

## **FINANCE AND RESOURCES COMMITTEE**

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 17 December 2025 via Microsoft Teams.

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

**In attendance:** Mr B. Barron, Director of Capital Planning; Ms M. Campbell, Director of Estates and Facilities; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Facilities; Mr C. Marriott, Director of Finance; Mr A. McCreddie, Deputy Director of Finance; Mr D. Thomson, Board Secretary; Mr. C. Kerr, Programme Director, Capital Planning; Ms I. Tricker, Interim Head of Property and Asset Management; Ms. E Heggarty, Programme Director, Capital Planning Projects; Mr D. Hill, Interim Programme Director, Facilities; and Mr G. Ormerod, Committee Administrator (minutes)

**Apologies:** Professor C. Hiscox, Chief Executive; Ms A. MacDonald, Executive Nurse Director, Mr A. Fleming, Non-Executive Board Member; Ms J. McKay, Director of Communications.

### **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.*

### **23. Welcome & Introductions**

23.1 The Chair welcomed members to the meeting.

### **24. Declaration of Conflicts of Interest**

24.1 None

### **25. Committee Business**

25.1 Draft minutes of the meeting held on 22 October 2025

25.1.1 The minutes of the meeting held on 22 October were approved as an accurate record.

### **25.2 Running Action Note**

25.2.1 All actions are up to date and closed.

### **26. Capital**

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

26.1.1 Mr Kerr provided an update on PAMIP and noted several changes to the project tracker since the last meeting. The initial works for the neonatal unit had come in over budget, and the team is considering donated funds to support the project. The plans have been revisited to ensure the revised design can be delivered within the available budget.

26.1.2 Mr Barron noted that any change through Consort, given the scale and value involved, would require engagement with funders and subcontractors, resulting in significant expenditure on legal and technical advisors potentially approaching the cost of the build itself. Due to a shift in project priorities, this work has been temporarily paused.

26.1.3 Mr Kerr provided an overview of other key work currently underway, highlighting progress across several areas:

- LIMS: The national programme has been delayed, with implementation now expected in June 2027 rather than March 2027, as agreed at the National Board.
- HSDU: An update from the tracking system has been received. A paper will be submitted to LCIG in January, with a further update to be provided to this committee in February.
- WGH Energy Infrastructure: The energy infrastructure works are complete. Demolition of the laundry building is still outstanding and will commence in January following the removal of the subcontractor from the project.
- Liberton Decant Works: Decant works are progressing, with full vacation of the Liberton site expected by the end of this calendar year. All internal works are complete, with final external works ongoing. Additional parking and EV chargers have been installed to support the care-at-home teams who remain based on site.
- AAH: Ongoing work continues on the site plans. Ryden's has been appointed as the property advisor, and work is underway to tidy up the site boundary, including a small area of land adjacent to a neighbouring property. Approval has been granted to declare this 400sqm area surplus, with an estimated value of £35k.
- WGH Aseptic Unit: There is currently no physical capacity on site to carry out the required trials. Temporary accommodation, costed at £1.3–£1.4m, will be required to support this work, funded through the VPAG scheme. Orders will be placed to allow installation in summer 2026.
- Edinburgh Cancer Centre: The business case includes several demolitions of areas that are unused or no longer fit for purpose. Progress was paused due to the suspension of capital funding. The plan is now to redevelop a business case focused specifically on demolition projects, which will be presented to this committee in February as part of a wider demolition programme.
- PAMIP Update: There is an overspend of £210k, and a contingency request has been submitted for the Wellcome Trust Building roof and X-Ray chair at Spinal NSD Service. Additional funding has been allocated from the national funding board for equipment. The contingency budget currently stands at £1.75m, and the team is working towards achieving break-even within the financial year.
- Advancing Funding Request: Work is underway to plan for next year's tendering activity. The Capital Steering Group has issued a call for submissions for projects valued at under £250k, with successful applicants receiving a full year from April to develop their projects.
- LMERG Medical Equipment: Several million pounds' worth of medical equipment projects are in the pipeline, with elements requiring funding into 2026/27. Confirmation of next year's funding is needed to allow a full tender process to be completed.

26.1.4 Mr Allenby noted that the financial position was positive, with a small underspend, and emphasised the importance of maintaining close oversight given the wider challenges. He raised concerns regarding the LIMS programme, which was originally scheduled for completion in January 2025 but is now expected to be delayed by two years. Given the increasing reliance on digital systems, he asked why the delay was so significant and what lessons would be learned. Mr Kerr advised that the primary reasons for the delay were the complexity of the project and the availability of the necessary resources and personnel to deliver it. He confirmed he will seek a further update for the next meeting. **CK**

26.1.5 Mr Marriott highlighted concerns regarding the number of technical projects currently underway, noting that the Executive Team had also raised this as a risk. He advised that a collective review of these projects will be undertaken.

- 26.1.6 Ms Gillies emphasised the importance of ensuring that the aseptic service is configured in a way that enables patients in the region to access clinical trials and specialist interventions. She noted that much of the preparatory work undertaken pre-Covid now requires revision, as the existing infrastructure and service models are no longer fit for purpose.
- 26.1.7 The Chair asked about the WGH footprint, noting that the modular unit will be located on an area currently used as a car park, and queried whether this would create any space issues. It was confirmed that the section of car park being used is not required for parking capacity and the placement of the modular unit does not present any issues to any planned activity.
- 26.1.8 The recommendations noted within the report were approved by the Committee.
- 26.2. PAEP Reprovision – PSCP Appointment.
- 26.2.1 Ms Heggarty reported that a paper had been submitted regarding the appointment of a new PAEP contractor. She noted that the contractor and design teams were originally appointed in 2017, but the project was subsequently paused. When work recommenced, discussions were held with CLO and NHS Assure regarding whether the existing SPSC could be retained. Given the changes in decision-making and procurement processes since 2017, NHS Assure agreed that the role should be re-tendered.
- 26.2.2 The paper outlines the process followed and the outcome. Tender packs were issued in August to four bidders: Kier, GRAHAM construction, Balfour Beatty and RMF. Written submissions were received on 13 October, and the assessment process considered the written responses, interviews, and commercial proposals for design and management fees. Kier submitted a priced proposal of £9.5m. They were selected as the preferred contractor as they were considered the best fit for the project, having delivered similar projects, including the Sunderland Eye Hospital and the Golden Jubilee Hospital.
- 26.2.3 The proposal has been reviewed by the Project Board and LCIG, both of which have approved the decision. The final step is approval to notify the tenders before Christmas, enabling the contractor to be in place by 5 January to progress the next phase of the project.
- 26.2.4 Mr Roberts asked about the 80/20 cost-to-quality split and who had agreed this internally. Ms Heggarty explained that the procurement paper had been submitted to LCIG before the tender went to market. She advised that the recommended approach was based on experience within the framework, where baseline rates submitted by some contractors were artificially low. When assessments were carried out, these rates tended to increase significantly. The 80/20 split was therefore used to manage the tender process more effectively, ensure fairness, and provide all bidders with a genuine opportunity to compete. She noted that the usual split is 70/30.
- 26.2.5 Ms Heggarty noted that the cost for the pre-construction phase fell within a £1m range. She explained that not all tenders had priced for exactly the same elements. While all bidders were required to cost a baseline set of roles such as a pre-construction manager and architect some included additional roles, such as a sustainability provider, which would eventually be required but resulted in higher initial prices. When these differences were taken into account, the overall costs were broadly comparable. She emphasised that all projects are subject to market pricing, with commercial advisors in place to provide challenge. Contractors must also demonstrate, through market evidence, that their pricing is competitive and aligned with comparable projects.
- 26.2.6 Mr Crombie noted that there had been extensive discussions about the need to be explicit regarding the roles and responsibilities of external advisors. Following the RHCYP project, a policy was introduced for capital projects in Lothian, and the team continues to refer back to this policy document to ensure compliance. He emphasised the importance of everyone being clear about their respective roles within the project.

26.2.7 Members approved the recommendations within the report.

### 26.3. HSDU Capacity (Risk ID 5388)

- 26.3.1 Ms Campbell provided an update on the HSDU capacity risk, confirming that there has been no change in the level of assurance or the risk grading. Work continues to focus on critical systems within the department, and funding from the Scottish Government for replacement air-handling units will support improved resilience and compliance with required standards. Work is also ongoing on steam generation, with two out of three generators currently operational, and further work continuing on the steam pipe.
- 26.3.2 Ms Campbell reported that a duplex unit is being developed within GG&C, which will provide additional resilience for Lothian in the future. Discussions are taking place at Chief Executive level regarding the fragility of the system. Support continues to be provided to NHS Grampian as they work through their backlog, with assistance offered on a sporadic basis when requested. At the same time, Lothian must also consider its own backlog and capacity pressures.
- 26.3.3 Mr Allenby asked about the rationale for using third-party providers. Ms Campbell advised that the only available third-party provider is Steris; however, previous approaches to Steris have shown that they do not have the capacity to support Lothian. Other Boards are experiencing similar challenges. Discussions are ongoing at a national level regarding the potential for additional resource, at a cost, to strengthen resilience across Scotland.
- 26.3.4 Cllr Akhtar asked whether the duplex units at GG&C, expected in November, were now in place. Ms Campbell advised that the duplex unit is currently being implemented; however, it is not yet operational. It is expected to provide additional resilience in the coming months.
- 26.3.5 Mr Roberts asked about risk mitigation and whether the steps required to reduce the rating from very high to high were clearly understood. Ms Campbell explained that a full reprovision of HSDU units would be required to bring the risk down, noting that there are multiple single points of failure, similar issues across other Boards, and no national resilience. All Boards are currently operating at full capacity. The Chair advised that there is presently no way to reduce the risk without significant additional investment.
- 26.3.6 Members supported the recommendations accepted limited assurance with the current risk rating and grading.

### 26.4 Royal Infirmary Fire Safety Risk update

- 26.4.1 Ms Campbell provided an update on the RIE fire safety risk, confirming that work on fire compartmentation is ongoing and on track. She said improvements to each ward will continue as the programme progresses.
- 26.4.2 Mr Barron reported on a fire audit carried out last week at RIE and RHYCP. At RIE, housekeeping issues were identified, including kettles and microwaves that should not be present, and some damage to doors. The most significant concern was Christmas trees on site, which should not be there.
- 26.4.3 Work on the overall fire strategy is ongoing; one area under review is the external cladding and wall structure and how these issues might be addressed going forward. Sprinklers have been proposed but around 30,000 sprinklers are required, and the team is working through solutions to balance this with a ward-by-ward implementation process.

## 26.5 Royal Infirmary Facilities Risk

- 26.5.1 Ms Campbell provided an update on the RIE facilities risk, confirming this is linked to the supplementary agreement, which is still being finalised. Once agreed, there will be greater freedom to address infrastructure risks. The main project is improving electrical resilience.
- 26.5.2 Mr Barron provided further detail, confirming that the electrical resilience element of the supplementary agreement will be developed with solution and design teams and that they are exploring positioning generators on site. He noted that the existing generators are in poor condition, with one not working, so hiring additional generator capacity is being considered despite the high rental costs.

## 26.6 BCP Final Submission Sign-off

- 26.6.1 Ms Tricker provided an update on the BCP final submission, noting that it is at the last stage of governance before being submitted to the Scottish Government. The plan has been developed under the existing LDSF framework and through the rolling programme leads. This year's update is a bi-exception, incorporating projects developed by the Scottish Government along with six other emerging risks.
- 26.6.2 A change to the government process has resulted in the BCP being split into workstreams. The report outlines progress to date and the financial costs incurred with funding provided through the NRAC allocation, which is £2m higher than previously received.
- 26.6.3 Significant challenges remain across the estate. The total requirement for the BCP is £290m, while the available estate funding is £45m, leaving substantial risks. Specific challenges exist at the WGH site, including demolition work, the development of a masterplan, and ongoing projects related to energy infrastructure.
- 26.6.4 Mr Allenby advised that NHS Lothian's requirement of £290m compared with the £180m available from the Scottish Government highlights a significant funding gap. Mr Marriott noted that this issue has become more prominent because a number of planned capital projects were not taken forward and were subsequently added to the risk profile. He highlighted the PAEP as an example of the ongoing risks and concerns around this position.
- 26.6.5 Mr Marriott advised that the Property Oversight Board, chaired by Mr Crombie, had reviewed service capacity and opportunities to reduce the size of the estate. Work is underway to assess available space and identify assets that could be sold to support reinvestment.
- 26.6.6 Mr Roberts asked for an update on the role of sub-national planning in the approval process and whether there is an expectation that estates delivery will need to change as part of this work.
- 26.6.7 Mr Marriott advised that the Scottish Government has asked for the top three capital projects going forward, which may be split between the East and West of the region. Resources will need to be aligned with service models, although these discussions have not yet taken place in detail. He emphasised the need to consider population health trends, noting particular concern about capacity pressures in the East, where population growth is occurring more rapidly and will place additional strain on resources.
- 26.6.8 Cllr Akhtar referred to the four workstream priorities and asked whether the focus on maintenance and equipment related to NRAC. Ms Tricker confirmed that the previously submitted funding allocation sets out priorities that exceed the standard NRAC share, with decisions made on a risk-based approach. She explained that the work has now been divided into workstreams, which may reflect differing priorities across Boards, whereas previously the

distinction was between smaller and larger projects. She noted that NHS Lothian's allocation remains consistent with NRAC principles.

26.6.9 Cllr Akhtar asked about the challenges associated with buildings in Midlothian, particularly in the context of significant population growth. Mr Marriott noted that Liberton has been a useful example, where arrangements have been made to accommodate GP practice space within a school. He emphasised the need for continued flexibility in how buildings are used, highlighting that primary care capacity remains a key concern.

26.6.10 The recommendations were approved by the Committee.

## 26.7 Tippethill Hospital Update

26.7.1 Mr Barron provided an update on the proposal to extend the lease at Tippethill in Armadale. He explained that the PFI agreement and the ground are held by the Scottish Ministers, with a 99-year ground lease in place for Care UK, and a further 25-year agreement with NHS Lothian that is now coming to the end of its term.

26.7.2 Mr Barron advised that there had been consideration of purchasing the building, but the location does not align with future plans. Care UK were reluctant to move to a month-to-month agreement and have proposed a longer-term arrangement instead. This facility operates at a lower cost compared to other facilities due to the way it operates.

26.7.3 The proposal within the report is to extend the lease for 2.5 years, reinstating some of the original terms and considering stepping-in rights based on the remaining duration as the lease approaches its end. It is also proposed that the terms include an agreement for works to be carried out by NHS Lothian closer to the end of the lease, with any associated expenditure being deducted from the overall building costs.

26.7.4 Mr Roberts asked whether there was confidence that the required work could be completed within the 2.5 year extension period, and whether the associated revenue costs were covered within the West Lothian IJB. Mr Barron highlighted the challenges experienced with Craigshill and noted uncertainty about the eventual outcome as many of the issues stem from the age of the buildings and the work required to bring them up to current standards. He emphasised the need to be clear on alternative options. He confirmed that the ongoing funding requirement is met through revenue and is in place for the proposed extension.

26.7.5 Cllr Akhtar asked about engagement with the West Lothian IJB and raised concerns regarding patients who require a high level of support. She noted that further clarification is needed for both patients and staff to ensure they are well informed, and that discussions with providers will be important in relation to the extension. Mr Barron advised that the new facility would be able to accommodate more than the current provision at Tippethill, but that the location is not suitable so alternatives would need to be considered.

26.7.6 The Chair noted that there has been limited discussion regarding Tippethill, other than during the planning that followed the hospital closure in Linlithgow, when Tippethill formed part of the wider options.

26.7.7 Members approved the recommendation to extend the lease for 2.5 years.

## **26.8 Royal Infirmary of Edinburgh – Update on Fire Enforcement Notice**

- 26.8.1 Mr Barron provided an update on the RIE fire enforcement notice issued in March 2024. He confirmed that, following extensive discussions and challenges particularly around the timescales CONSORT has reached an agreement with the Scottish Fire and Rescue Service (SFRS) on a revised notice. The updated notice reduces CONSORT's obligations and clarifies the timescales for when CONSORT will no longer have a function at the RIE.
- 26.8.2 The main issue relates to the timescales associated with the enforcement notices and the processing of required works, including fire stopping, improvements to fire detection panels, and other safety measures. It was acknowledged that significant work remains outstanding. Interim measures are being progressed by the FURP team to ensure corridors remain clear, good practice is maintained, and the hospital continues to operate safely. The team also has a role in supporting patient evacuation, and several mock evacuations have been carried out to support staff training
- 26.8.3 Mr Barron advised that processes are in place to audit current activity, assess the required works, and ensure that recommended actions are being followed. He noted that this contributes to reducing the overall risk. The SFRS have been supportive throughout the process and have adjusted the risk rating and audit position from extreme to high.
- 26.8.4 The key requirements of the enforcement notice remain largely unchanged. There is now a single enforcement notice issued to the Board, with an additional section relating to timescales. The wall system has a 24-month timeframe; however, discussions around wall sprinklers indicate that the work would take significantly longer than this. The notice now requires systems to be updated or replaced where appropriate and as reasonably practicable. The SFRS are seeking assurance that progress is being made and that work is actively underway.
- 26.8.5 The Chair highlighted the work undertaken by the team to progress this activity, mitigate the associated risks, and work towards a substantial resolution.
- 26.8.6 Cllr Akhtar asked about the timescales. Mr Barron advised that work is ongoing within the wards, with the next phase focusing on installing fire detection systems in the ceilings to reduce risk. This programme is expected to take around 10 weeks per ward. He explained that the main issue relates to the cladding and the potential for fire to spread between walls from the outside in. There are challenges due to only being able to complete certain elements at a time, such as removing cladding or installing sprinklers with potential design options expected by February. All these components will contribute to the final solution, but the first priority is addressing the cladding, as this affects the feasibility and effectiveness of sprinklers and fire-door protection times.
- 26.8.7 Members were supportive of the recommendations noted within the report.

## **27. Revenue**

### **27.1 Finance Position**

- 27.1.1 Mr McCredie reported that the Board has moved into the financial year with moderate assurance for 2025/26 and remain in that position; current projections indicate we will meet the target. There is an £8.4m year-to-date overspend, with a year-end forecast of £19m, which represents an improvement on previous years.
- 27.1.2 The financial plan set an expectation of 3% efficiency to ensure balance. Progress has been made, but the target has not yet been achieved. Several variables that were not anticipated at the start of the year have emerged, and there has been some deterioration at RIE and REH

within the mental health business units. The paper reports that there is no corporate reserves, so the board must identify areas of non-recurring flexibility to achieve financial balance.

- 27.1.3 Mr McCredie advised that additional funding from the Scottish Government is expected, but nursing and medical costs are likely to be lower than this year. There will also be further opportunities and support for projects in unscheduled care and mental health, which finance will manage against the financial targets. There has been improvement in efficiency targets and expect further progress over the next few months; however, services are managing difficult circumstances during the winter period.
- 27.1.4 The Chair asked whether there will be any further announcements from government and if the board should expect any negative developments. Mr McCredie advised that he has not heard anything; 13 January is a critical date for the 2026/27 outlook. He said arrangements for next year are still uncertain but highlighted the additional cost of uplift awards will need to be considered against inflation.
- 27.1.5 Mr Roberts noted a good level of control and understanding, with an appropriate level of assurance. He asked where delegated authority sits between now and year end and, recognising that several areas have not achieved their savings targets, what will happen with the shortfall.
- 27.1.6 Mr McCredie responded that delivering efficiencies without impacting services is a key priority. He noted that corporate reserves are limited and that available flexibility arises from opportunities or choices that do not materialise. Work continues in the background to identify flexible resources to support the bottom line. CMT have been central to discussions about operational resource allocation. There will be implications going into next year, with the recurring gap being the key issue, although this is similar to the position faced by other boards.
- 27.1.7 The Scottish Government requires delivery of 3% of the national target, and this must be achieved on a recurring basis to reduce the existing gap. National planning is also underway to work with other health boards over the next three years; however, the gap must be reduced in a way that does not impact operational performance.
- 27.1.8 Cllr Akhtar Shamim asked about the increase in agency nursing in REAS and how this will be managed. Mr McCredie advised there were significant challenges in the first half of the year in mental health as recruitment took longer than expected, the board used agency staff while committing to additional permanent recruitment. Recruitment has now taken place and the board are beginning to see a reduction in agency usage; however, the agency costs remains in the year-to-date figures.
- 27.1.9 The paper was accepted by the Committee.

## 27.2 Financial Plan 2026/27

- 27.2.1 Mr McCredie confirmed this is the second iteration of the plan and that the position remains unclear until the budget is announced on 13 January.
- 27.2.2 The plan shows a significant deficit in the final year, with areas covered by the 3% targets. The paper sets out a five-year position but focuses on 2026/27, where there is a financial gap of £88m before any asset sales or efficiency plans; and a baseline pressure of £83m.
- 27.2.3 The paper outlines baseline financial pressures from this year to next and the need to rebalance across the organisation due to system-wide imbalance. The Board are currently providing estimates for growth and the 3.75% pay uplift, while a broader review of GP practices is underway and projections indicate around 10% pressure for acute medicine. There is an active issue remains the reduction in the working week and the associated costs. Although this

is likely to be manageable within existing resources, the Board still needs to assess the full financial impact, determine where investment is required, and complete the Band 5/6 rebanding exercises, which must be backdated to 2023/24.

27.2.4 Mr Marriott confirmed that discussions are ongoing with other boards and the Director of Finance on national planning. He noted that each board has a recurrent deficit and that they need to work through this collectively, but any approach must deliver benefits for all boards.

27.2.5 The Chair asked about the relationship with IJB Directors of Finance and the risk of further deterioration in IJB budgets, particularly for social care. Mr McCredie said there are good working relationships with Chief Officers and that IJBs provide support back into the health system. However, it is not for NHS Lothian to determine how IJBs use their allocations; the Board operates within the integrated scheme.

27.2.6 The Committee noted the recommendations within the report.

## **28. Sustainability**

### **28.1 Climate Emergency and Sustainability update**

28.1.1 Mr Mill presented an update on the Climate Emergency and Sustainability in the absence of Ms Hopton, who has left the organisation. He confirmed the service is in a good position to deliver the strategy, with new staff coming into post and no current risk to the team's ability to deliver their actions. He confirmed the team now have the opportunity to review their sustainability strategy and to improve reporting with interviews for the vacant Programme Director (Head of Energy and Sustainability) post will take place in January.

28.1.2 Mr Mill provided an overview of current priorities:

- Capital requests and funding: Capital requests and funding streams are in progress, including Scottish Government capital funding for sustainability.
- WGH energy infrastructure: The energy infrastructure project at WGH has completed two phases; work will continue to maximise the site for both sustainability and backlog maintenance.
- Waste minimisation: Waste minimisation initiatives are progressing, with early benefits becoming apparent and alignment between sustainability measures and cost savings.
- Environmental management system: Work on the environmental management system is progressing well compared with other Scottish boards; several pieces of work have been identified as risks and actions. A paper will be considered by Facilities SMT to determine whether environmental management should sit within Facilities or whether this should be a Health and Safety matter.

28.1.3 The Chair noted good progress by the team and said that new resources are driving significant change. He advised that face-to-face discussions between Non-Executive Members and Mr Crombie about issues raised over the last four to five months will be brought forward to future meetings.

28.1.4 Mr Gordon made a number of remarks around the paper including reporting mechanism into the health and safety committee and asked whether the board would have oversight. He asked if there was an update on de-steaming at WGH and whether there is a corporate objective on environmental sustainability.

28.1.5 Mr Mill confirmed that a business case for de-streaming and the main project is being developed and is well supported by the Scottish Government. Budget costs for Phase 3 are being finalised; the project is expected to cost £7.5m. A couple of options to maximise value, together with the full business case, will be presented in the New Year. He confirmed the

Board needs to determine whether the Health & Safety Committee is the most appropriate forum for reporting and to review the pros and cons of doing so.

- 28.1.6 Mr Mill also confirmed that the pause provides an opportunity to review our strategy and align actions and priorities with the national strategy across the short, medium and long term.
- 28.1.7 Mr Crombie provided an update on the corporate objective and highlighted concern that having too many corporate objectives could cause sustainability priorities to be lost among other objectives. He proposed embedding sustainability within the LSDF so it becomes the strategic vehicle to progress.
- 28.1.8 Mr Crombie said he was delighted that Mr Mill was able to join and brief members today, and he highlighted the expertise Mr Mill brings to both the meeting and the wider team. He noted that NHS Lothian is ahead of other boards in emphasising the importance of sustainability, which provides an added level of assurance around this area of work.
- 28.1.9 Members noted the progress and assurance that the team remains focused on the issues and made the following remarks:
- EMS paper: Members noted the EMS paper for information.
  - Audits: Mr Hill confirmed that audits of five areas in the next quarter will provide clear oversight of any actions and will report into Facilities SMT.
  - Woodland policy: Mr Hill advised that colleagues are updating the woodland policy to be included as part of the EMS.
  - RVH trees: Ms Campbell reported that trees at RVH were cut down in error and have been replanted with support from the council; she confirmed that actions and reporting arrangements are in place and that the issues are being addressed.

## **29. Reflections on the meeting**

- 29.1 Matters to be highlighted at the next Board meeting - Mr Thompson advised that the declaration of Astley Ainslee Hospital (AAH) surplus land would need to go to the Board meeting.
- 29.2 Matters to be highlighted to another Board Committees – None

## **30. AOCB**

- 30.1 Members noted that this was the Chair's final meeting and thanked him for his outstanding support in advancing the committee's work, particularly his leadership during CONSORT, SHI and the capital reductions. They wished him every success in the future.

## **31. Date of Next Meeting -9.30am on Wednesday 11 February 2026**

## **32. Future Meeting Dates:**

- 25 March 2026
- 10 June 2026