

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 0930hrs on Wednesday 08 October 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 E. Balfour; Mr J. Blazeby; Ms H. Campbell; Dr P. Cantley; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Mr G. Gordon; Mrs K. Kasper; Prof A. Khan; Prof. L. Marson Cllr D. Milligan; Mr R. Roberts and Ms V. de Souza.

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

In Attendance: Mr T. Power (Director of People & Culture); Ms M. Carr (Chief Officer, Acute Services); Mr C. Briggs (Director of Strategic Planning); Dr J. Long (Director of Innovation and Transformation); Ms M. Campbell (Director of Estates & Facilities); Ms T. McKigen (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Ms J. Torrens (Service Director, REAS); Miss F. Ireland (Deputy Director - Corporate Nursing & Business Support); Mr D. Thompson (Board Secretary) and Mr. C Graham (Corporate Governance Team, minutes).

Apologies for Absence: Mr P. Allenby, (Non-Executive Board Member); Mr P. Knight, (Non-Executive Board Member); Ms T. A. Miller, (Non-Executive Board Member); Prof J. Innes (Non-Executive Board Member); Ms A. MacDonald (Executive Nurse Director); Mr J. Crombie (Deputy Chief Executive) and Ms C. Laverty (Chief Officer, Edinburgh IJB).

45. Welcome & Declaration of Interests

- 45.1 The Chair welcomed members, colleagues, and observers to the Board meeting.
- 45.2 The Chair welcomed Ms H. Campbell and Mr R. Roberts to their first Board meeting as new Non-Executive Directors.
- 45.3 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

46. Items proposed for Approval or Noting without further discussion

- 46.1 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.
- 46.2 Minutes of Previous Board Meeting held on 13 August 2025 – Minutes were approved.
- 46.3 Audit and Risk Committee Minutes – 16 June 2025 – Minutes were noted.

- 46.4 Healthcare Governance Committee Minutes – 22 July 2025 – Minutes were noted.
- 46.5 Staff Governance Committee Minutes – 30 July 2025 – Minutes were noted.
- 45.6 Midlothian Integration Joint Board Minutes – 12 June 2025 – Minutes were noted.
- 45.7 Edinburgh Integration Joint Board Minutes – 26 August 2025 – Minutes were noted.
- 45.8 East Lothian Integration Joint Board Minutes – 26 June 2025 – Minutes were noted.
- 45.9 West Lothian Integration Joint Board Minutes – 13 August 2025 – Minutes were noted.
- 45.10 Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 2, 01 July - 31 August 2025 – Report was noted. The Board recognised the discrepancy between the cover paper and the report in terms of the assurance level being offered. It was clarified that Limited Assurance had been accepted by the Staff Governance Committee, as reflected in the body of the report.
- 45.11 Pharmacy Practices Committee – Outcomes Report Q1 & Q2 2025/26 – Report was noted.

ITEMS FOR DISCUSSION

46. Board Chair's Report – October 2025

- 46.1 The Chair reported ongoing national discussions around reform of the NHS and Social Care system across Scotland. Recognising the useful Development Session the Board had held recently on this topic.
- 46.2 The Chair highlighted the recent NHS Lothian Celebrating Success Awards, which he had been privileged to attend. The awards had recognised the amazing work that is undertaken throughout NHS Lothian and the Board congratulated the winners and all those nominated. The Chair planned to use some of the event footage at the Board's upcoming Annual Ministerial Review.
- 46.3 The Annual Ministerial Review would be held on Monday 10 November with Jenni Minto, Minister for Public Health and Women's Health. Non-Executive Director colleagues were invited to attend the Public Session of the review.
- 46.7 The Chair also reminded colleagues that he continued to have discussions with Non-Executive Director colleagues on future Board commitments and IJB appointments.

47. Chief Executive's Report – October 2025

- 47.1 The Board discussed the Chief Executive's Report, with particular attention given to progress in mental health services across Lothian. This included adult patient flow and the escalation process for the Child and Adolescent Mental Health Service (CAMHS). The report acknowledged the significant leadership and oversight being applied across urgent and unscheduled care (USC), mental health, acute adult flow, CAMHS, and maternity services. These efforts were seen as improving outcomes through collective work and focused delivery.

- 47.2 The recent Board Development Session was highlighted as a positive and collaborative event. It provided an opportunity for members to reflect and plan for how services and operations might evolve in 2026. A summary of this work was expected to be presented at the November Strategic Planning and Performance Committee (SPPC).
- 47.3 Infrastructure concerns were raised, particularly regarding the Clock Tower at the Western General Hospital (WGH), which represented broader issues with the estate across Lothian. The Board was made aware of the impact such buildings have on patient and family experiences. A positive development was noted with funding secured to progress the demolition plan for the Clock Tower.
- 47.4 The Board celebrated staff achievements and participation in Speak Up Week (29 September to 3 October), which saw strong engagement in leadership events. The initiative was praised for promoting a culture of safety and openness throughout the year.
- 47.5 In response to questions, it was confirmed that additional funding had been allocated to maternity services, with recruitment underway. While international recruitment faced some challenges, plans were in place to onboard newly graduated midwives by the end of October, aiming for full staffing in midwifery by the end of the year.
- 47.6 CAMHS remained at escalation level 3, with efforts focused on addressing waiting times. The service had experienced fluctuations and was undergoing detailed analysis to improve infrastructure and delivery. Additional informal funding was being used to bridge capacity gaps and support redesign efforts. Initial trajectory projections were expected by March 2026 and would be formally shared at the November SPPC.
- 47.8 The success of Organ Tissue Donation Week was highlighted. This had been supported by a £10,000 charity grant and media coverage. The internal campaign led to 42 staff sign-ups and a rise in donor registrations. The importance of understanding themes from Speak Up Week was emphasised, noting that whistleblowing updates are regularly reported to the Board and monitored by the Staff Governance Committee.
- 47.9 There was discussion on the Hospital Sterilisation and Disinfection Unit (HSDU), and the ongoing resilience issues that were reflected nationally. Work was underway to improve system resilience, with updates expected at the November Board Chief Executives meeting. HSDU support continued to be provided to NHS Grampian.
- 47.10 The Chief Executive drew the Board's attention to the recent Permanent Secretary visit. The Permanent Secretary had visited to better understand USC and flow work, expressing confidence in Lothian's ability to drive change. The visit also highlighted the excellent work of the East Lothian IJB Inreach team.
- 47.11 Oversight of the Board's estate and infrastructure was further discussed, the Director of Estates and Facilities confirmed that that building surveys were conducted every five years. The WGH Clock Tower had known issues and had been vacated accordingly. Capital prioritisation remained a key focus, with updates provided every six months to SPPC and annually to the Board. Top priorities included HSDU, primary care premises, and the cancer centre at WGH. Capital prioritisation also considered backlog maintenance and business continuity. A formal update was scheduled for the April Board meeting, with interim discussions at the next SPPC. It was importance to have rigorous annual assessments to manage risk and prioritise funding.

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

48.1 **Healthcare Governance Committee (HGC)** - The Board noted that HGC recently reviewed the two reports issued by the Scottish Public Services Ombudsman (SPSO) in January and July. These reports had highlighted recurring concerns in NHS Lothian regarding the delivery of patient care, particularly in areas such as pressure ulcer care, wound management, and person-centred care planning. The issues raised had already been brought to the Board's attention in August through the Chief Executive's Report. The HGC had concluded that only limited assurance could be taken at this stage regarding the effectiveness of the measures implemented to address these risks. The Committee had agreed to revisit progress on these matters in upcoming meetings.

48.1.1 The HGC had also been informed of several forthcoming reports from Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission (MWC), which were expected to focus on maternity services and mental health. As these reports remained under embargo, they could not be discussed in the public Board setting. The HGC planned to review the reports and consider appropriate action plans once they were officially released.

48.2 **Staff Governance Committee (SGC)** - The Board noted that the September SGC meeting had seen comprehensive discussion around the Reduced Working Week component of the Agenda for Change (AfC) reform. The committee had reviewed the draft implementation plan in detail and considered a new Corporate Risk associated with the reform. This risk had been recommended by the Corporate Management Team (CMT) for adoption by the Board, and its implications had been thoroughly examined during the session. The Board noted that there would be an upcoming national meeting to discuss AfC reform and the Director of People and Culture would provide updates to the Board and Board Chair as appropriate.

48.2.1 SGC had also addressed matters relating to its own effectiveness. This discussion had been informed by the results of the annual survey conducted earlier in the year among committee members. The feedback gathered through the survey would guide the committee in considering potential actions to enhance its performance and governance practices.

49. NHS Lothian Board Performance Report

49.1 The Chief Executive presented the NHS Lothian Board Performance Report, outlining performance across agreed metrics. The report formed part of the ongoing development of the Board Assurance Framework (BAF). The Board discussed national trajectories, noting that several targets had not been met for some time. Activity and performance against ADP trajectories were reviewed, with a particular focus on patients waiting over 52 weeks. It was confirmed that no patients were waiting over 104 or 78 weeks, and projections for March 2026 estimated 8,828 outpatient and 3,735 inpatient cases over the 52-week threshold.

49.2 Outpatient and inpatient/day case trajectories remained on track, although internal targets were not expected to reach a zero-wait position. Radiology was performing well against the six-week target, while endoscopy was falling behind due to increased demand and prioritisation of urgent suspected cancer cases. Radiology issues were attributed to reporting delays, and efforts were underway to improve reporting processes. Despite endoscopy activity exceeding planned levels, waits continued to exceed six weeks, particularly affecting colorectal cancer pathways. A funding bid to the Scottish Government had been unsuccessful, but improvement work was ongoing using best practice models.

49.3 Cancer performance remained off trajectory for the 31- and 62-day standards, although August data showed signs of improvement. Urology, prostate, bladder, and colorectal cancers were identified as particularly challenging areas. Unscheduled Care performance was discussed in detail, with the system meeting three times weekly to address issues.

- 49.4 Although USC performance was above the Scottish average, gaps remained, particularly in relation to the four-hour target. August and September dips were linked to staffing changes and increased attendances. Improvements were noted in length of stay and breach indicators, but variability and weekend decision-making continued to pose challenges.
- 49.5 The Board acknowledged the significant investment in Unscheduled Care and the need for sustainable models of care. Discussions highlighted the shift in focus from planned care to urgent care, especially in preparation for winter. Scheduled care trajectories were ahead of plan, and there was optimism that March 2026 targets could be exceeded. The Board also discussed the recovery plan for cancer, with further discussions planned for the Strategy Planning and Performance Committee (SPPC) in November.
- 49.6 Leadership, staff resilience, and cultural behaviours were recognised as strengths. The importance of communication and engagement was highlighted, noting that teams were well-informed and focused on daily operational detail. The challenge of balancing strategic leadership with day-to-day demands was acknowledged.
- 49.7 Questions were raised regarding psychological therapies, primary care, and smoking cessation. Concerns were noted about increased demand, staffing shortages, and recruitment challenges in psychological therapies. Primary care had seen a rise in closed GP lists, though these were temporary and actively managed. Activity levels remained within normal variation. Smoking cessation targets continued to be missed, particularly in Edinburgh, but an improvement plan was in place, with Quarter 3 showing 80% achievement in the most deprived areas.
- 49.8 Assurance was discussed in relation to national standards and trajectories. The Board acknowledged that many targets had not been met for years and that progress would depend on annual trajectory planning. Limited assurance was provided against national standards, but reasonable risk assessments were in place. The patient experience team annual report was confirmed to follow the usual governance route via HCG, with individual service reports referencing relevant themes.
- 49.9 Further discussion addressed the impact of the 2018 GP contract, which had shifted work from GPs to HSCP staff. This had reduced in-hours activity and increased complexity in GP cases. The Board also considered the implications of reduced GP activity and its interaction with other services. The need for national benchmarking data in future reports was noted.
- 49.10 The Board acknowledged the implications of the performance matters discussed and NHS Lothian's current levels of compliance against national performance standards and key performance indicators.

50. NHS Lothian Annual Delivery Plan (ADP) 2025/26

- 50.1 The Board acknowledged that an addendum to the ADP covering Unscheduled Care (USC) and Child and Adolescent Mental Health Services (CAMHS) remained to be brought back, as previously discussed. These areas had been addressed in the Strategic Planning and Performance Committee (SPPC) discussions, with USC being covered in the most recent session. However, some elements, particularly relating to CAMHS, remained a work in progress.
- 50.2 The Board noted correspondence from the Chief Operating Officer of NHS Scotland which provided reassurance that the Scottish Government (SG) were comfortable with the existing ADP content and that the narrative for USC and CAMHS had not changed. The overall approach remained consistent, with only the specific numerical details to be finalised and presented at the next Board meeting.

- 50.3 The importance of good governance practice by setting out the ADP before the start of the new financial year was emphasised. Regardless of Scottish Government's position on certain elements, the Board should articulate its ambitions and priorities in advance. It was suggested that at the start of the financial year, the Board should be able to approve at least part of the ADP, reflecting local ambitions even if Scottish Government guidance was still evolving.
- 50.4 There was further discussion on the outlined planning timeline, indicating that system-wide plans were expected to be discussed at the March SPPC meeting and then presented to the Board in April. Again it was acknowledged that not all details might be finalised by then, particularly due to uncertainties around additional funding and the pre-election period, which made it difficult to anticipate Scottish Government's exact focus.
- 50.5 The need to use the Board process to identify major transformation priorities for 2026/27 was highlighted and the importance of understanding what changes were required to move from the current state to the desired future state and how financial resources could be restructured to support that transformation, was stressed.
- 50.6 The Board noted that the first iteration of the financial plan for the next year would shortly be available. The Scottish Government had pushed back the timeline to January 2026, making the process tight and although some assumptions were still being worked through, there was confidence that the majority of the plan could be completed within the January timeframe.

51. Corporate Risk Register

- 51.1 The Executive Medical Director introduced the report highlighting the August 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.
- 51.2 There was discussion on the proposals to add a new corporate risk relating to implementation of Agenda for Change Reforms – Reduced Working Week, noting it would not be implemented until 1st April 2026, and the Corporate Management Team recommendation to develop a corporate risk relating to maternity services was noted as work in progress that would come back to the Board.
- 51.3 The ongoing surveillance of water safety risk was also recognised with the water safety committee still in place. The ongoing rigour had enabled the downgrading of the risk.
- 51.4 The Board noted the changes to the format of the risk assurance table following feedback from members of the Audit and Risk Committee and noted the overview of the changes in the Corporate Risk Register over the past 2 years.
- The Board accepted the CMT recommendation to add a new risk onto the CRR, relating to Implementation of Agenda for Change Reforms – Reduced Working Week
 - The Board welcomed the CMT recommendation to develop a corporate risk relating to maternity services.

52. NHS Lothian Financial Position – July 2025 & Quarter 1 Forecast Update

- 52.1 The Board received the update on NHS Lothian's financial position at the end of July 2025, alongside the Quarter 1 forecast. The Board was informed that the organisation had recorded a £3.1 million overspend by the end of July, with a projected overspend of £27 million for the full year. A shortfall of £4 million in the delivery of Financial Recovery Plans (FRPs) for May 2025 was also noted.
- 52.2 Key areas of financial pressure included the Royal Edinburgh Hospital (REAS) and the Royal Infirmary of Edinburgh (RIE). REAS faced recruitment challenges, leading to increased agency expenditure, while RIE struggled with savings delivery, particularly in neurosciences. These issues prompted escalation through the Financial Oversight Board (FOB), and further escalation to the Financial Improvement Group (FIG) was initiated due to underperformance.
- 52.3 The Board discussed the allocation of additional funding, which, although helpful in supporting non-pay and sustainability pressures, did not alter the overall financial bottom line. The Quarter 1 position was assessed against three financial objectives: achieving a balanced outturn, creating budget flexibility to support realignment, and reducing the underlying financial gap.
- 52.4 A £250 million sustainability fund was highlighted as critical to stabilising the financial position, with the current deficit standing at £27 million. The delivery of all planned efficiencies was deemed essential, with £16 million of savings considered difficult to achieve, compounded by overspends at REAS and RIE. The Board reaffirmed the necessity of delivering 3% savings, as previously committed to the Scottish Government.
- 52.5 The importance of controlling overspends at REAS and RIE was emphasised, with a clear expectation from the Scottish Government to achieve a breakeven position by year-end.
- 52.6 The Board began considering planning parameters for 2026/27. The RWW funding package, which included band progression, protected learning time, and workforce wellbeing, was also discussed. Concerns were raised about the national impact of overspending by some boards on the funding available to others.
- 52.7 The sustainability fund was confirmed to be non-recurring for the current year. The Board acknowledged that the current approach focused more on alleviating overspends than on funding long-term reform. Recurrency was seen as vital to improving NHS Scotland's overall financial performance.
- 52.8 The Director of Finance confirmed that the year had started with a balanced financial plan, and adjustments had been made through the Finance and Resources Committee to maintain assurance.
- 52.9 The Board acknowledged that without entering the reform space, the ability to deliver recurring savings would diminish. The Board reiterated its commitment to achieving financial balance and delivering the 3% savings target.

53. Winter Planning

- 53.1 The Board received an update on the approach to Winter Planning, which had evolved into a broader, all-year resilience strategy. In October 2024, the Board had received a short paper outlining this resilience-based approach, which replaced the traditional, standalone winter plan. This strategy had been designed to integrate with wider Resilience Partnerships, including collaboration with Police Scotland, local councils, and other stakeholders.
- 53.2 From a financial perspective, it was noted that there was no dedicated funding pot for winter planning. On 24 September 2024, the Scottish Government had requested assurance regarding the Board's approach and the steps being taken. At that time, it had been understood that the Scottish Government would not be issuing formal Winter Planning guidance in 2025, instead recognising the value of adopting a year-round resilience-based model.
- 53.3 The discussion touched on the differing profile of winter pressures that year, particularly in relation to the COVID-19 vaccination programme. Some groups were no longer eligible for the vaccine, prompting questions about the impact on Integrated Partnerships. However, it was reported that no significant issues had been observed, although there had been a spike in unscheduled care admissions through Emergency Departments from late August into September. These admissions appeared to correlate with the vaccination programme, with a peak expected around the turn of the year.
- 53.4 Vaccination rates were also discussed, with updates provided through the Healthcare Governance structure. The annual report on vaccination programmes highlighted areas for improvement, particularly around uptake among health and social care staff. These areas were being monitored by the Operational Group and the Immunisation Oversight Board.
- 53.5 Finally, it was noted that the Operational Improvement Board at the national level, which included representation from NHS Lothian, had established a Flow Subgroup. This subgroup was functioning in place of traditional winter guidance, further supporting the resilience-based approach.

54. Midlothian IJB Strategic Plan Formal Agreement

- 54.1 The Director of Strategic Planning introduced the Midlothian IJB Strategic Plan to the Board, noting that it had previously been discussed at the Strategic Planning and Performance Committee (SPPC), which had agreed to endorse the plan. The Chief Officer for Midlothian confirmed that the plan had also been endorsed at the Midlothian Council meeting in August, describing it as ambitious yet realistic. The Board was asked to formally endorse the plan.
- 54.2 The Board expressed appreciation for the staff involved in developing the plan, acknowledging the extensive feedback received and the effort made to incorporate comments. It was noted that while some stakeholders had stated, "we don't necessarily agree with your priorities," the engagement process had been constructive. The Director of Strategic Planning clarified that full agreement with every aspect of the IJB's priorities was not required, and there were no specific concerns about the content of the plan.
- 54.3 The Board praised the document for its clarity, structure, and accessibility, describing it as an "easy read" with a well-defined ambition. Members were impressed by the amount of work and genuine engagement that had gone into the plan, highlighting the "people first" approach as a major strength and emphasising that meaningful change must follow the words in the document. The Board expressed confidence that the plan would make a tangible difference.
- 54.4 The Board agreed to accept the advice provided by the SPPC and formally endorsed the Midlothian IJB Strategic Plan.

55. Any Other Business

55.1 There was no other business.

56. Reflections on the Meeting

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

57. Date of Next Board Meeting

- Wednesday 3 December 2025 at 10:30am

Signed by Chair
03 December 2025

Prof. John Connaghan
Chair – Lothian NHS Board