

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 1030hrs on Wednesday 08 December 2025 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Board Chair)(chairing from 11.30am); Mr A. Fleming (Vice Chair)(chairing until 11.30am); Cllr S. Akhtar; Mr P. Allenby; Mr E. Balfour; Mr J. Blazeby; Ms H. Campbell; Dr P. Cantley; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Mr G. Gordon; Prof J. Innes; Mrs K. Kasper; Prof A. Khan; Mr P. Knight; Ms T. A. Miller; 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), Ms A. MacDonald (Executive Nurse Director); and Mrs S. Webb (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); 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 F. Wilson (Chief Officer, East Lothian IJB); Ms C. Lavery (Chief Officer, Edinburgh IJB); Ms J. Torrens (Service Director, REAS); Mr D. Thompson (Board Secretary) and Mr. C Graham (Corporate Governance Team, minutes).

Apologies for Absence: Prof. L. Marson (Non-Executive Board Member); Cllr H. Cartmill (Non-Executive Board Member) and Ms A. White (Chief Officer, West Lothian IJB).

58. Welcome & Declaration of Interests

- 58.1 The Vice Chair welcomed members, colleagues, and observers to the Board meeting.
- 58.2 Members were asked to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations of interest were made.

MARTIN CONNOR – VALEDICTORY COMMENT

- 58.3 The Board noted that this was Mr Connor's final meeting before stepping down. Mr Connor had joined the Board in September 2017 and had been a highly supportive colleague throughout his tenure. He served on several key committees, including the Audit & Risk Committee, Reference Committee, Information Governance Assurance Board, West Lothian Integration Joint Board, and the St John's Hospital Stakeholder Group.
- 58.4 Mr Connor had also chaired the Finance and Resources Committee over the past year and played a significant role as co-chair of the Board's Pharmacy Practices Committee. The Board acknowledged that Mr Connor would now continue his involvement in this area as a lay member. His contribution and commitment to the Board were formally recognised and appreciated.

ITEMS FOR APPROVAL OR NOTING

59. Items proposed for Approval or Noting without further discussion

- 59.1 Members were reminded that the Board agenda was made up of two separate sections The first was the section for approval commonly referred to as “the consent agenda.” Members had the opportunity to advise in advance if they wished any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.
- 59.2 Minutes of Previous Board Meeting held on 08 October 2025 – Minutes were approved
- 59.3 Audit and Risk Committee Minutes – 11 August 2025 – Minutes were noted.
- 59.4 Finance and Resources Committee Minutes – 20 August 2025 – Minutes were noted.
- 59.5 Healthcare Governance Committee Minutes – 21 October 2025 – Minutes were noted.
- 59.6 Midlothian IJB Minutes – 21 August 2025 – Minutes were noted.
- 59.7 Edinburgh IJB Minutes – 22 September 2025 – Minutes were noted.
- 59.8 East Lothian IJB Minutes – 25 September 2025 – Minutes were noted.
- 59.9 Pharmacy Practices Committee Outcomes Report Q3 2025/26 – Outcomes were noted.
- 59.10 Q2 2025/26, National Whistleblowing Standards Performance Report – The content of the 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.
- 59.11 Board Appointments – December 2025 - The Board approved the following appointments to Board Committees, Integration Joint Boards and the Pharmacy Practices Committee:
- The appointment of Peter Knight, Non-Executive Board Member, to the Audit & Risk Committee (from 1 January 2026) and his removal from the Healthcare Governance Committee (from 31 December 2025).
 - The appointment of Elizabeth Gordon, Non-Executive Board Member, to the Healthcare Governance Committee (from 1 January 2026) and her removal from the Audit & Risk Committee (from 31 December 2025).
 - The appointment of George Gordon, Non-Executive Board Member, as a Voting Member of the Midlothian IJB, for a 12-month term term (from 1 January 2026 to 31 December 2026), and his removal from the Edinburgh IJB (from 31 December 2025).
 - The appointment of Peter Knight, Non-Executive Board Member, as a Voting Member of the West Lothian IJB, for a three-year term (from 1 January 2026), and his removal from the Edinburgh IJB (from 31 December 2025).
 - The appointment of Andrew Fleming, Non-Executive Board Member and Vice-Chair, as a Voting Member of the Edinburgh IJB, for a three-year term (from 1 January 2026), and his removal from the Midlothian IJB (from 31 December 2025).
 - The appointment of Ralph Roberts, Non-Executive Board Member, as a Voting Member of the Edinburgh IJB, for a three-year term (from 1 January 2026)
 - The appointment of Dr Anna Beaglehole, as a non-voting member of the Midlothian IJB, for a three-year period (from 22 December 2025), and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers”.
 - The appointment of Heather Campbell, Non-Executive Director, as Co-Chair of the

Pharmacy Practices Committee, for a three-year term, from 1 January 2026 until 31 December 2029.

- The appointment of Martin Connor as a Lay Member of the Pharmacy Practices Committee, for a three-year term from 1 January 2026 until 31 December 2029.
- The appointment of Susanne Gooding (Non-Contractor Pharmacist), to the Pharmacy Practices Committee, for a three-year term from 3 December 2025 to 2 December 2028.
- The appointment of Brian McGregor as a Lay Member of the Pharmacy Practices Committee, for a three-year term from 4 December 2025 to 3 December 2028.

59.12 Board & Committee Dates - The Board is noted the schedule of Board and Committee meeting dates for 2026/27 and approved the schedule of Board and Committee meeting dates for 2027/28.

ITEMS FOR DISCUSSION

60. Board Chair's Report – December 2025

- 60.1 The Chair briefed members on the recently held Board Chair's Group. There had been discussion with the Cabinet Secretary on the single authority model between Island Health Boards and Local Authorities, and maximising the benefit of public spend. There had also been discussion on sub-national planning arrangements, updates on this would come back to the Board for further consideration in due course.
- 60.2 As part of a look back on 2025, the Chair thanked the Board's Executive Team for their achievements over the course of the year. It was acknowledged that there had been a couple of challenging reports received i.e. Maternity and CAMHS. However it was encouraging to see the Board's response against these challenging issues. The success of the ongoing unscheduled care and emergency department work was also recognised as a local and national success.
- 60.3 The Chair also personally thanked all NHS Lothian staff for their dedication, and Non-Executive colleagues for the commitment to the work of the Board and the integration joint boards.

61. Chief Executive's Report – October 2025

- 61.1 The Board discussed the Chief Executive's Report, focusing on key areas including the Melville Unit, maternity services, and CAMHS escalation. Work continued with the Royal Edinburgh Hospital and partners regarding the Melville Unit, and these areas remained high priorities for the Corporate Management Team and the Board through established governance structures. The Board noted the publication of its Annual Ministerial Review recording online and congratulated all the NHS Lothian staff recognised at the recent Scottish Health Awards celebrations.
- 61.2 During discussion, Board members raised questions on several topics including recurring themes from recent town hall events, noting ongoing concerns around parking and catering, particularly at the Royal Edinburgh Hospital site. While strategic issues dominated formal discussions, staff engagement often focused on practical matters. Positive developments included the Scrán Café at RHCYP with additional third-sector cafés coming online.

- 61.3 The Board also considered resident doctor's industrial action risks. There was confirmation that planning groups had been reactivated, following the model used in 2023, and national guidance was being reviewed while awaiting a BMA mandate. A first situation report was due to the Cabinet Secretary by 12 December. The Board acknowledged the complexity of planning during the festive season and the potential impact on scheduled activity, with contingency measures under review. Communications with the Scottish Government were ongoing to manage planned care adjustments.
- 61.4 Further discussion addressed CAMHS and maternity escalation processes, with assurance meetings scheduled with senior government officials every four to six weeks. There had been recent engagement around CAMHS oversight, and additional support was being provided. The Board explored governance implications, noting that maternity and CAMHS reports would route through the Staff Governance Committee and Healthcare Governance Committee, with flexibility for informal sessions or briefings for Non-Executive colleagues, as needed. Members reflected on common themes from external inspection reports, including staffing, culture, and compliance, and questioned why some issues had not surfaced earlier through internal systems. The importance of learning from these findings and strengthening governance sensitivity was emphasised.
- 61.5 Finally, the Board acknowledged the value of external scrutiny and committed to addressing all recommendations. A paper on people and culture was planned to clarify committee responsibilities, and an informal Staff Governance Committee session was scheduled for January 2026. The discussion concluded with recognition of the need for robust governance, proactive risk identification, and continued engagement with staff to maintain quality and resilience across services.
- 62. Opportunity for committee chairs or IJB leads to highlight material items for awareness**
- 62.1 There was nothing highlighted that was not already covered on the agenda.
- 63. Maternity Services – Healthcare Improvement Scotland Safe Delivery of Care Report & Action Plan**
- 63.1 The Executive Medical Director presented a paper summarising the Healthcare Improvement Scotland (HIS) Safe Delivery of Care report and the associated action plan for Maternity Services. The report, together with appendices, outlined the actions currently underway and the governance arrangements in place to oversee them.
- 63.2 The Board noted that NHS Lothian fully accepted the HIS findings and recommendations and had developed its own action plan to address identified gaps in care. The plan focused on delivering evidence-based improvements rather than simply completing actions. Governance was being managed through dedicated groups, with weekly highlight reports reviewed by senior leaders. Additional workforce requirements had been identified through the Healthcheck process, and recruitment of 65 midwives was underway, alongside cultural and behavioural improvements and rotational programmes. Work was aligned with national benchmarking and the Scottish Perinatal Programme.
- 63.3 The Board noted the complexity of maternity services, particularly at the Royal Infirmary of Edinburgh as a tertiary unit managing high-risk cases. Members acknowledged that improvement work had been ongoing for several years, but the HIS report amplified the need for accelerated action. Questions focused on public confidence, staff experience, and communication. It was confirmed that engagement with HIS had been continuous and collaborative, and that governance arrangements were robust, with oversight through the Healthcare Governance and Staff Governance Committees.

- 63.4 Members noted that confidentiality requirements should not impede learning and that patient perspectives would continue to inform improvement work. The Board discussed HIS's recent change in approach to inspections, which now included briefing the media the day before publication, which was a step not previously shared with Boards. NHS Lothian was working with HIS to clarify communication protocols. A request was made for a clear chronology of events to help orient members and learn from recent reports.
- 63.5 Further discussion highlighted the importance of adopting best practice from acute governance standards, ensuring grip, control, and oversight as part of future updates. Questions focused on how staff perceived progress and how cultural change would be measured. It was confirmed that a baseline cultural review had been completed and a re-run was commissioned for March 2026, alongside the implementation of a culture charter and recruitment of culture champions. Workforce stability and sustainability were recognised as interdependent with cultural improvement.
- 63.6 The Board welcomed the discussion and agreed that future reports should provide high-level assurance on impact, cultural progress, and workforce developments. Members endorsed the approach outlined in the paper and recognised the seriousness of the issue, noting the scale of work required and the commitment to improvement.
- 64. Implementation of Sub-National Planning: Co-operation & Planning Directions 2025**
- 64.1 The Board welcomed the paper on the implementation of DL(2025)25 regarding Sub-National Planning, published on 14 November 2025. The Direction included a Ministerial requirement for Health Boards to collaborate on developing joint plans for key priorities, which carried significant implications for NHS Lothian.
- 64.2 The paper provided background on the process, noting that Board Members had been briefed, ahead of the publication, at the Strategic Planning and Performance Committee on 13 November. This briefing had considered the likely contents of the Direction, which was subsequently confirmed on 14 November.
- 64.3 The DL required Boards to participate fully in planning and execution to improve healthcare performance and align financial plans, particularly in preparation for the next Scottish spending review. It was highlighted that NHS Lothian was the only East Scotland Board expected to achieve financial balance, and while responsibilities remained unchanged, lead director posts would go out for recruitment.
- 64.4 Board members discussed the four key components of the Direction: meeting ministerial requirements, regional collaboration, transitioning from regional to sub-national planning, and reconfiguring existing networks such as cancer services. The conversation acknowledged the complexity of the task, the accelerated timescales, and the need for clarity on governance and assurance. Members raised concerns about the limited focus on primary and community care, the impact on Integration Joint Boards, and the importance of communication and engagement beyond the Board into communities.
- 64.5 The Board also noted the lack of engagement between Scottish Government and Trade Unions in the development of the DL and that this would impact discussions with Trade Unions until resolved.
- 64.6 Finance implications were also considered, including the development of a single East finance model and the potential risks for NHS Lothian. It was stressed that while the timescale was challenging, the process offered a significant opportunity for transformation, particularly in areas such as orthopaedics, urgent and emergency care, and primary care.

- 64.7 It was confirmed that the NHS Lothian Board Chair and Chief Executive would each act as leads for the East region, maintaining their existing accountabilities while supporting sub-national planning.
- 64.8 Discussion concluded by recognising the scale of work required, the need for innovative approaches, and the importance of maintaining flexibility and collaboration with partners. The Board agreed that further updates would be provided as lead director appointments were confirmed and planning progressed toward the March 2026 deadline.
- 65. Agenda for Change Reform – Implementation of 36 Hour Reduced Working Week**
- 65.1 The Board received an update on the ongoing work with the Corporate Management Team (CMT) to confirm arrangements for managing risks associated with the implementation of the 36-hour reduced working week. The dual aim of minimising risks to the lowest practical level while maximising the opportunities for change and transformation that the reform presented was emphasised. The Board was also updated on the outcomes of the CMT discussion held on 2 December 2025, which had focused on reviewing final recommendations for backfill funding.
- 65.2 The Board was invited to discuss the report, the Implementation Plan, and the approach being taken. The Director of People & Culture confirmed that the Staff Governance Committee had been regularly updated and that professional leads had agreed the submitted data. The CMT had agreed to provide backfill funding for services identified as Very High Risk and High Risk, and that such funding would be time-limited, anticipating service change and redesign. It was acknowledged that the financial implications were significant, with large whole-time equivalent (WTE) numbers required for recruitment, and the need to use this as a catalyst for innovation and transformation was stressed. The Board recognised that there was no single elegant solution and that a programme of ongoing work would continue beyond April 2026.
- 65.3 Board members raised questions about partnership working, workforce availability, and the complexity of implementation. It was reported that even with sufficient funding, recruitment challenges remained, particularly in nursing, where Scotland would require a tripling of university student numbers to meet demand. It was noted that NHS Lothian was in a stronger position than other areas due to links with local universities. Discussions also focused on staff wellbeing, flexibility, and avoiding overly prescriptive approaches, with unions and STAC supporting the potential for locally adapted solutions. The importance of encouraging innovative thinking and flexibility in delivery was reiterated.
- 65.4 Further contributions highlighted the complexity of the change, the need for adaptability, and opportunities to leverage digital technology and transformation. The Board noted that funding was available for boards to adopt new approaches and that digital skills development would be a priority. Suggestions included identifying “agents of change” to build confidence and spread innovation. The discussion concluded by recognising the scale of work required and the importance of maintaining staff engagement throughout the process.
- 66. Corporate Objectives & Annual Delivery Plan Mid-Year Review 2025**
- 66.1 The Board received the paper reviewing progress against the Corporate Objectives and the Annual Delivery Plan at the mid-year point of 2025. The review aimed to provide the Board with an update on delivery performance and to seek moderate assurance on progress toward achieving the agreed objectives.

- 66.2 The report highlighted that overall performance was mixed. While some objectives were well advanced and showing strong progress, others continued to present challenges. The report tracked progress against the system's reporting framework, offering a detailed view of where delivery was on track and where further effort was required.
- 66.3 Objectives that were reported as "on track" were primarily qualitative in nature, reflecting strong engagement and implementation in those areas. It was noted that Scheduled Care was performing ahead of expectations at this stage of the year, demonstrating significant improvement compared to the original trajectory. Similarly, "ahead of plan" performance was recorded in several areas, although a few elements required attention.
- 66.4 The Board agreed to take moderate assurance on progress toward delivering the corporate objectives. While there were notable successes, the mixed picture indicated that continued focus and targeted action would be necessary to ensure full delivery by year-end.

67. NHS Lothian Drug Related Deaths Annual Report 2024

- 67.1 The Board received the NHS Lothian Drug Related Deaths Annual Report for 2024. Board Members noted that 152 drug-related deaths were recorded during the year, representing a 16% decrease compared to 182 deaths in 2023. While this reduction was welcomed, it was highlighted that it was too early to confirm any ongoing trend and the need for a prevention-focused approach across the wider system was emphasised. The Board noted that patterns among individuals affected remained consistent.
- 67.2 The discussion explored upstream prevention strategies and their articulation, including the impact of mental health. The importance of access to services, housing, and universal youth work as foundational supports was stressed. Specific initiatives in Edinburgh, such as work in the Pilton area to assist young men aged 18–25 during transition periods and promote positive destinations, were highlighted as examples of targeted interventions.
- 67.3 Questions were raised about the types of drugs present at death, noting that while all deaths were drug-related, it was not always possible to specify substances, and prescription drugs were often involved. Members discussed the concentration of cases in deprived areas and the need for services to be accessible in those communities. Concerns were expressed about the demographic profile, particularly white males over 45 years old, and the resources available to address these issues.
- 67.4 The impact on children exposed to drug-related deaths within families was raised, the importance of early intervention and prevention standards was acknowledged. The Board noted that community planning partnerships were working to integrate resources more effectively and bring support closer to those in need. The Board concluded by recognising ongoing work by the Edinburgh Integration Joint Board to progress a public consultation on a drug consumption facility in Edinburgh. This was on track for consideration by the IJB later in the month.

68. NHS Lothian Board Performance Paper

- 68.1 The Deputy Chief Executive presented the latest Board Performance Report, summarising overall performance against key indicators. Two areas of escalation were noted: maternity services and CAMHS outpatient performance. The potential impact of resident doctor's industrial action and winter pressures on performance trajectories was highlighted, with modelling adjusted accordingly.

- 68.2 Progress was reported on outpatient activity and Treatment Time Guarantee (TTG) targets, with positive movement against planned trajectories. Challenges remained in diagnostic capacity, particularly radiology and endoscopy, which are critical for cancer pathways. Additional sessions had been established, but the loss of an endoscopy room due to ventilation work and unsuccessful bids for scheduled care improvement funding limited capacity.
- 68.3 Despite being ahead of activity trajectories, resources had been skewed toward urgent suspected cancer referrals, affecting 62-day cancer performance. Measures to increase diagnostic capacity included a mobile scanner at the Western General Hospital, external expertise, and expanded robotic prostatectomy capacity.
- 68.4 CAMHS performance continued to be a concern. It was reported that compliance with the 18-week standard had fallen from 67.4% to 62.4% this quarter, although the waiting list remained stable and the number of patients waiting over 18 and 52 weeks had reduced. Activity levels had increased from 215 to 260 patients per month, supported by weekly oversight and backlog clearance.
- 68.5 A digital patient services contract had been awarded, and additional Scottish Government funding was being used to expand workforce capacity from January. The agreed trajectory aimed to reduce patients waiting over 52 weeks to zero by June, while maintaining at least 65% compliance with the 18-week standard. Members expressed concern that 65% was insufficient and stressed the need for improvement toward the national 90% standard.
- 68.6 Further discussion covered outpatient initiatives, including dermatology collaboration with Forth Valley and Lanarkshire, and progress on reducing delayed discharges, particularly for patients over 75 years of age. Positive reductions were noted, with scope for further improvement through system-wide collaboration. Primary care activity data was reviewed, showing trends in in-hours and out-of-hours services, with indications that process changes were working. Urgent care pressures were highlighted, with flu presentations up by 40%, impacting four-hour emergency performance.
- 68.7 The Board also discussed recent questions raised by Non-Executive Directors about assurance in relation to environmental sustainability objectives. The Deputy Chief Executive confirmed that a dedicated informal session was scheduled for 11 December to review risks and plans, and that an exercise was underway to secure the appointment of a new Head of Sustainability. The Board reaffirmed its commitment to resourcing sustainability effectively and encouraged full attendance at the upcoming Non-Executive informal discussion.

69. October 2025 Financial Position and 2026/27 Financial Plan Update

- 69.1 The Board reviewed the financial October 2025 position and considered the latest year-end forecast. The Board noted that as of the end of October 2025, the Board faced an overspend of £8.4 million. Additionally, there was a shortfall of £2.1 million in the delivery of Financial Recovery Plans (FRPs) for September, prompting escalation to the Finance Oversight Board (FOB) for business units that were not meeting targets.
- 69.2 The Board also noted its ongoing commitment to the Scottish Government to achieve the outstanding FRP balance, aiming for 3% savings and financial balance. Moderate assurance had been given regarding the likelihood of achieving this goal. Flexibility within new medicines fund and Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) was expected to assist in reaching breakeven. The total FRP requirement had risen to £58 million, with forecast delivery at £53 million and recurring savings at £46 million, requiring continued effort.

69.3 Looking ahead, the financial gap for 2026/27 was projected at £67 million, which was considered broadly achievable within the 3% savings realm. The Scottish Budget announcement scheduled for January 2026 was expected to influence planning. The Board also discussed the ongoing challenge of drug costs, noting that acute drug expenditure was increasing by approximately 10%, while any uplift was likely to be around 2%. At the start of the year, the recurrent deficit stood at £90 million, and although the gap had reduced to £74 million, further work was needed to push this down.

69.4 Several transformation commitments were highlighted as key to improving the financial position moving forward. The Board expressed its desire to see the delivery of greater financial benefits through these initiatives and maintain progress toward long-term sustainability.

70. Corporate Risk Register (CRR) (Including new Maternity Risk)

70.1 The Board noted the overview of the changes in the CRR over the past two years and agreed to accept a new risk onto the CRR, relating to safe delivery of maternity services. It was recognised that in relation to the new maternity services risk, the patient care side would be monitored through Healthcare Governance Committee and staffing elements through Staff Governance Committee. It was important that each committee clearly understood its respective assurance role in relation to the risk and that there were no gaps in the assurances required by the Board. It was acknowledged that there would be a slight amendment to the risk wording and this would be reflected in the CRR at the next Board meeting.

71. Any Other Business

71.1 There was no other business.

72. Reflections on the Meeting

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

73. Date of Next Board Meeting

- Wednesday 4 February 2026 at 09:30am

Signed by Chair
04 February 2026

Prof. John Connaghan
Chair – Lothian NHS Board