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15<sup>th</sup> December 2021

Dear John

## **NHS Lothian Annual Review: 8 November 2021**

1. Thank you for attending NHS Lothian's Annual Review with Calum Campbell, the Board Chief Executive, on 8 November via video conference. I am writing to summarise the key discussion points.
2. I started the meeting by recognising and thanking you for your significant service to the Scottish Government Health Directorates, including as Chief Executive of NHS Scotland; not least during the very challenging first 16 months of the pandemic, before your recent move to become Chair at NHS Lothian.
3. In the same way as last year, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by: Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland; and by John Burns, NHS Scotland's Chief Operating Officer.
4. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the current Board resilience and mobilisation plans.

### **Look back: 2020/21, including the initial response to the pandemic**

5. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Lothian. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.

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6. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. You offered the example of the local medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

7. In terms of the impact of Covid-19 and associated activity, by the end of this October NHS Lothian had: tested over 674,000 people; vaccinated over 886,000 people; experienced around 105,000 local cases of Covid-19; with over 4,800 Covid admissions (including 433 to intensive care); discharging over 3,300 patients; and sadly experiencing 1,265 deaths of admitted patients. You confirmed that this very significant activity, and the remarkable service adaptations noted above, such as approximately 16,000 outpatient appointments conducted virtually, had been delivered via a highly effective local, whole system command structure: ensuring appropriate oversight and governance alongside delivery. This oversight has been meaningfully informed and augmented by real time data and intelligence, such as safe staffing dashboards for hospital wards.

8. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Subsequent surgical capacity during the remobilisation period from July to November and the second wave (December 2020 to March 2021) was restricted by capacity constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff; and the need to continue to adapt to meet the numbers of Covid-19 admissions. Additional private sector capacity had been sourced to assist with cancer care and some service remobilisation and, as noted above, access to outpatient clinics was maintained using a combination of face to face consultations and tele-medicine. The Board's remobilisation focus following the first wave of the pandemic had been underpinned by clinical prioritisation. However, early progress had been limited by the operational impact of resurgences in Covid-19 admissions. Ultimately, the capacity available has not been sufficient to meet demand; resulting in an increase in the overall waiting list size during the year.

9. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. However, as restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. NHS Lothian's monthly attendances for August 2021 were 20,766; representing a 103.7% increase from 10,196 in April 2020 when attendances were at the lowest levels ever recorded. Similarly, as with most Boards, NHS Lothian's delayed discharges were significantly reduced as a result of the initial pandemic interventions at the start of 2020/21. This position has, however, not been maintained as restrictions were relaxed and demand for community care significantly increased. Pressures in the City of Edinburgh are particularly marked and we would return to this in the forward look section of the discussion. As demand had increased in both the NHS and social care, workforce pressures have been a constant across the country due to a range of factors, including the need for periods of self-isolation and the impact of cumulative pressures.

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10. Similar to most Health Boards across Scotland, the initial response to Covid-19 resulted in a delay to diagnostics for those with a suspicion of cancer. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard was consistently strong whilst performance against the more challenging 62-Day standard had been largely maintained.

11. Following the last review of escalated Boards in March 2021, NHS Lothian were placed at Stage 3 on the Performance Framework in relation to issues over several years with long waits for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies. This is the only area where the Board remains formally escalated. NHS Lothian's mental health team has engaged positively in this programme of tailored support; analysing performance and capacity data; modelling demand and trajectories; and identifying gaps. Whilst performance against the national standards remains challenged (averaging 60% for CAMHS in 2020/21 and 79% for Psychological Therapies), the Board has made progress in reducing the number of the very longest waits, at the same time as coping with significantly increased demand. You also noted a worrying increase in the occupancy of local CAMHS inpatient beds (around 80%) by predominantly young females with significant eating disorder issues. We agreed that this concerning development warrants further scrutiny to consider what additional, earlier interventions can be deployed.

12. In terms of financial management, NHS Lothian delivered a balanced outturn in 2020-21, following the receipt of additional funding provided by the Government to support financial impact of Covid-19. £1.7 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2020-21 to meet Covid-19 pressures, with NHS Lothian and the Health & Social Care Partnerships within the region received £161.9 million of this.

13. I also want to recognise the considerable work that had gone into the restoration of the 24/7, full inpatient paediatric service at St John's Hospital in October 2020; as well as the official opening of the Royal Hospital for Sick Children in March this year. These facilities and the services they offer are very significant and a most welcome boost for the communities they serve.

14. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. You pointed out that the local experience had reinforced the commitment to 100% single bed occupancy in new facilities, alongside the effective separation of unscheduled and planned care, in order to sustain services and maintain infection prevention and control, wherever possible.

15. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase. In terms of effective partnership working, we would also want to take this opportunity to pay tribute to Tom Waterson, a senior Unison representative and Employee Director at NHS Lothian, who sadly passed away in September. Tom was a formidable but always fair champion of the interests of the health service workforce, for which he was well known and respected at all levels.

16. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-COVID health and wellbeing harms, alongside a significant and growing backlog of non-urgent planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to have a significant impact this winter.

## **Forward look**

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17. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of March 2022. The Government has been holding mobilisation and critical winter planning meetings with all NHS Boards, including NHS Lothian, in the context of the [Health and Social Care Winter Overview](#), published on 22 October; which brings together all of the actions we are taking in preparation for this winter period. The approach is based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlines how we will: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

18. This approach, supported by the [Adult Social Care Winter Plan](#), which sets out additional measures to protect the adult social care sector ahead of winter, is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

19. You confirmed that the acute sector in NHS Lothian is experiencing sustained pressure across adult and paediatric services. The causes are multifactorial and have resulted in very high bed occupancy, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in A&E Departments and queues at front doors with very long waits for admission. Within the winter planning context noted above, you confirmed that NHS Lothian are pursuing a range of improvement actions including: expansion of the Lothian Flow Centre, including clinical triage of patients referred by NHS 24, via a new 24/7 pathway; expansion of Call Minor Injuries Assessment (*Call MIA*) to provide scheduled video consultations and face-to-face appointments across the three Lothian adult acute sites from 10:00 to 22:00, 7 days a week (this represents the profile of current peak self-presenting demand); enhanced referral pathways are in place for GP, Community Pharmacy and Scottish Ambulance Service referrals to schedule MIA appointments; the optimisation of Community Pharmacy within Urgent Care and ensuring consistent messaging to the public about the services available under *Pharmacy First*; actively support implementation of consistent approaches to signposting/redirection to ensure patients receive the right care, in the right place, at the right time; and the provision of the Same Day Emergency Care (SDEC) service within the Western General Hospital with the delivery of assessment, diagnostics and a treatment plan on the same day. This approach will assist in addressing some of the pressures on acute front doors and we noted that the expansion of the SDEC service to a pan-Lothian model is currently in progress.

20. As noted previously, delayed discharges remain a significant challenge within Lothian, particularly in the City of Edinburgh, and this impacts the patient experience (both those who are delayed in hospital and the corresponding impact on those waiting to access hospital) whilst compounding operational pressures around available acute capacity. Current system pressures are resulting from a combination of increasing levels of demand and complexity, and decreasing care capacity available. In particular, there have been reductions in staff available across the sector with both internal and external provision seeing as much as a 30% reduction in capacity. The Government will continue to provide as much assistance as possible, in support of the local actions that include: further development of the Home First approach; a review of local Hospital @ Home services; a dedicated recruitment/engagement campaign to raise awareness of employment in social care sector; development of a revised pan-Lothian Discharge and Transfer Policy; alongside the Edinburgh HSCP participating as a pathfinder site for the Discharge without Delay programme.

21. We also remain very conscious of the cumulative pressures on the health and social care workforce and were pleased to note the steps NHS Lothian is taking in terms of the wellbeing and

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resilience of local staff, including the following as part of the local *Work Well* strategy, launched in June: the establishment of a Lothian wide Peer Support Service, with 108 staff trained across all sites and services; implementation of a psychological support service, reducing staff counselling waiting lists from five months to one; the introduction of a shielding virtual network; the development of a leadership network, which has grown during the pandemic to over 500 members, with a consistently high level of engagement; alongside the high visibility of Board leadership via regular walkabouts and staff sessions; and the appointment of a specialist *Work Well* lead post, funded by Edinburgh and Lothian's Health Foundation.

22. Whilst our focus over the winter period will necessarily be on resilience, we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Lothian, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August.

23. You confirmed that the combination of high occupancy driven by unscheduled care demand and rising delayed discharge numbers have meant that surgical capacity has been significantly reduced and limited to emergency and urgent activity since July. This has a direct impact on the volume of patients waiting and the length of wait; with an increasing number of patients waiting over 52 weeks. Paediatrics and dermatology are particular pressure areas, with the latter accounting for around half of all over 52 week waits for the Board. As such, inpatient and day case activity is currently at around 62% of pre-Covid levels and on a downward trend due to staffing pressures in theatres, critical care and reduced surgical beds. Urology and Endoscopy are currently the most challenged cancer pathways, with waits for endoscopy of around 26 days due to staffing challenges. £1.4 million has been released to NHS Lothian in 2021/22 to support cancer waiting times improvements.

24. In the short term, the Board's ability to fully deliver recovery actions whilst also continuing to meet demand for urgent and cancer activity has to be considered high risk. Nonetheless, specific projects detailed within the latest local recovery plan provide some assurance, including: extension of the endoscopy contract with NHS Fife; extension of capacity/contracts with the private sector, e.g. urology and orthopaedics; increasing core capacity for endoscopy; and plans to expand paediatric theatres. The Board's resilience and recovery plans remain under review and are frequently developed and refined, to take account of emerging evidence and best practice. The Government will continue to provide support to maximise the recovery of local planned activity, wherever possible.

25. In the longer term, the Board's capacity will be significantly enhanced by some key capital developments. The provision of sustainable and flexible facilities that meet the needs of 21<sup>st</sup> century eye care is the objective of the re-provision of the Princess Alexandra Eye Pavilion in Edinburgh. The facility is to be located on the Edinburgh Bioquarter site, at the heart of a world class biomedical and life sciences campus, adjacent to the Royal Infirmary. The Board is currently aiming to submit a full business case by 2024. On receipt of approval to proceed to construction, a fully operational hospital should be delivered by 2027. Part of a planned network of treatment centres across Scotland, NHS Lothian also continues to progress plans for a National Treatment Centre at St John's Hospital in Livingston. With space for 11 operating theatres, a 100% single room capacity and a dedicated imaging centre, the centre will provide ring-fenced capacity for a significant volume of elective care, utilising technology such as robotic assisted surgery and enhanced recovery. The Board is currently aiming to submit a full business case by mid-2024. On receipt of approval to proceed to construction, a fully operational facility should be delivered by 2027. We agreed that, given the growing backlog of unplanned care and associated harms, it should be explored whether it is possible to expedite this timeline.

26. In terms of local mental health services, progress has been made on addressing some of the longest waits for CAMHS and Psychological Therapies, and we are content that the Board has robust plans in place to improve performance. Nonetheless, the challenges NHS Lothian face are

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significant. It is therefore likely the Board will remain in an escalated state until sustainable shifts in waiting times performance are achieved. A regular programme of engagement will continue via the Government's Mental Health Performance Unit to monitor progress and the associated spend of the Mental Health Recovery and Renewal fund.

27. After pausing longer term financial planning in March 2020 in response to Covid-19, NHS Boards are starting to draft 3-year financial plans that will come into effect from 2022-23. We recognise the ongoing financial impact of Covid and associated pressures; alongside the Board's significant drug costs and slippage in delivery of savings. The Government will continue to regularly engage with the Board to monitor the financial position and to assist with planning.

## Conclusion

28. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS potentially faces the most challenging winter in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep both local activity under close review and to provide as much support as possible.

29. I want to conclude by reiterating my sincere thanks to the NHS Lothian Board and staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.



**HUMZA YOUSAF**

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