

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.00am on Wednesday 16 April 2025 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Board Chair); Mr A. Fleming (Vice Chair); Mr E. Balfour; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill; Ms E. Gordon; Mr G. Gordon; Mrs K. Kasper; Prof A. Khan; Mr P. Knight; Prof. L. Marson and Cllr D. Milligan.

Executive Board Members: Prof. C. Hiscox (Chief Executive); Miss T. Gillies (Executive Medical Director); Mr C. Marriott (Director of Finance) and Ms D. Milne (Director of Public Health and Health Policy).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr T. Power (Director of People & Culture); Ms M. Carr (Chief Officer, Acute Services)(from 10am); Miss F. Ireland (Nurse Director – Corporate Nursing); Dr J. Long (Director of Innovation & Transformation); Ms T. McKigen (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms M. Campbell (Director of Estates & Facilities); Ms M. Barrow (Chief Officer, Midlothian IJB); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team, minutes).

Apologies for Absence: Cllr S. Akhtar (Non-Executive Board Member); Mr P. Allenby (Non-Executive Board Member); Mr C. Briggs (Director of Strategic Planning); Mr A. Cogan (Non-Executive Board Member); Mr M. Connor (Non-Executive Board Member); Prof J. Innes (Non-Executive Board Member); Ms A. MacDonald (Executive Nurse Director); Ms T. A. Miller (Non-Executive Board Member); Ms V. de Souza (Non-Executive Board Member); Ms A. White (Chief Officer, West Lothian IJB) and Ms F. Wilson (Chief Officer, East Lothian IJB).

1. Welcome & Declaration of Interests

1.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Chair also welcomed Mr Tom Power, Director of People and Culture to his first meeting.

Retiral, Director of Public Health & Health Policy

1.2 The Board noted the forthcoming retirement of Dona Milne, Director of Public Health & Health Policy, with effect from 30 June 2025. The Chair, on behalf of the Board, expressed sincere thanks and appreciation for Ms Milne's significant contribution to the NHS over 24 years of service and particularly for her leadership during the Covid-19 pandemic. The Board extended its best wishes to Ms Milne. It was noted that a recruitment process had concluded, and that a formal announcement would follow in due course.

1.3 The Chair asked members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations of interest were made.

ITEMS FOR APPROVAL OR NOTING

2. Items proposed for Approval or Noting without further discussion

- 2.1 The Chair reminded those present 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.” The Chair reminded members that they had the opportunity to advise in advance if they wished any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.
- 2.2 Minutes of Previous Board Meeting held on 05 February 2025 – Minutes were approved.
- 2.3 Finance & Resources Committee Minutes – 18 December 2024 & 12 February 2025 – Minutes were noted.
- 2.4 Healthcare Governance Committee Minutes – 28 January 2025 – Minutes were noted.
- 2.5 Staff Governance Committee Minutes – 11 December 2024 – Minutes were noted.
- 2.6 Audit and Risk Committee Minutes – 18 November 2024 – Minutes were noted.
- 2.7 Midlothian Integration Joint Board Minutes – 19 December 2024 – Minutes were noted.
- 2.8 Edinburgh Integration Joint Board Minutes – 1 November & 17 December 2024 and 25 February 2025 – Minutes were noted.
- 2.9 West Lothian Integration Joint Board Minutes – 26 November 2024 & 11 February 2025 – Minutes were noted.
- 2.10 East Lothian Integration Joint Board Minutes – 19 December 2024 & 20 February 2025 – Minutes were noted.
- 2.11 Appointment of Internal Auditor – The Board noted the process undertaken to identify and appoint a new supplier of internal audit services for four years from 1 April 2025, including short term arrangements agreed with the current supplier, Grant Thornton, to bridge the short time between 1 April 2025 and the Board’s formal appointment decision. The Board approved the appointment of BDO as the external supplier of internal audit services to NHS Lothian, as recommended by the Audit and Risk Committee at its meeting on 17 February 2025.
- 2.12 Health and Care (Staffing) (Scotland) Act 2019, Annual & Quarter 4 Report - The Board accepted the report as meeting the legislative requirement under the Act to receive an annual report. The Board noted that the annual report must cover all NHS functions and professional disciplines, and was based on the Scottish Government’s own assurance format and template. The annual report also served as the Q4 Board Compliance Report.
- The Board accepted Moderate Assurance on how NHS Lothian was meeting its legal duties under the 2019 Act, based on the Scottish Government’s “Reasonable Assurance” rating. The report would be submitted to Scottish Ministers on 30 April 2025 and then published by NHS Lothian.
- 2.13 Pharmacy Practices Committee Outcomes – Quarter 4 Annual Report 2024/25 – Outcomes were noted.

- 2.14 Pharmaceutical Services Hours of Service Scheme paper - The Board approved the proposed revised Hours of Service Scheme for Community Pharmacy, as detailed within the paper circulated.
- 2.15 National Whistleblowing Standards – Quarter 3 2024/25 Performance Report - The content of the Quarter 3 2024/25 Whistleblowing Performance report was noted. The Board accepted moderate assurance that systems and process were in place to help create a culture in NHS Lothian which ensured staff had confidence in the fairness and objectivity of the procedure through which concerns were raised and acted upon and took significant assurance that the performance report met the requirement of the Standards.
- 2.16 Appointment of Members to Integration Joint Boards and Pharmacy Practices Committee – The Board approved the following extensions, reappointments and appointments to Integration Joint Boards and the Pharmacy Practices Committee:
- Extend (retrospectively) the current IJB terms for the following non-executives, reflecting their reappointments to the Board:
 - Elizabeth Gordon (East Lothian and Edinburgh) until 24 June 2025
 - Peter Knight (Edinburgh) until 30 April 2025
 - Val De Souza (Midlothian) until 31 July 2025
 - Reappointment of Elizabeth Gordon as a Voting Member of the East Lothian IJB, from 25 June 2025 (for a further 3-year term).
 - Reappointment of Peter Knight as a Voting Member of the Edinburgh IJB, from 1 May 2025 (for a further 3-year term).
 - Reappointment of Val De Souza to as the Lead Voting Member of the Midlothian IJB, from 1 August 2025 (for a further 3-year term).
 - Reappointment of George Gordon as a Voting Member of the Edinburgh and West Lothian IJBs, from 15 May 2025 to 31 December 2026.
 - Appointment of Rebecca Grieve (Primary Care Pharmacist, NE EHSCP) and Rocio Toribio (Primary Care Pharmacist, NW EHSCP) as Non-Contractor Pharmacists, to the Pharmacy Practices Committee, for three-year terms from 16 April 2025 to 15 April 2028.
- 2.17 Review of NHS Lothian Board Operating Guidance - The Board noted its suite of Operating Guidance, accepting significant assurance that this met the requirements of the Blueprint for Good Governance. The Board formally approve revisions proposed to its Standing Financial Instructions and Scheme of Delegation, on the recommendation of the Audit and Risk Committee and formally approve the Terms of Reference for each of its standing committees, noting that each committee has reviewed its Terms of Reference during the year and adopted changes where necessary.

ITEMS FOR DISCUSSION

3. Board Chair's Report – April 2025

3.1 The Chair highlighted the following:

- Two new non-executive board members had been identified following the conclusion of a recent recruitment round in early March. However, necessary pre-appointment checks being undertaken by the Scottish Government, relating to new PVG disclosure requirements, had caused an unanticipated delay in finalising the appointments.
- NHS Board Leadership & Collaboration group – the establishment of the group was welcomed and there would be further discussion on this and the duality of NHS Lothian's role in that perspective, later on the agenda (Item 12).

4. Chief Executive's Report – April 2025

4.1 The Chief Executive introduced her report, highlighting a number of key items within this, including:

- **Veterans First Point Lothian** - A redesigned service delivery model had been introduced from 1 April 2025, following appropriate engagement with service users. Details had been communicated to the Scottish Government, although confirmation of funding allocations for 2025/26 was awaited. A revised standard operating procedure for financial decision-making was being developed and would be considered by the Finance and Resources Committee.
- **Princess Alexandra Eye Pavilion (PAEP)** – The timescale for the recommissioning and return of services to the PAEP site was communicated and was now expected to be achieved in early June. No overspend against the original funding envelope was anticipated. All pre-existing services would return to the PAEP, although an opportunity had been identified to retain an Intravitreal Treatment (IVT) service within East Lothian, which would benefit patients locally.
- **Annual Delivery Plan (ADP)** – The ADP remained in draft form as funding confirmation was awaited from Scottish Government. There would be further consideration of the ADP at the next Strategy, Planning & Performance Committee (SPPC) meeting before it came back to the June Board meeting for final approval.
- **Corporate Office Accommodation** – Due to the decision of Scottish Ministers not to approve NHS Education Scotland's intended lease extension at West Port, NHS Lothian was required to identify alternative corporate office accommodation in the near future. An updated business case would be provided to the Finance and Resources Committee and the Director of People and Culture would be the Senior Responsible Officer for the project.
- **Lothian Unscheduled Care Service (LUCS) – Review of Service** – Staff had been notified and the review would commence in April, with recommendations expected in July. Reporting would be through the LSDF Primary Care Programme Board and Corporate Management Team. Assurance on LUCS was also reported annually to Healthcare Governance Committee.
- **Celebrating Success Awards 2025** – It was noted that over 500 nominations had been received this year. The Board welcomed the intention to return to an in-person event.
- **Mrs Cathie Lackie** – The Board formally acknowledged Mrs Lackie's 58 years' of service to NHS Lothian and her recent retirement at the age of 90. The Chief Executive had written to Mrs Lackie, thanking her for her contribution.

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

- **Finance & Resources Committee** – In March, the Committee had received an update on delivery of the NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 and on progress in relation to the NHS Lothian Sustainable Development Framework and Action Plan. The Committee had noted strong ambitions in this area but also the challenges arising due to financial constraints. The Committee planned to arrange a development session on these matters and an invitation would be extended to all board members in due course.

The Committee had also considered the Scottish Hospitals Inquiry (SHI) interim report with respect to the Royal Hospital for Children and Young People/Department of Clinical Neurosciences (RHCYP/DCN). The recommendations would be considered carefully with a view to ensuring that those most relevant to NHS Lothian were implemented in an efficient and effective manner. There would be a further report to the Board in June.

6. NHS Lothian Board Performance Report

- 6.1 The Deputy Chief Executive presented the Board Performance Report, reminding members of the underpinning frameworks that informed the collation of performance information and noting that the Board had been escalated to Stage 3 of the NHS Scotland Support and Intervention Framework in relation to mental health performance.
- 6.2 Despite success in meeting planned outpatient trajectories for March 2025, there remained a high volume of outpatients waiting, including those beyond 52 and 104 weeks. Achievement of the Treatment Time Guarantee (TTG) also remained challenging. Discussions were ongoing with the Scottish Government about the level of additional financial resource required to support achievement of its target to eliminate outpatient waits over 52 weeks by March 2026. Progress was being made against the targets for Key Diagnostic Tests but there continued to be delays, with impacts on patients. Whilst compliance with 32-day cancer waiting times was at 90.5%, the 62-day target had been poorer, reaching 71% in January.
- 6.3 It was reported that additional investment in Unscheduled Care to improve system flow had generated positive system impact, although increases in presentations and acuity at the RIE seemed to have caused further challenge. A further update on this improvement programme would come to the Strategy, Planning & Performance Committee (SPPC).
- 6.4 The Board discussed the report, seeking further information on a range of the performance data provided. It was requested that, alongside the Annual Delivery Plan, the next iteration of the Performance Report at SPPC should include TTG performance by speciality and reconcile the 2024/25 TTG position against the previous year, in order to understand the overall scale of change.
- 6.5 Board members wished to understand the process of Waiting List Validation and sought assurance that there was no risk of patients being removed from lists without appropriate clinical input and oversight. It was explained that the process followed Scottish Government guidance, and that appropriate clinical oversight and triage processes were applied. NHS Lothian's approach had also been subject to external scrutiny from the Centre for Sustainable Delivery (CfSD) and no unacceptable risks had been identified. It was confirmed that any patients contacted who expressed uncertainty about their ongoing need were not removed from waiting lists on this basis.
- 6.6 Members also sought assurance on the extent to which NHS Lothian had access to National Treatment Centre (NTC) capacity, to address capacity issues (e.g., in Ophthalmology). It was confirmed that NHS Lothian was making significant use of the Golden Jubilee capacity available but that there remained challenges in accessing the NHS Fife NTC capacity due to the acceptance criteria being applied. Discussions on this were ongoing with the Scottish Government and the CfSD.
- 6.7 The Board noted both the implications of the performance matters described and NHS Lothian's current levels of compliance against national performance standards and KPIs.

7. Corporate Risk Register

- 7.1 The Board received NHS Lothian's Corporate Risk Register, reviewing the February 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.
- 7.2 The Executive Medical Director drew the Board's attention to the risks to be removed from the register, reminding members that work in individual teams did not stop when the risk has been removed and the risk may come back onto the Register in future with a different description, especially around nursing workforce. This approach was part of the risk register being more dynamic, avoiding having risks at the highest level for years with no way to mitigate and reduce such risks adequately. The next phase of approach to risk would be to think about how to separate out risks and be clearer around overall purpose, function and escalation on to the register. There was also work to be done around the development of the Board Assurance Framework.
- 7.3 The Board noted the following:
- The target risk gradings, which had been agreed by CMT where possible, based on a revised process noted at the February Board meeting.
 - That management actions agreed in the internal audit report of the Corporate Risk Register process had now been implemented.
- The overview of changes applied to the CRR over the past two calendar years in Table 1 of the paper.
- 7.4 The Board agreed that the undernoted risks should be removed from the CRR:
- #5020 - Water safety and quality
 - #3828 - Nursing workforce
 - #5784 - Inappropriate and Inadequate Low Secure Accommodation in the Estate

8. Capital Prioritisation Process

- 8.1 The Director of Finance provided a verbal update, covering the established process and the latest iteration of the prioritisation rankings.
- 8.2 The Board noted that there was no substantial movement in rankings, however there was an anticipated movement of some category B projects into category A. Any escalated projects would be brought back to the Board for update. There was not the capital investment that had been hoped for and some of the capital programmes were now out of date. These were now being reviewed by the National Infrastructure Board which met last week, and which both the Director of Finance and Director of Strategic Planning sat on. There was a bidding process underway, for available sustainability funding, as part of the national "business continuity planning" approach set out by the Scottish Government. There would be ongoing updates at the Finance and Resources Committee and information would come back formally to the Board in December and SPPC in November 2025.
- 8.3 There was discussion on the availability of national sustainability funding and opportunities, the 'buckets' of available funding and backlog maintenance. The Board noted the update and the dates for future reporting.

9. NHS Lothian February 2025 Financial Position

- 9.1 The Director of Finance provided the Board with an update on NHS Lothian's financial position as at February 2025, along with the forecast position for 2024/25.
- 9.2 There was discussion on the Month 11 performance to get to a point of breakeven, concerns around non-pay overspend, drugs, supplies and GP prescribing issues along with the unknown impact of the Agenda for Change (AfC) Band 5 to 6 review that was part of the reduced working week programme.
- 9.3 The Board noted that the work with the external auditors had commenced and would be ongoing over the next couple of months to progress and conclude the preparation of the annual accounts. First impressions indicated a strong set of financial results.
- 9.4 The Board welcomed the positive financial position to the end of February 2025. Despite a noted £2.7m overspend at that point, there was some confidence and a level of assurance that the Board would deliver a deliver breakeven financial position for 2024/25.

10. 5 Year Financial Plan 2025/26 – 2029/30

- 10.1 The Director of Finance outlined to the Board the final update of the NHS Lothian Financial Plan for the next five years, with a specific focus on the financial outlook for 2025/26.
- 10.2 The Board noted the positive news that this was a balanced financial plan for 2025/26, which was not always the case at this point in time. There was discussion on the Scottish Government's desire to get as many Boards to financial balance as possible, the release of non-recurring sustainability funding, move away from brokerage arrangements, pressures on the system, the expected 3% financial recovery plans, the recent AfC pay offer and workforce costs. There was also discussion on the implications around weight loss drug costs.
- 10.3 The Board noted that:
- based on information currently available, NHS Lothian was able to provide moderate assurance on its ability to deliver a balanced financial position in 2025/26.
 - the balanced financial position in 2025/26 was subject to delivery of 3% Financial Recovery Plans with £48m identified and a target of £16m included.
 - for a delivery of a reduction to baseline pressures in the Financial Plan, Business Units must deliver their 3% Financial Recovery Plans target and these must be recurring.
 - included in the Risk Register at Appendix 3 was the significant new financial risk, on the basis Scottish Government have confirmed additional performance and improvement funding would not be allocated if agreed outcomes are not met.
- 10.4 The Board approved the Financial Plan, noting prior approval by the Scottish Government and endorsement by the Finance and Resources Committee on 26 March 2025.

11. Corporate Objectives 2025/26

- 11.1 The Board received the paper setting out its Corporate Objectives for the year 2025/26, noting the expectation that the Board would work with its wider System Leadership cohort to ensure that the Corporate Objectives reflected the need for transformation within the system.
- 11.2 The Chief Executive explained that the objectives would be refined further, alongside the development of the Annual Delivery Plan, but that endorsement was being sought for the direction of travel. NHS Lothian had been on an improvement journey around the Corporate Objectives over the past few years and there was now clear line of sight from the strategic intent of the Lothian Strategic Development Framework (LSDF) through the Corporate and Executive Objectives, into the NHS Lothian system.
- 11.3 There was discussion on the Corporate Objectives and on the extent to which they covered all activity required during 2025/26 to progress the ambitions of the LSDF. Board members sought to understand how successful delivery would be measured and reported, particularly in relation to those objectives concerned with people and culture. It was confirmed that these corporate objectives would be supported by and triangulated against wider, underpinning objectives and metrics. In regard to early years outcomes, members sought reassurance that there were appropriate linkages to wider and non-health related outcomes, such as housing and education. It was explained that integrated Children's Services Plans existed, as part of the Board's statutory obligations, with input from the integration partners.
- 11.4 It was suggested and agreed that the ongoing development and implementation of the proposed Board Assurance Framework should be explicitly reflected within the corporate objectives, with appropriate acknowledgement of resource implications and realistic timescales. Board members also discussed the presence of prevention activity within the objectives and were reminded of the ongoing work to develop the NHS Lothian Prevention Plan, following previous discussions at the Board. This would include a range of measures and target milestones to be achieved. It was acknowledged that the ambition on reducing delayed discharges was of a significant scale, reflecting the attention of Scottish Ministers in this area.
- 11.5 The Board endorsed the draft Corporate Objectives for 2025/26, as presented in the paper, noting and accepting the caveats made regarding personnel and financial uncertainty. The inclusion of the Board Assurance Framework Objective was agreed. The final version would be brought back to SPPC once the ADP financial allocation was confirmed.

12. Health Board Collaboration and Leadership

- 12.1 The Chief Executive introduced the paper which was presented to the NHS Lothian Board by the NHS Scotland Executive Group for formal noting and endorsement. The paper had previously been considered and discussed by the Board's Strategy, Planning and Performance Committee (SPPC) on 19 March 2025.
- 12.2 The Board noted that this paper was being presented to all NHS Scotland boards, at the request of the NHS Scotland Executive Group and following collective discussion and endorsement by NHS Scotland Board Chief Executives.
- 12.3 Members noted that the paper:
- set out the context for NHS renewal and reform following the First Minister's public statement on this matter on 27 January 2025.
 - briefed NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland.

- described the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care.

12.4 Additionally, the NHS Lothian Board noted the ask around ongoing developments in this area, specifically acknowledging and endorsing:

- the duality of its role for the population/Board it serves as well as its contribution to population planning that will cross traditional Board boundaries and to approve local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act.
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there was requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

13. NHS Lothian Pharmaceutical Care Services Plan (PCSP)

13.1 The Director of Public Health & Health Policy and the Director of Primary Care presented the PCSP for approval ahead of its publication on the NHS Lothian internet site.

13.2 Members noted that provision of the plan was a statutory requirement and that it provided a comprehensive overview of the pharmaceutical care provided by community pharmacy, setting out an ambitious and innovative framework for the evolution of community pharmacy services across NHS Lothian.

13.3 Members discussed the details of the Plan. It was suggested that more work was required to increase both provision and awareness of the Pharmacy Plus service. However, it was acknowledged that capacity for community pharmacies to provide this service was dependent on pharmacists being qualified to prescribe. It was expected that this capacity would increase as new graduates entered the profession, with the ability to prescribe medicines.

13.4 It was explained that there was no further indication of Scottish Government's intentions to review the General Pharmaceutical Services (Scotland) Regulations 2009. This was considered important to ensuring that NHS boards were better able to plan and prioritise the community pharmacy provision for their populations. It was also confirmed that there were no concerns held about the current density of community pharmacy provision in Lothian's urban or rural areas, where different criteria applied.

13.5 Specific pharmacy workforce challenges were acknowledged, with reductions occurring in some areas and noted in the Plan. However, a general need for more pharmacists applied across the whole system. Training places at universities were set nationally and there were challenges in influencing the workforce models adopted by private pharmacy providers.

13.6 Members approved the Plan and its publication, strongly commending its clarity in assessing and responding to service need. It was considered that this should be a model adopted for assessing and planning other services.

14. Any Other Business

14.1 None.

15. Reflections on the Meeting

- 15.1 The Chair asked members to contact colleagues offline if they wished to discuss any items further.

16. Date of Next Board Meeting

- Wednesday 25 June 2025 (10:30am start – Annual Accounts)

Signed by Chair

25 June 2025

Prof. John Connaghan

Chair – Lothian NHS Board