

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.00am on Wednesday 25 June 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); Cllr S. Akhtar; Mr P. Allenby; Mr E. Balfour; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Prof J. Innes; Mrs K. Kasper; Prof A. Khan; Mr P. Knight; Prof. L. Marson; Cllr D. Milligan and Ms V. de Souza.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr T. Power (Director of People & Culture); Ms M. Carr (Chief Officer, Acute Services); Mr C. Briggs (Director of Strategic Planning); Ms A. Goodfellow (Acting Director of Public Health and Health Policy); Dr J. Long (Director of Innovation and Transformation); Ms T. McKigen (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms M. Campbell (Director of Estates & Facilities); Ms J. Gillies (Associate Director of Quality); Ms C. Palmer (Acting Acute Nurse Director); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms C. Laverty (Chief Officer, Edinburgh IJB); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Mr D. Thompson (Board Secretary) and Ms B. Pillath (Corporate Governance Team, minutes).

Apologies for Absence: Mr G. Gordon (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member).

17. Welcome & Declaration of Interests

- 17.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Chair also welcomed Nigel Henderson (NES Non-Executive) who was attending to shadow the Chair as part of the Aspiring Chairs Programme.
- 17.2 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

18. Items proposed for Approval or Noting without further discussion

- 18.1 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.
- 18.2 Minutes of Previous Board Meeting held on 16 April 2025 – Minutes were approved.
- 18.3 Finance & Resources Committee Minutes – 26 March 2025 – Minutes were noted.
- 18.4 Healthcare Governance Committee Minutes – 18 March 2025 – Minutes were noted.
- 18.5 Staff Governance Committee Minutes – 03 April 2025 – Minutes were noted.

- 18.6 Audit and Risk Committee Minutes – 14 April 2025 – Minutes were noted.
- 18.7 Midlothian Integration Joint Board Minutes – 20 February 2025 – Minutes were noted.
- 18.8 Edinburgh Integration Joint Board Minutes – 25 March 2025 – Minutes were noted.
- 18.9 West Lothian Integration Joint Board Minutes – 20 March 2025 – Minutes were noted.
- 18.10 East Lothian Integration Joint Board Minutes – 20 March 2025 – Minutes were noted.
- 18.11 NHS Lothian Resilience Framework– The Board approved the Resilience Framework and agreed to accept significant assurance that NHS Lothian had in place a suitable Framework to support and enable the Board's compliance with the Civil Contingencies Act 2004 and its associated Regulations, as well as the Scottish Government's published guidance on Preparing for Emergencies.
- 18.12 Quarter 4 and Annual Whistleblowing Performance Report 2024/25
- 18.12.1 In response to a question about the timescales for closing the cases that remained open, the Director of People and Culture advised that investigations were being worked through but could take time due to the number of people to be interviewed and the need for skilled interviewers to be available to carry these out. Those raising concerns were being kept up to date with the progress of the investigations. The Staff Governance Committee would monitor progress through quarterly updates, including available investigation resource. The Non-Executive Whistleblowing Champion acknowledged that the statutory timescales had always been challenging, given the complexity of cases, and confirmed that, where these timescales were not met, there were clear and justified reasons.
- 18.12.2 There was not a requirement on NHS Lothian to account for the performance of primary care contractors' handling of whistleblowing cases, but the data was included in NHS Lothian's reports and trends and themes would be monitored.
- 18.12.2 The Board accepted moderate assurance based on the evidence presented that systems and process were in place to help create a culture in NHS Lothian which would ensure staff had confidence in the fairness and objectivity of the procedure through which their concerns were raised and acted upon, and accepted significant assurance that the performance report met the requirements of the Standards based on the evidence presented.
- 18.13 Pharmacy Practices Committee – Terms of Reference Review – The revised Terms of Reference was approved.
- 18.14 Board Appointments – The Board approved the following appointments:
- Removal of Katharina Kasper as a member of the Board's Remuneration Committee, with immediate effect
 - Appointment of Lorna Marson as a member of the Board's Remuneration Committee, with immediate effect
 - Reappointment of Katharina Kasper as the Lead Voting Member, Edinburgh Integration Joint Board, from 27 June 2025;
 - Extension of Elizabeth Gordon's current appointment as Voting Member, Edinburgh Integration Joint Board, to 31 July 2025;
 - Appointment of Patricia Cantley as Voting Member, Edinburgh Integration Joint Board, from 1 August 2025;
 - Appointment of John Innes as the Lead Voting Member, West Lothian Integration Joint Board, from 1 September 2025;

- Reappointment of Dr Rebecca Green, General Practitioner, as a Non-Voting Member of the Midlothian IJB, from 18 July 2025 (for a three-year term)
- Reappointment of Dr Robin Balfour, General Practitioner, as a Non-Voting Member of the Edinburgh Integration Joint Board, from 1 October 2025 until 30 June 2026.

The Board Secretary explained that the recommendation on Dr Balfour's reappointment term differed from that set out in the accompanying paper, due to a late notification that Dr Balfour planned to retire from his role in July 2026. A recommendation on Dr Balfour's replacement from July 2026 would be brought forward in due course.

- Reappointment of Hazel Garven, Lead Pharmacist, Edinburgh HSCP, as a Non-Contractor Pharmacist Member of the Pharmacy Practices Committee, from 22 June 2025 (for a final three-year term);
- Reappointment of Mike Embrey, John Connolly and Kaye Greig as Contractor Pharmacist members of the Pharmacy Practices Committee, from 22 June 2025 (each for a final three-year term);
- Reappointment of John Niven as a Lay Member of the Pharmacy Practices Committee, from 22 June (for a final three-year term).

ITEMS FOR DISCUSSION

19. Board Chair's Report – June 2025

19.1 The Chair highlighted the following:

- Ministerial approval of the two new non-executive board members continued to be delayed due to the need to complete PVG Disclosure checks. A start date in late July was expected.
- The City of Edinburgh Council's Stakeholder Non-Executive, Cllr Margaret Graham, would be replaced by Cllr Joan Griffiths. However, formal Ministerial approval was again delayed due to the need to complete PVG Disclosure checks.
- The Audit Scotland: NHS in Scotland - Spotlight on Governance report had been published in May and circulated to board members for awareness. It was anticipated that the ongoing development of NHS Lothian's Board Assurance Framework would help to address the recommendations specific to NHS boards.
- The recently published Health and Care Reform and Renewal Frameworks had been discussed jointly between Board Chairs, Chief Executives and the Scottish Government, during a meeting on 23 June.

20. Chief Executive's Report – June 2025

- 20.1 The Chief Executive presented her report, noting that this had been previously circulated, and welcomed any questions from board members. She noted the recent publication of the Scottish Government's Health and Care Reform and Renewal Frameworks and recommended that board members, individually, should take time to engage with the documents, starting with the Public Sector Reform Strategy. She highlighted a focus in her report on ongoing efforts to improve operational performance, including in relation to Planned Care and Mental Health. Whilst the Board's 2025/26 Annual Delivery Plan (ADP) would set out the specific performance trajectories, this remained in draft form due to the ongoing finalisation of Scottish Government funding allocations. The updated ADP would be considered again by the Board's Strategy, Planning & Performance Committee (SPPC) before being presented to the Board for formal approval.
- 20.2 The Chief Executive invited the Board to acknowledge the sad passing of Professor Sir Geoff Palmer, noting his significant contribution to NHS Lothian's work on assessing its own role in the transatlantic slavery trade and the subsequent development of an anti-racism plan. The Board's annual Equality, Diversity & Inclusion Conference, scheduled for the following day, would provide a further opportunity to reflect on his legacy.
- 20.3 Board members discussed the content of the Chief Executive's Report and raised a number of questions. It was confirmed that the plans being developed to transform the delivery of Mental Health Services would be presented to the Board, initially via the SPPC. It was also confirmed that the recent decision taken by the Edinburgh IJB to commission external mental health rehabilitation beds and correspondingly close a number of beds within the Royal Edinburgh Hospital had been fully supported by the NHS Lothian Corporate Management Team. Work to enact this change was progressing.
- 20.4 The successful recommissioning of the Princess Alexandra Eye Pavilion and the return of all services to the site was noted, and the Board recognised the significant efforts of all staff involved in this. A lessons learned exercise had been commissioned and the results of this would be reported to the Board in due course.

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

21.1 Finance and Resources Committee

- 21.1.1 A development session would be held on the Board's sustainability requirements, and this would be open to Board members. Details would be circulated once confirmed.
- 21.1.2 A paper on the Hospital Sterilisation and Decontamination Unit (HSDU) provision had been discussed at the previous meeting. This as a high risk and had been on the risk register for some time. There was no robust contingency for service provision across Scotland. The Scottish Government had been looking at a national programme for Scottish contingency, but this had not been progressed. The Chair agreed to ask the Cabinet Secretary for an update on this.

21.2 Staff Governance Committee

- 21.2.1 Work was ongoing on the implementation of the elements of Agenda for Change (AfC) reform, including protected learning time, the Band 5 and 6 review, and the reduced working week. The acknowledged risks continued to be effectively managed.
- 21.2.2 The Nursing Workforce risk had been significantly mitigated for the current year and this was reflected in changes to the Corporate Risk Register. However, a low university intake for first

year nursing in the current year was anticipated to cause further workforce challenges in three years' time.

21.3 Healthcare Governance Committee

21.3.1 The Chair of the Healthcare Governance Committee gave assurance that a significant amount of time had been devoted at recent Committee meetings considering safe, effective and person-centred care in mental health services, and that specific assurance reports had been requested for the September meeting.

21.4 Audit and Risk Committee

21.4.1 The Internal Audit Report for 2024/25 had been completed and the hand over to the new internal auditors was complete. The Committee had approved the report, which included provision for reviewing areas of limited assurance to ensure that improvements had been embedded in the system.

21.4.2 The Chair of the Audit and Risk Committee requested that managers prioritise the timely return of responses to audits during 2025/26, in order to support the effective delivery of the audit programme.

22. NHS Lothian Board Performance Report

22.1 The Deputy Chief Executive presented the Board Performance report, outlining the Board's performance across the agreed metrics. NHS Lothian had achieved over 70% performance in the past week on 4-hour emergency access and was above the Scottish average of 68%. This achievement was the result of targeted transformation work with the whole system to reduce bed occupancy and delayed discharge. The focus had been on the Royal Infirmary, with the ambition to extend this transformative approach to other acute sites. Discussions were ongoing with the Scottish Government about the additional resources required to support this.

22.2 There would be further discussion at the Strategy, Planning and Performance Committee and at the Board about the new Scottish Government funding for scheduled care and what this would be used for. It was noted that all proposals to the Scottish Government on the spend would be subject to Board approval.

22.3 Cancer 62-day performance had been reported in the media recently, reflecting a deteriorating national position. An improvement plan was being worked on within NHS Lothian, focusing on diagnostic pathways, mitigating actions, and job plan review. Consultants in the department were keen to engage. This was reflected in the Board's submissions to Scottish Government for additional resources.

22.4 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.

23. Lothian Strategic Development Framework Annual Report

23.1 The Director of Strategic Planning presented the 2024/25 Annual Report on the delivery of the Lothian Strategic Development Framework (LSDF), highlighting key achievements and learning points during the year. He sought the Board's approval for the content of the slide presentation to be published on the website.

23.2 During discussion, board members highlighted the need for more quantitative reporting on performance against each of the LSDF pillars and their aims, as well as more regular performance reporting in-year, specifically against the LSDF. It was also suggested that

transformation activity within each of the pillars of the Framework should be more clearly highlighted. Finally, consideration should be given to whether the aims of the LSDF may need to be more clearly articulated to demonstrate alignment with the Scottish Government's recently published reform and renewal frameworks.

- 23.2 Notwithstanding these suggested areas for future improvement, the Board acknowledged the positive achievements highlighted and approved the content presented as the LSDF Annual Report for 2024/25, which would be suitably narrated and published on the website in due course.

24. NHS Lothian Corporate Objectives 2025/26

- 24.1 The Director of Strategic Planning presented a paper setting out the 2025/26 Corporate Objectives for the Board's consideration and approval, noting that there had been previous discussion of these at the Strategy, Planning and Performance Committee.
- 24.2 Board members discussed the Corporate Objectives, noting that not all of them were directly measurable. However, members acknowledged that the objectives represented high-level summary aims and that a significant level of further detail was represented via the corresponding personal objectives of executive and corporate directors. It was expected that further detail on the specificity and timebound nature of actions underpinning each objective would be provided to the Strategy, Planning and Performance Committee and that this would include quantitative performance data.
- 24.3 On this basis, the Board approved the NHS Lothian Corporate Objectives for 2025/26, as presented in the paper.

25. Corporate Risk Register

- 25.1 The Board received NHS Lothian's Corporate Risk Register, reviewing the April 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.
- 25.2 The Board accepted the report and noted that the grading of risk 3600 Finance had reduced from Very High 25 to Very High 20 on the basis of a lower likelihood of occurrence.

26. Quality Report and Annual Plan

- 26.1 The Executive Medical Director and Associate Director of Quality outlined the plans to support the delivery of the NHS Lothian Quality Strategy (2018-2027), including the Quality Directorate 2024-25 Annual Report and the 2025-26 Quality Directorate Annual Plan.
- 26.2 In response to a question about measuring the impact of improvement programmes, it was noted that this was part of the discussion and assurances taken at the Healthcare Governance Committee.
- 26.3 Regarding Medicines Safety, it was noted that Medicines Safety Officers were used in England. However, this was not considered by the Scottish Government's Chief Pharmaceutical Officer to be best practice as it reduced the responsibility for safety to a named individual, when it should be the responsibility of all members of the team working together.
- 26.4 Quality improvement work was at a patient level and was complementary to transformational change, which was service change.

- 26.5 Two Healthcare Governance Committee workshops had been held to discuss the new Clinical Assurance Framework which was now in place with further elements to be added. This was about ensuring the right data and information was available to gain assurance in complex clinical systems.
- 26.6 The Executive Medical Director offered to arrange a future Board Development Session covering this area in greater detail, if this was felt to be of benefit by board members and if there was space within the schedule.
- 26.7 Following discussion, the Board noted the Quality Directorate Annual Report for 2024/25 and the Annual Plan for 2025/26.

27. 2024/25 Financial Outturn Position

- 27.1 The Director of Finance provided the Board with an update on the 2024/25 financial position which showed that NHS Lothian had achieved a balanced outturn for the financial year.
- 27.2 The Director of Finance reminded board members about the challenging decisions which had been necessary to achieve this position and reiterated that, in 2025/26, there remained a need to deliver 3% of efficiency savings. He stressed how important it was that the majority of these savings be delivered on a recurring basis, in order to reduce the recurrent financial deficit position.
- 27.3 The Board acknowledged this important update, and the contribution made by all staff to achieving a breakeven position. Particular thanks were offered to staff in the Finance Directorate for supporting the delivery of key efficiency programmes.
- 27.4 Board members enquired about the impacts of high drug spend on the coming year and about how this would be managed. The importance of achieving efficiency savings in-year were considered important to offsetting these costs. The Executive Medical Director also advised that a robust mechanism was in place to make decisions on new drug usage, through the MHRA, Scottish Medicines Consortium and Formulary applications at a regional level. A further step had recently been introduced to consider the financial impact of high-cost drugs, including when to start and stop using these.
- 27.5 The Board noted the achievement of financial balance. It was noted that the small underspend of £771k reported for 2024/25 was the result of technical accounting policies. Members also noted the delivery of £60m of efficiency savings for 2024/25 and that all Integration Joint Boards had achieved a balanced position in relation to health expenditure.

28. Scottish Hospitals Inquiry Interim Report

- 28.1 The Board Chair declared a connection in relation to this item, due to having given evidence in the Inquiry, related to his former role with the Scottish Government. Whilst it was not considered that this created a conflict of interest, he nonetheless asked that the Board's Vice Chair assume the role of Chair for the duration of the item.
- 28.2 The Director of Finance introduced the report reviewing the recommendations from the Scottish Hospital Inquiry's interim report on the Royal Hospital for Children and Young People/Department of Clinical Neurosciences (RHCYP / DCN), and the steps taken by NHS Lothian to date to address these recommendations. This paper had been considered by the Finance and Resources Committee in March 2025 and was brought to the Board for awareness.

- 28.2 The Board had publicly expressed its apologies on behalf of NHS Lothian for the impact on patients and staff of the delay in the opening of the RHCYP / DCN in 2021.
- 28.3 It was noted that recommendation 9 of the report, in relation to training to be provided to disciplines involved in healthcare buildings, would be challenging to implement as clinical staff could not be expected to have the technical expertise required, particularly with the risks involved. This had been discussed with the Scottish Government with the idea that NHS Assure would be developed to provide this expertise centrally for Scotland, within a robust assurance framework.
- 28.4 The Board noted the findings of the Interim report, the actions taken to date to address the recommendations, and the proposed actions for the development of future health construction projects. Oversight of local adoption and implementation of these actions would be provided by the Board's Finance and Resources Committee.

29. Any Other Business

29.1 Dr Andrew Flapan, Cardiologist and Associate Medical Director

- 29.1.1 The Executive Medical Director reported with regret that Dr Andrew Flapan, a well-known and highly respected colleague, had died suddenly and unexpectedly on 23 June 2025. The Board Chair and Chief Executive had written to his family to express their condolences.

30. Reflections on the Meeting

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

31. Date of Next Board Meeting

- Wednesday 13 August 2025 at 09:30am

***Signed by Chair
13 August 2025***