

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 1030hrs on Wednesday 24 June 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 P. Allenby; Cllr S. Akhtar; Mr E. Balfour; Ms H. Campbell; Dr P. Cantley; Mr A. Cogan; Ms E. Gordon; Mr G. Gordon; Cllr J. Griffiths; Prof J. Innes; Mr P. Knight; 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); 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 G. Archibald (Union Branch Sec / REAS Partnership Lead, deputising for Ms Miller); 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); 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 C. Laverty (Chief Officer, Edinburgh IJB); Ms L. Cameron, General Manager, Cancer Services (for Item 19); Dr V. Campbell, Consultant Haematologist (for Item 19); Dr N. Storrar, Clinical Director for Haematology (for Item 19); Mr C. Stirling, Hospital Director – WGH(for Item 19); Ms A. Goodfellow, Deputy Director of Public Health (for Item 29); Mr D. Thompson (Board Secretary) and Miss L. Baird (Corporate Governance Team, minutes).

Apologies for Absence: Mr J. Blazeby (Non-Executive Director); Cllr H. Cartmill (Non-Executive Director); Prof. A. Khan (Non-Executive Director); Ms T. A. Miller (Non-Executive Director); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Director of Primary Care) and Ms M. Barrow (Chief Officer, Midlothian IJB).

18. Welcome & Declaration of Interests

- 18.1 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.

19. CAR-T Presentation

- 19.1 The Board received a presentation on the development of CAR-T therapy within NHS Lothian and its role in transforming care for patients with complex conditions. Members noted the significant progress made in establishing the service, supported by the Southeast Scotland Stem Cell Transplant Service and SNBTS, and the opportunities this created for improved patient pathways, ambulatory care, clinical research and future service growth.
- 19.2 The Board discussed the future development of CAR-T services, including aspirations to move towards Scottish-based cell manufacturing in partnership with SNBTS, the University of Edinburgh and national partners. Members also noted NHS Scotland's strong position in CAR-T delivery, the importance of clinical research and trials in informing future adoption of innovative therapies, and the value of considering wider patient and system benefits when assessing new treatments.

- 19.3 Members welcomed the presentation as an example of the innovation taking place within NHS Lothian and recognised the importance of maintaining visibility of emerging high-impact services to support future investment and service planning. The Board thanked those involved for an informative presentation and requested that similar innovation-focused presentations be considered at future Board meetings.

ITEMS FOR APPROVAL OR NOTING

20. Items proposed for Approval or Noting without further discussion

- 20.1 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.
- 20.2 Minutes of Previous Board Meeting held on 22 April 2026 – Minutes were approved.
- 20.3 Staff Governance Committee Minutes – 11 March 2026 – Minutes were noted.
- 20.4 Finance and Resources Committee Minutes – 25 March 2026 – Minutes were noted.
- 20.5 Healthcare Governance Committee Minutes – 17 March 2026 – Minutes were noted.
- 20.6 Audit and Risk Committee Minutes – 13 April 2026 – Minutes were noted.
- 20.7 Midlothian IJB Minutes – 19 February 2026 – Minutes were noted.
- 20.8 West Lothian IJB Minutes – 24 March 2026 – Minutes were noted.
- 20.9 Edinburgh IJB Minutes – 24 March 2026 – Minutes were noted.
- 20.10 East Lothian IJB Minutes – 26 March 2026 – Minutes were noted.
- 20.11 Q4 and Annual Whistleblowing Performance Report 2025/26 – The Board briefly discussed the report, noting that the format reflected national reporting requirements. Based on the evidence provided, the Board accepted moderate assurance on whistleblowing systems and limited assurance on performance due to investigation delays, capacity pressures and case complexity. Members noted that a planned development session in August 2026 would provide an opportunity for a more detailed review and assessment of the current whistleblowing practices and that the outputs of this would be reported back to the Board.
- 20.12 NHS Lothian Area Clinical Forum Report – The report was noted.
- 20.13 Appointments – April 2026 - The Board approved the appointment of Ms Heather Campbell, non-Executive Director, as a Voting Member of the City of Edinburgh Integration Joint Board from 4 August 2026 to 4 February 2029, enabling completion of a full three-year term following her initial interim appointment. The Board also approved the re-appointment of Dr Douglas McGown as a non-voting member of the West Lothian Integration Joint Board, specifically as the “registered medical practitioner on the primary medical services performers list,” for a further three-year term from 20 June 2026.

ITEMS FOR DISCUSSION

21. Board Chair's Report – June 2026

- 21.1 The Chair updated the Board on recent national and local engagement activities, including ministerial visits to NHS Lothian services. The Board noted post-election arrangements, forthcoming Scottish Government work on public sector reform, and plans to gather Board feedback ahead of a national Chairs and Chief Executives session. It was reported that the draft sub-national waiting times plans should be considered at the August Board meeting. The Board noted further updates on NRAC, the Annual NHS Conference and arrangements underway to address non-executive vacancies. It was acknowledged that the Vice-Chair would chair the August Board meeting in the Chair's absence.

22. Chief Executive's Report – June 2026

- 22.1 The Chief Executive presented her report, drawing attention to staff achievements recognised through the Celebrating Success Awards and to national media coverage showcasing specialist services delivered within NHS Lothian.
- 22.2 The Board sought to understand how NHS Lothian was responding to ongoing national and local work to improve support for people experiencing mental health crisis and distress, particularly in light of Police Scotland's recent review of its response to mental health-related calls. Members noted that a joint national commission involving NHS boards and Police Scotland was expected to be established, alongside wider work being taken forward through the Police Scotland Mental Health Taskforce, public health partners and the Lothian Stress Collaborative.
- 22.3 The Board also considered examples of innovative approaches to mental health crisis response, including mental health response cars operated by the Scottish Ambulance Service. Members welcomed efforts to secure additional capacity for Lothian and highlighted the potential benefits for patients. The Board noted the update and the work underway to strengthen partnership arrangements and support for vulnerable people in crisis.

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

- 23.1 The Chair of the Staff Governance Committee reported on a recent development session reviewing NHS Lothian's reporting arrangements under the Health and Care Staffing Act. While discussions had been positive overall, some governance issues were identified, which would be progressed through the Staff Governance and Healthcare Governance Committees.
- 23.2 The Board noted the significant increase in staffing levels since the COVID-19 pandemic, including growth in medical, nursing and overall workforce numbers, and recognised the contribution this had made to supporting safe staffing across NHS Lothian.
- 23.3 Members also noted the Committee's positive discussion on the emerging People and Culture Strategy and the planned further consideration of the strategy and development session outputs at the Committee's July meeting.
- 23.4 In addition, the Board discussed and acknowledged the benefits of face-to-face governance meetings and agreed that Committee Chairs should consider whether a greater number of in-person meetings would add value alongside existing virtual arrangements.

24. NHS Lothian Board Performance Paper

- 24.1 The Board received an update on NHS Lothian's operational performance, noting that while some progress had been made in reducing the longest waits, overall performance remained fragile and dependent on addressing wider system constraints. Members agreed that future reporting should provide greater visibility of backlog reduction and its impact on performance. It was also noted that the current performance report would be replaced by the new Integrated Performance and Quality Report (IPQR) from August 2026.
- 24.2 The Board discussed the extensive work underway to improve planned and unscheduled care performance, including sub-national programmes across the east of Scotland. Members noted the continued focus on reducing long waits and improving compliance with Treatment Time Guarantees, supported by a non-recurring Scottish Government investment of £90 million for planned care across NHS Scotland, to be allocated between the east and west regions. NHS Lothian was reported to be on track to eliminate waits of over 104 weeks and 78 weeks, with plans in place to meet the national ambition of no waits over 52 weeks by March 2027.
- 24.3 Members recognised that improving performance would require more than additional funding, with equal emphasis needed on recruitment, productivity, service redesign, efficiencies and making best use of available capacity across Lothian and the wider region. The Board noted ongoing work to redesign unscheduled care, improve patient flow and reduce delayed access to services, alongside targeted public communications to support appropriate service use.
- 24.4 Updates were also provided on cancer services, palliative care redesign, CAMHS capacity planning and partnership working to improve mental health support for children and young people. The Board noted the current performance position, supported the planned transition to the new reporting framework, and agreed that further discussion of transformation and the route to balance should be considered through the Strategy, Planning and Performance Committee.

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

25.1 Maternity Services

- 25.1.1 The Board received a verbal update on maternity services and noted the continued national focus on maternity care following the publication of several high-profile reviews and inspections across the UK. Members recognised the impact this heightened scrutiny could have on services, staff and families.
- 25.1.2 The Board noted that the Healthcare Governance Committee had accepted limited assurance in May, while recognising the significant progress made in implementing the Healthcare Improvement Scotland action plan. Most actions had now been completed, with remaining lifecycle work due to conclude in 2027. Ongoing improvement activity continued through a weekly Short Life Working Group focused on staffing, training and culture, including a repeat culture survey.
- 25.1.3 Members were advised that NHS Lothian continued to work with Scottish Government on a route to de-escalation, while ensuring improvements were implemented consistently across maternity services. The Board also noted that the 2026/27 workplan remained focused on reducing avoidable harm, with no new themes identified from recent serious adverse event reviews. Arrangements remained in place to monitor the effectiveness and sustainability of improvement actions through regular oversight and reporting.

25.2 Child and Adolescent Mental Health Services (CAMHS)

- 25.2.1 The Board received a verbal update on CAMHS and noted that the service remained at Level 3 escalation despite having met the criteria for de-escalation and submitted the required evidence to Scottish Government. Members were advised that delays in agreeing de-escalation reflected changes in Scottish Government personnel, with a decision now expected in September 2026.
- 25.2.2 The Board noted that NHS Lothian continued to engage with Scottish Government to secure clarity on the de-escalation process while maintaining focus on developing a sustainable service model and delivering referral-to-treatment targets. Members requested a further update on progress towards de-escalation at the Strategic Planning and Performance Committee in September 2026.

26. Corporate Risk Register

- 26.1 The Board considered the Corporate Risk Register and noted that the overall risk profile remained stable, supported by regular review and oversight through established governance arrangements.
- 26.2 Members discussed a number of significant strategic risks, including pressures within unscheduled care, bed capacity and delayed discharge, alongside continuing challenges in scheduled care performance and financial sustainability. The Board noted the very high financial risk position, including a projected budget gap and reliance on non-recurring funding, and recognised the need for continued focus on waiting times, productivity and service redesign.
- 26.3 The Board also considered a newly emerging risk relating to nationally procured digital systems. Discussion about the ongoing national business systems replacement project highlighted the importance of the Board's effective engagement with national programmes, clear escalation routes and appropriate investment in critical infrastructure. Existing infrastructure, workforce and quality risks remained under close review, including fire safety at the Royal Infirmary of Edinburgh, HSDU capacity and the requirement to evidence sustained improvement in maternity services.
- 26.4 Members noted ongoing work to improve system flow and reduce pressures on acute services, including analysis of rising demand, delayed discharge and unscheduled care pathways. The Board was advised of emerging proposals for a sub-national redesign of unscheduled care and noted that these would be considered with partners across Scotland. The report was approved, with the Board recognising the need for continued oversight and delivery of mitigation plans across the corporate risk portfolio.

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

- 27.1 The Board considered the year-end financial position for 2025/26 and noted that financial balance had been achieved, with a small underspend realised, subject to external audit. Members recognised, however, that significant underlying financial pressures remained, particularly within Acute Services and REAS, driven by increasing demand, prescribing costs and workforce pressures.
- 27.2 The Board noted that delivery of Financial Recovery Plan savings had fallen below target, contributing to an ongoing recurring deficit position. While all Integration Joint Boards had achieved financial balance through additional non-recurring support from NHS Lothian, the early 2026/27 forecast anticipated continued financial pressures and reliance on savings delivery and mitigation measures.

- 27.3 Members discussed the importance of maintaining long-term financial sustainability, recognising that reserves were now at historically low levels and could not be relied upon to support future financial performance. It was important that all public resources received were allocated to support the intended service delivery outcomes. The Board also noted the requirement to deliver 3% efficiency savings and reaffirmed its commitment to achieving a sustainable financial balance through delivery of recovery plans, efficiency measures and careful management of resources.

28. 5 Year Financial Plan 2026/27-2030/31

- 28.1 The Board received and noted the five-year Financial Plan. It was acknowledged that this had already been formally considered and approved by the Board in private session in April 2026, necessitated by the restrictions in place during the pre-election period.

29. Prevention-Focused Lothian Health and Care System

- 29.1 The Board considered a report which detailed progress towards developing a prevention-focused health and care system. Members noted the continued strategic focus on improving population health, reducing inequalities and embedding prevention and anticipatory care as core components of service delivery across NHS Lothian.
- 29.2 The Board recognised that delivery of the plan would require a whole-system approach, involving health, social care, Integration Joint Boards, Community Planning Partnerships and wider community partners. Members noted progress in establishing clear objectives, outcome measures and governance arrangements, with prevention to be increasingly embedded within planning, performance management and resource allocation. Alignment with the Integrated Board Assurance Framework and the introduction of annual prevention reporting were also highlighted.
- 29.3 Members agreed that prevention should become a central consideration in all programmes of work across the organisation and requested that future iterations of the delivery plan provide greater clarity on accountability for delivering value-based and preventative services, as well as the contribution of partnerships and IJBs. The Board approved the Prevention Plan and noted that a detailed delivery plan would be developed, with progress reported through the Strategy, Planning and Performance Committee and subsequently to the Board. The timeline for reporting would be proposed by the Director of Public Health & Health Policy and agreed with the Chair.

ACTION: SW

30. People & Culture Strategy 2026-31

- 30.1 The Board considered the People & Culture Strategy 2026–31 and approved it as the overarching framework for workforce and culture development across NHS Lothian. Members noted that the Strategy had been developed through extensive staff engagement and was aligned with wider workforce, wellbeing and organisational development priorities.
- 30.2 The Strategy was structured around three key themes: developing a sustainable workforce, improving culture and staff experience, and promoting health, safety and wellbeing. Members recognised the importance of these priorities in supporting staff, improving organisational performance and delivering high-quality patient care.
- 30.3 The Board received assurance that partnership representatives had been closely involved in developing the Strategy and that they supported its proposed direction. Members also noted the proposed governance and delivery arrangements and recognised the importance of sustained implementation and appropriate resourcing to achieve the intended benefits. The Board welcomed plans to communicate the Strategy widely through accessible summary materials for staff and the public.

31. LSDF Annual Report 2025/26

- 31.1 The Board considered and approved the LSDF Annual Report for 2025/26.

32. Corporate Objectives and Annual Operating Planning

- 32.1 The Board considered and approved the Corporate Objectives for 2026/27 and noted the supporting annual operational planning work. Members agreed that the objectives and operating plan should be revisited later in the year following further discussions with Scottish Government to ensure continued alignment with national priorities.
- 32.2 In reviewing the proposed approach, the Board highlighted a number of areas requiring further development. These included providing greater clarity on the intended outcomes and ambition of each objective, strengthening the alignment between corporate objectives and corporate risks, and ensuring that appropriate mitigations were identified and monitored. Members also emphasised the importance of further consideration of the organisation's digital strategy, including its direction, timescales and key challenges.
- 32.3 The Board discussed proposals to extend walk-in GP services and sought assurance regarding the effectiveness of existing arrangements before further expansion was progressed. Members agreed that the corporate objectives should be kept under regular review throughout the year to ensure they remained relevant, supported delivery of organisational priorities and reflected the changing operating environment.

32. Any Other Business

- 32.1 There was no other business.

33. Reflections on the Meeting

- 33.1 The Chair noted the quality of the questions posed and reminded Board members that they could contact colleagues out with the meeting if they wished to discuss any items further.

34. Date of Next Board Meeting

- Wednesday 12 August 2026, **9:30am**