

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 0930hrs on Wednesday 22 April 2026 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; Ms H. Campbell; Dr P. Cantley; Mr A. Cogan; Mr G. Gordon; Cllr J. Griffiths; Prof J. Innes; Prof A. Khan; Mr P. Knight; Prof. L. Marson; Ms T. A. Miller; Mr R. Roberts and Ms V. de Souza.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning); Ms M. Campbell (Director of Estates & Facilities); Ms M. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Innovation and Transformation); Ms T. McKigen (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Mr T. Power (Director of People & Culture); Ms J. Torrens (Service Director, REAS); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB) ; Ms G. Cowan, Head of Primary Care & Older People's Services Midlothian HSCP (for Morag Barrow); Mr J. Sherval, Consultant in Public Health, attending for Item 8; Dr E. Fletcher, Locum Consultant in Public Health Medicine, attending for Item 10; Ms J. Gillies, Associate Director of Quality, attending for Items 11 & 12; Mr C. Stirling, Hospital Director – WGH, attending for Item 14; Andrew Milne, Programme Director – Capital Planning, attending for Item 14; Mr D. Thompson (Board Secretary) and Mr. C Graham (Corporate Governance Team, minutes).

Apologies for Absence: Cllr S. Akhtar (Non-Executive Director); Mr P. Allenby (Non-Executive Director); Cllr H. Cartmill (Non-Executive Director); Ms E. Gordon (Non-Executive Director); Cllr D. Milligan (Non-Executive Director); Ms M. Barrow (Chief Officer, Midlothian IJB) and Ms C. Lavery (Chief Officer, Edinburgh IJB).

1. Welcome & Declaration of Interests

- 1.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Chair also welcomed Councillor Joan Griffiths to her first Board meeting as the City of Edinburgh Council's Stakeholder Non-Executive.
- 1.2 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.

ITEMS FOR APPROVAL OR NOTING

2. Items proposed for Approval or Noting without further discussion

- 2.1 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.

- 2.2 Minutes of Previous Board Meeting held on 04 February 2026 – Minutes were approved
- 2.3 Staff Governance Committee Minutes – 15 December 2025 – Minutes were noted.
- 2.4 Finance and Resources Committee Minutes – 11 February 2026 – Minutes were noted.
- 2.5 Healthcare Governance Committee Minutes – 27 January 2026 – Minutes were noted.
- 2.6 Audit and Risk Committee Minutes – 16 February 2026 – Minutes were noted.
- 2.7 Midlothian IJB Minutes – 11 December 2025 – Minutes were noted.
- 2.8 West Lothian IJB Minutes – 04 February 2026 – Minutes were noted.
- 2.9 Edinburgh IJB Minutes – 10 February 2026 – Minutes were noted.
- 2.10 East Lothian IJB Minutes – 26 February 2026 – Minutes were noted.
- 2.11 East Lothian Integrated Joint Board Strategic Plan 2025-2030 – Strategic Plan was noted.
- 2.12 Health and Care (Staffing) (Scotland) Act 2019, Annual & Quarter 4 Board Compliance Report – The report was noted.
- 2.13 Pharmacy Practices Committee – Annual Report 2025/26 – The report was noted.
- 2.14 Q3 Whistleblowing Performance Report 2025/26 – The report was noted.
- 2.15 NHS Lothian Health & Safety Policy - The Board approved the Health & Safety Policy as reflected in its Standing Orders.
- 2.1.6 NHS Lothian Climate Emergency & Sustainability Report 24–25 – The report was noted and it was highlighted that the paper was an interesting read and highly commended.
- 2.17 Eye Pavilion Reprovision Project – Opening of Project Bank Account – The Board noted that Scottish Government Construction Policy Note CPN 1/2019 required the Board to establish a Project Bank Account (PBA) for the PAEP Reprovision Project in the joint names of the Board and the main contractor. The Board approved the opening of this PBA and to designate the Director of Finance as the authorised signatory.
- 2.18 Confirmation of Surplus Status – Edenhall Hospital Site - The Board formally agreed to support the declaration of the former Edenhall Hospital site as surplus and that NHS Lothian progress to completion of missives with the current purchaser.
- 2.19 NHS Lothian Area Clinical Forum Report – The report was noted.
- 2.20 Review of NHS Lothian Board Operating Guidance - The Board reviewed and notes the suite of Operating Guidance, taking significant assurance that it met the requirements of the Blueprint for Good Governance. The Board formally approved the proposed revisions to the Standing Financial Instructions and the Scheme of Delegation, as recommended by the Audit & Risk Committee, and approved the Terms of Reference for each standing committee, noting that these had been reviewed and updated by the committees during the year where necessary.
- 2.21 Appointments – April 2026 - The Board approved the re-appointment of Dr John Hardman, as a non-voting member of the East Lothian Integration Joint Board and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers” with effect from 20 June 2026 (for a further three-year term).

ITEMS FOR DISCUSSION

3. Board Chair's Report – April 2026

- 3.1 The Chair provided a brief update on recent matters. He highlighted that nominations for this year's Celebrating Success Awards had closed on 17 April and reminded members that the usual ceremony would be held on 2 October 2026.

4. Chief Executive's Report – April 2026

- 4.1 The Chief Executive presented her report to the Board, highlighting key matters therein. She reported on the successful implementation of Phase 1 of the Reduced Working Week, acknowledging the collaborative work with staff-side, HR and OD colleagues but also noting that further work remained.
- 4.2 Members discussed the content of the Report, noting the role of the Patient Safety Commissioner for Scotland and querying how this related to NHS Lothian's own efforts to strengthen the patient voice. It was reported that NHS Lothian continued to fulfil its statutory engagement responsibilities in relation to local service change. However, there was growing recognition of the need for the Scottish Government and NHS Scotland to engage at a national population level, using various methods and channels, in order to set out the case for wider change and reform.
- 4.3 Progress was noted and welcomed in relation to the acquisition of Plot 11 to support future infrastructure development within the BioQuarter, with further updates to follow. The Board also welcomed the Report's celebration of staff achievements across the system.
- 4.4 The Board also noted feedback from a recent summit meeting between Board Chairs, Chief Executives and Scottish Government officials where there had been useful discussions on future direction, culture and preparation for the next Parliamentary phase.

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

- 5.1 The Audit & Risk Committee Chair reported on the recent receipt and review of six Internal Audit reports, all with limited assurance ratings. The reports covered medical devices; backup and joiners/movers/leavers; independent GP practices and service agreements; medicines management; prison healthcare; and mandatory training. Management had accepted all findings, with actions in place and progress monitored through the Internal Audit tracker, overseen through CMT.
- 5.2 Members queried the impact of new GP Service Level Agreement arrangements on the delivery of primary care services. It was reported that there were currently no significant impacts on the sustainability and stability of services. However, implementation remained a live topic of discussion with GPs and NHS Lothian's ability to fully enact the SLAs was restricted. It was agreed that a further update on this matter would be provided to the Board and/or SPPC at an appropriate stage.

- 5.3 The Lead Voting Member for the Midlothian IJB reported that the IJB had agreed its 2025/26 budget and she recorded her thanks to the IJB's Interim CFO for his leadership and support. The IJB had also discussed Audit Scotland's Health and Social Care Report, with work underway to respond to this. Further discussion would take place through the national IJB Chairs and Vice-Chairs Network.

6. NHS Lothian Board Performance Paper

- 6.1 The Board received the latest Board Performance Report, which outlined organisational performance against key national and local indicators. Members noted a mixed operational performance picture, with continued challenges across planned, diagnostic and cancer services, alongside whole-system pressures impacting unscheduled care.
- 6.2 It was reported that while performance against several access standards remained below target, there had been significant progress in reducing long waits, including substantial reductions in outpatient and treatment time guarantee backlogs over the course of the year. Members recognised the exceptional efforts of staff in delivering these improvements, despite overall activity levels remaining below plan.
- 6.3 The Board noted that CAMHS waiting times had reduced faster than planned, with delivery on track to meet the end of June target, and that performance in radiology and antenatal care waiting time standards remained strong, supported by additional capacity delivered during the year. Diagnostic delivery was reported as below the average of previous years.
- 6.4 Members discussed areas of highest concern, including 62-day cancer performance, urology and endoscopy waits, and unscheduled care performance, which remained below national standards. Updates were provided on cancer performance improvement work, including backlog reduction initiatives, pathway redesign, benchmarking with other Boards, and specialty-specific interventions, particularly within prostate and neurological cancer pathways. It was noted that some current recovery measures were fragile and dependent on continued investment.
- 6.5 In relation to unscheduled care, the Board noted ongoing operational and system-wide actions involving acute services, HSCPs and whole-system groups, with a focus on flow, alternatives to admission, and reducing avoidable emergency department attendance. Members emphasised the need for clearer data, modelling and narrative to support strategic decision-making and to distinguish capacity, demand and transformation impacts.
- 6.6 The Board acknowledged the requirement for a more integrated, system-wide performance framework and welcomed plans to develop an Integrated Performance and Quality Report (IPQR) for 2026/27. It was agreed that further detailed discussion on cancer and unscheduled care performance, including improvement plans, would be taken forward through SPPC.

7. Escalation Update Maternity Services & CAMHS (Standing Item)

7.1 Maternity Services

- 7.1.1 The Board received an update on maternity services, outlining progress since the previous Board meeting. It was reported that NHS Lothian was in the final stages of preparing its submission to Healthcare Improvement Scotland, with actions from the recent inspection of maternity services at the Royal Infirmary of Edinburgh nearing completion.

- 7.1.2 Members noted that further escalation discussions had taken place with the Scottish Government, during which updated data had been shared. The Board was advised that feedback was awaited on the next stage of required data and assurance. In addition, the scheduled Women's Services Assurance Report to the next Healthcare Governance Committee was highlighted, which would offer a detailed update on maternity services performance and associated risks.
- 7.1.3 In discussion, reassurance was provided that the agreed action plan remained on track, with further consideration requested through SPPC regarding the recruitment position by the end of the financial year.
- 7.1.4 The Board also noted indicative improvements in patient experience, including the routine collection of feedback at triage on a monthly basis and significant improvements in waiting times for induction of labour at the RIE.

7.2 Child and Adolescent Mental Health Services (CAMHS)

- 7.2.1 The Board received an update on the current position within CAMHS. It was reported that the service remained at Level 3 escalation, with ongoing engagement with the Scottish Government on a four-weekly cycle, and the next review scheduled for the following week.
- 7.2.2 Members noted that recovery actions remained on track, with the service ahead of schedule to achieve zero young people waiting over 52 weeks by June 2026, and only two young people remaining on the pathway, expected to be cleared by the end of the month. Discussions with the Scottish Government continued, including in relation to its criteria and decision-making on potential de-escalation of the service, subject to sustained progress.
- 7.2.3 The Board welcomed the update and acknowledged the significant improvement described. The Chair requested that members be informed in advance should the June 2026 position be achieved ahead of the next scheduled Board meeting.

8. Director of Public Health Annual Report 2025

- 8.1 The Board received and considered the Director of Public Health Annual Report for 2025. The report focused on mental health and wellbeing and was presented for discussion and endorsement.
- 8.2 Members noted the evidence set out in the report demonstrating a worsening mental health picture over the past decade, including increasing levels of anxiety, particularly among younger adults, delayed diagnosis, higher mortality rates and significant comorbidity. The Board discussed the importance of addressing stigma, strengthening prevention, and ensuring inequalities-sensitive pathways, given evidence that individuals with mental health needs were more likely not to attend appointments. The report's population-level framework, drawing on multiple indicators and national and local evidence, was welcomed as a helpful basis for understanding need and targeting action.
- 8.3 The Board recognised the strong contribution being made across the Lothian system, including the role of community and third-sector partners, lived experience and advocacy. Members emphasised the importance of whole-system working, including Community Planning Partnerships, Integration Joint Boards and other partners, and noted the need to maintain pace and focus by translating evidence into clear, prioritised actions. Discussion acknowledged that some increases in self-reported mental health conditions reflected methodological change and post-pandemic impacts, while longer-term trends indicated sustained growth in demand, particularly among young people.

8.4 It was noted that the report represented a starting point for further engagement and action, rather than a performance report, and that next steps would include broader discussion through governance structures and Community Planning Partnerships, supported by stronger impact modelling and learning from effective interventions. The Board welcomed the accessibility of the report and the planned approach to engagement, including the use of digital formats.

8.5 The Board noted and discussed the evidence presented, and endorsed the Director of Public Health Annual Report 2025, including the proposed next steps and planned engagement with Community Planning Partnerships across Lothian.

9. NHS Lothian Pharmaceutical Care Services Plan (PCSP) 2025–2028 – Annual Update

9.1 The Board received an update on progress in Year 1 of the Pharmaceutical Care Services Plan.

9.2 Members noted the continued contribution of community pharmacy in supporting system capacity, the positive impact of Pharmacy First+ expansion, and progress across priority areas, including smoking cessation and the introduction of a pre-diabetes prevention testing pathway.

9.3 The Board noted progress achieved in Year 1 of delivery of the Pharmaceutical Care Services Plan 2025–2028.

10. Lothian Health and Care System as a Population Health Organisation

10.1 The Board considered the paper which set out the case for affirming the Lothian Health and Care System's commitment to becoming a Population Health Organisation (PHO). The report highlighted the growing burden of disease, the increasing emphasis on prevention, and the pace at which demand was outstripping the system's ability to respond through traditional models of care.

10.2 Members noted that the proposals aligned with the ambitions of the Lothian Strategic Development Framework and reflected a strategic shift towards a more prevention-led, system-wide approach, supported by strong leadership and governance. The report outlined national and local activity, including engagement with the King's Fund, peer review, system maturity frameworks and the development of metrics to assess progress, alongside work already shared with SPPC and the Corporate Management Team.

10.3 There was discussion on the importance of measuring progress towards becoming a population health organisation, recognising the need for proportionate and shared metrics developed in partnership with other agencies. Members emphasised the importance of whole-system working across health, social care and community services, including primary care and Integration Joint Boards, and highlighted the need to address inequalities, "missingness" and access to care. The long-term nature of public health improvement was acknowledged, alongside the need for clarity on what would change in practice and how progress would be demonstrated.

10.4 Members recognised the paper as a clear statement of strategic intent, supported the direction of travel towards a population health approach, and welcomed the commitment to bring forward further detail, including implementation planning, maturity metrics and governance arrangements.

- 10.5 The Board affirmed its commitment to the Lothian Health and Care System becoming a Population Health Organisation and endorsed the strategic intent set out within the paper.

11. Quality Directorate End of Year Report 25/26 and Annual Plan 26/27

- 11.1 The Board received the Quality Directorate End of Year Report and Annual Plan. Members noted progress in delivering the NHS Lothian Quality Strategy and accepted moderate assurance regarding patient safety improvement programmes and the supporting quality infrastructure.
- 11.2 The Board recognised the need to shift from service-level improvement to a system-wide quality improvement approach, maintaining a focus on patient safety, learning from adverse events and strengthening quality as a driver of redesign and transformation. Engagement with staff, partners and the Board was noted as integral to the proposed refresh.
- 11.3 The Board accepted moderate assurance and endorsed the planned refresh of the NHS Lothian Quality Strategy to support a system-wide approach to quality improvement.

12. Corporate Risk Register

- 12.1 The Board considered an update on the Corporate Risk Register, and reviewed recent executive updates on risk mitigation. Members noted changes to the register over the past two years and that divisional high and very high risks had been reviewed by the Corporate Management Team in April 2026.
- 12.2 The Board agreed to accept a new corporate risk relating to nationally procured digital systems, reflecting executive concerns regarding implementation challenges and associated service impacts. It was acknowledged that the risk would be refined further as mitigations progressed and that broader pressures, including finance, capacity and national system change, would continue to be kept under review.
- 12.3 The Board agreed to postpone the review of the Risk Management Policy and Procedure originally scheduled for April 2026. The position was noted.
- 12.4 The Board reviewed and noted the Corporate Risk Register update and agreed the actions outlined within the report.

13. February 2026 Financial Position and Latest Year-End Forecast

- 13.1 The Board received an update on the financial position at the end of February 2026 (Month 11) for 2025/26, including the latest year-end forecast. It was noted that the organisation remained in the process of closing the accounts, with the reported position subject to external audit.
- 13.2 The report set out a reported overspend of £2.1m at the end of February, with the year-end forecast revised to an overspend of £2.8m. Members also noted the position of the Financial Recovery Plan, including a year-to-date delivery shortfall of £3.0m at January 2026 and a forecast shortfall against target of £8.4m, with 2.2% delivered on a recurrent basis.
- 13.3 It was reported however that, at the point of reporting, a position of overall financial balance was expected to be achieved for 2025/26, subject to completion of the year-end process and external audit. The Board noted its continued commitment to the Scottish Government to deliver financial balance and accepted significant assurance on the expectation of achieving this position.

- 13.4 Board members acknowledged the work undertaken to support financial balance and expressed thanks to the Director of Finance, the finance team and colleagues across the organisation for their collective efforts.
- 13.5 The Board noted the financial position at the end of February 2026, the revised year-end forecast, the Financial Recovery Plan delivery position, and the ongoing commitment to achieving financial balance.

14. Outline Business Case – Western General Hospital Demolitions

- 14.1 The Board considered an Outline Business Case for demolitions at the Western General Hospital site. The report set out proposals for demolition works, including associated decant and reprovision arrangements, as the first phase of a wider masterplanning approach. Members noted the significant risks arising from the condition of the estate, the absence of a viable 'do nothing' option, and the need to address derelict and unstable buildings while enabling future service development, including the Cancer Centre.
- 14.2 The Board welcomed the progress made and recognised the proposed demolitions as a necessary step to de-risk the site, supported by available capital funding, while further detailed business cases would be developed for subsequent phases.
- 14.3 Assurance was provided regarding ongoing service continuity, risk management and future planning work. Members acknowledged the strategic importance of the proposals and the intent to return to the Board with further options as the wider masterplan evolved.
- 14.4 The Board approved submission of the Outline Business Case to the Scottish Government for funding consideration.

15. Any Other Business

- 15.1 There was no other business.

16. Reflections on the Meeting

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

17. Date of Next Board Meeting

- Wednesday 24 June 2026, **10:30am** (*Annual Accounts*)