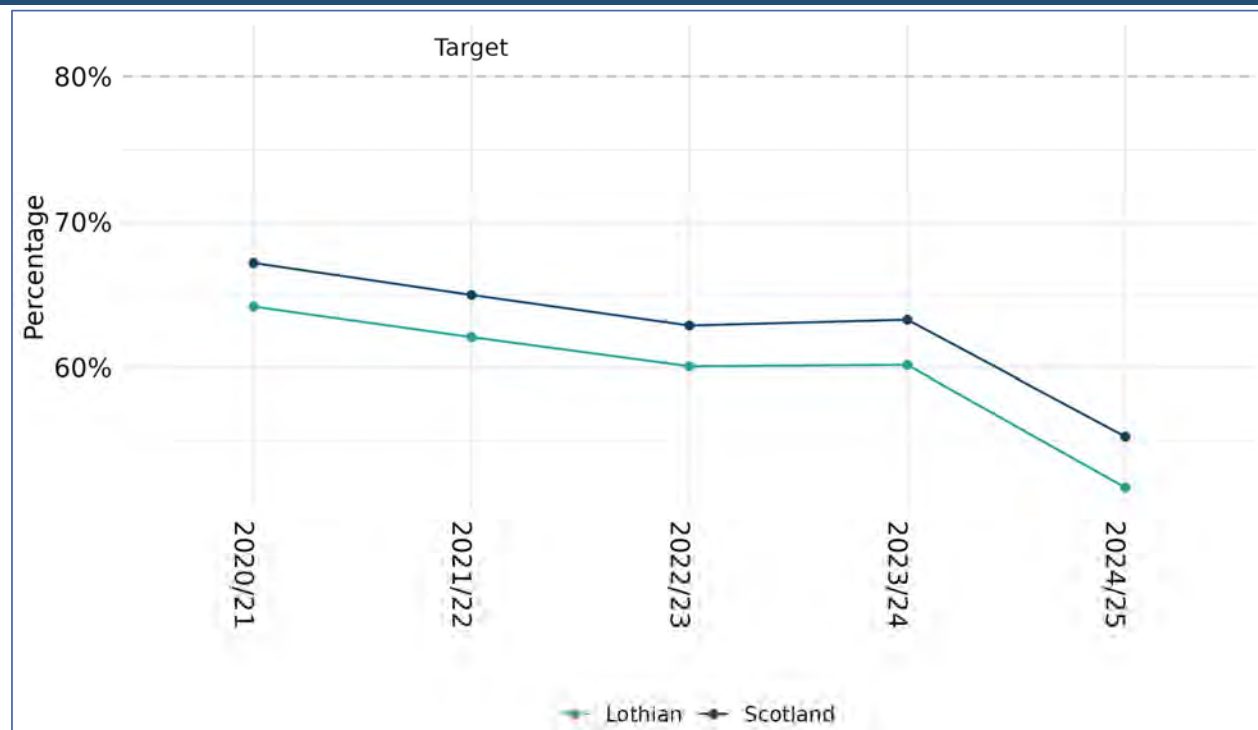
East Lothian HSCP Q3 25/26 Drop Off – 14.9%

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



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.

Lothian Uptake – 12.4% / 6,763 Patients Seen (Q1 2026/27)

NHS Lothian Target – Increase to 20% by March 2027

Population Health – Number of People Initiated on Treatment for Hepatitis C Virus

Lead Committee – Strategy, Planning and Performance



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.

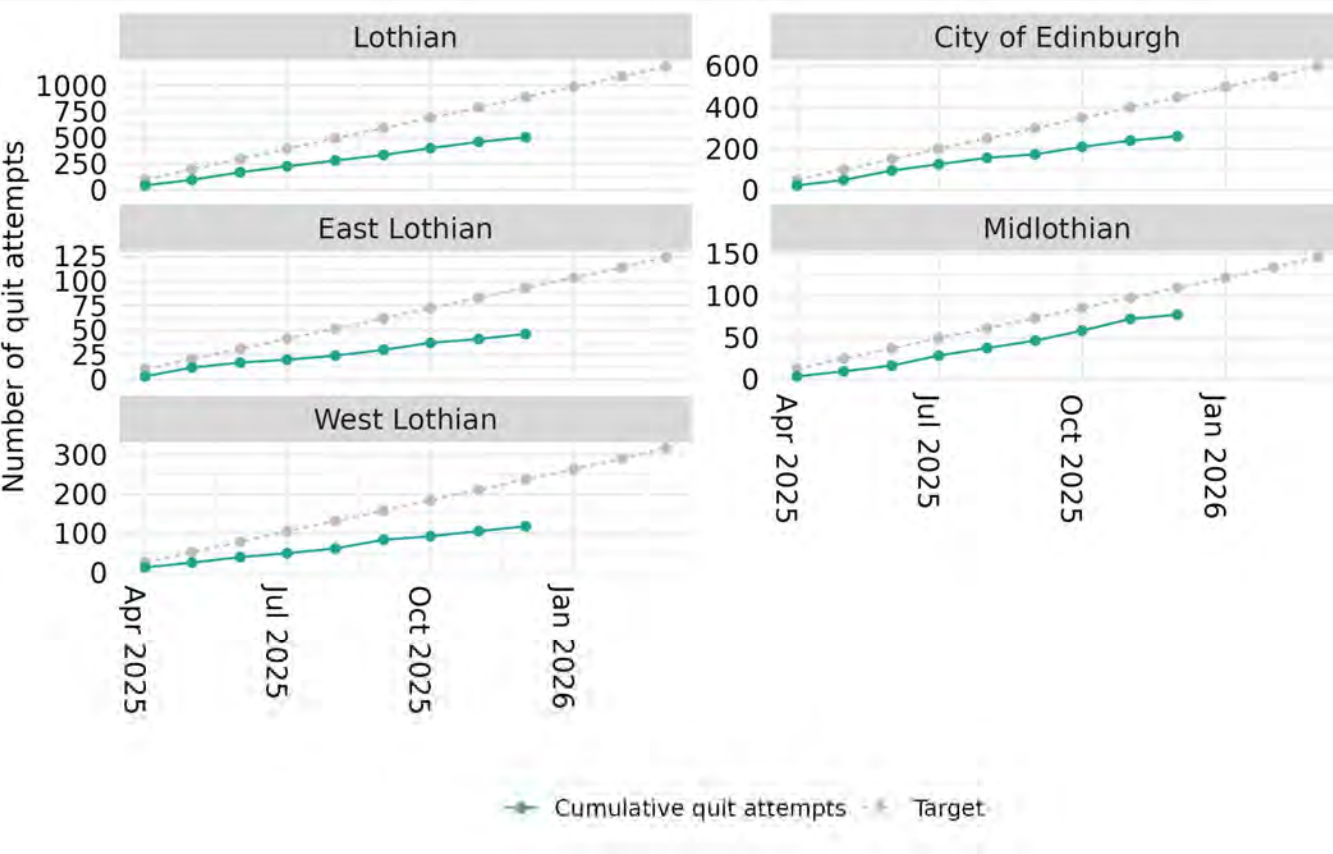
2025/26 Performance –
242 Initiates

NHS Scotland national
2025/26 Target – 1,750
Initiates

NHS Lothian Target –
Increase to 277 by March 2027

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

Rules for interpreting data over time: run charts

Rule 1: a shift
6 or more consecutive data points above or below the median

Rule 2: a trend
5 or more consecutive data points all going in same direction

Rule 3: too many or too few runs*

This chart has 24 useful data points and it has **7** runs, which is less than the minimum in the table

This chart has 24 useful data points and it has **19** runs, which is more than the maximum in the table

Rule 4: astronomical point
A point which is obviously very different from all other points

	Useful data points	Minimum number of runs	Maximum number of runs
Number of useful data points is the number of points that are not on the median.	15	5	12
	16	5	13
	17	5	13
	18	6	14
	19	6	15
	20	6	16
The corresponding numbers in the table are the minimum and maximum number of runs that if exceeded are a signal of non random variation	21	7	16
	22	7	17
	23	7	17
	24	8	18
	25	8	18
	26	9	19
	27	10	19
	28	10	20
	29	10	20
	30	11	21

*A run is a group of consecutive points on the same side of the median

Rules for interpreting data over time: Statistical Process Charts (SPCs)

Statistical Process Control (SPC) Chart Rules:
Reference: Page 135, Health Care Data Guide, 2022 (2nd ed)

