



E: cabsechsc@gov.scot

Professor John Connaghan CBE
Chair
NHS Lothian

Via email: john.connaghan@nhslothian.scot.nhs.uk

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Dear John

NHS Lothian Mid-Year Review: 21 November 2022

1. Thank you for attending NHS Lothian's Mid-Year Review with Calum Campbell, the Board's Chief Executive, on 21 November via video conference. I was supported in the discussion by Caroline Lamb, Director General, Health & Social Care and Chief Executive, NHS Scotland. The focus of the agenda was the resilience and recovery of local services, in the context of the ongoing Covid-19 pandemic, and I am writing to summarise the key discussion points.

Finance

2. You confirmed that, in 2021-22, the Board delivered a balanced financial outturn, following the receipt of support for Covid-19. £1.9 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2021-22 to meet Covid-19 pressures. NHS Lothian received £229.5 million of this, of which £124.3 million was delegated to the local Health and Social Care Partnerships.

3. For 2022-23, NHS Lothian's baseline resource budget has increased to £1,639.3 million with the Board's initial financial plan from March 2022 forecasting an end-year deficit of £28.4 million. As at month 6, the forecast end-year deficit had reduced to £19.6 million. Whilst this improvement on the initial plan was welcome you assured us that the Board remains focused on the need to further improve on the position. We also recognised the significant, ongoing pressures on the Board's finances: in addition to Covid, risks carried over into future years include pay pressures, the waiting times backlog and prescribing costs; alongside the impact of inflation. The Government will continue to work with the Board to monitor your financial position and assist with longer term financial planning. It will be important that you are able to assure us in relation to the savings programmes that you have in place and how you are continuing to monitor delivery against these.

4. We also briefly discussed the NRAC funding formula and noted the Board's concerns about its application to NHS Lothian. The approach taken by the Government has been to move Boards towards parity gradually over a number of years. In-year revisions to NRAC shares in 2022-23 will be considered as part of the 2023-24 budget process. We have also committed to a review of the funding formula and this will support vital work to reduce health inequalities; ensuring that we continue to allocate funding according to the relative need for healthcare in each Board area.

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Workforce

5. I would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication, under largely unrelenting pressures over the last three years; and to give them an assurance that we will continue to do all we can to support them.

6. You confirmed that the Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from acute settings. As at 10 November, the Board's workforce risk rating was profiled as red with nursing being the key pressure area. You confirmed that a number of areas across the system are working to reduced staffing levels or a reduced skills mix. Particular hot spots are in mental health, transplant retrieval, theatres; and at St John's and East Lothian Community Hospitals.

7. As at June 2022, the Board reported a significantly lower vacancy rate than the national average for consultants; but, as noted above, a higher vacancy rate for nursing/midwifery (12.5% vs 8.6%), and this was also reflected in significant bank and agency costs. The Board is offering final year nursing students Band 4 roles on a fixed term contract as per recent guidance and promoting the *Retire and Return* scheme. As the newly qualified nurses start to come into post this should make a positive impact. You also confirmed that international recruitment activity is underway but, whilst the City of Edinburgh offers opportunities in its attraction as a vibrant world heritage site, we noted that the relative availability and affordability of local accommodation also remains a key issue. We will keep the Board's plans to improve the position under close review.

8. At the national level, the Government's recently published [Winter Resilience Overview](#), backed by £600 million of funding, includes supportive measures for recruitment and retention; such as the recruitment of 1,000 additional staff over the course of this winter, including £8 million to recruit up to 750 nurses, midwives and allied health professionals from overseas, as well as 250 support staff across acute, primary care and mental health; and flexibility for Health Boards to offer 'pension recycling', where unused employer contributions can be paid as additional salary, to support the retention of staff. As referenced above, we have also recently published the National Interim Arrangement on *Retire and Return*, which makes it easier for experienced staff to take up part-time work once they have retired.

9. We remain very conscious of the cumulative pressures on the health and social care workforce and recognise the full range of actions NHS Lothian is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace, not least in light of the current cost of living crisis; e.g. the local *Energise You* programme; including monthly staff sessions (e.g. exercise, quality sleep, financial wellbeing) and further peer support training for 48 staff commissioned, to build on the existing 170 supporters across all sites and services. These measures will also be material in terms of the local staff recruitment and retention efforts. Further to this, we had previously noted the positive engagement and contributions of the local Area Clinical and Partnership Forums. The Board will need to continue to harness this, maximising staff support and engagement through winter and into the longer term recovery and renewal phases.

Maintaining Covid and other resilience

10. Given the scale of the escalating cost crisis, combined with the continued challenge and uncertainty posed by Covid, and a possible resurgence of seasonal flu, this winter is likely to be one of the most difficult our NHS has ever faced. We also remain conscious that most NHS Boards, including NHS Lothian, have already faced a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

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11. It was reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to Covid and other challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning; in line with the recently published national Winter Resilience Overview, as noted above. We have jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system, ensuring people get the right care they need in the most appropriate setting.

12. One of our key lines of defence this winter, protecting both vulnerable individuals and the system against further pressures, is the vaccination programme for seasonal flu and Covid-19. This builds on the existing programme which has delivered more than 12.6 million Covid vaccines nationally to date. You confirmed that the local programme began on 5 September, focusing initially on care homes, frontline health and social care workers and home visits. Appointments for the general public had begun shortly after and the Board is currently exceeding modelled estimates for both COVID-19 and seasonal flu boosters with a large proportion of vaccinations being co-administered. Local staff are to be commended for their tremendous efforts in this respect. You also agreed to share the details of a potential route to electronic consent with Caroline Lamb.

Unscheduled Care & Delayed Discharge

13. As noted above, NHS Lothian has been experiencing sustained pressures across services. Local A&E standard performance remains extremely challenged. The position over recent months is unprecedented and the reasons are complex, including significant workforce pressures, limited bed capacity, delayed discharges and increased acuity.

14. 12-hour breaches of the A&E standard are a significant issue for the Board: for the week ending 13 November, the Board had 232 12-hour breaches (the second highest in Scotland and 22% of the national total) compared to 388 the previous week; 154 in the equivalent week in 2021, and 40 from the equivalent, pre-Covid week in 2019. You explained that the week on week drop in these longest breaches had likely been the result of a fall in the number of delayed discharges in the Edinburgh Partnership, which emphasised the importance of making sustained progress in this area. Against the 4-hour standard, the Board reported 64.3% for the week ending 13 Nov - 44.4% for the Royal Infirmary of Edinburgh (RIE) - against the national average of 65.5%. The Board reported 58.9% the previous week; 71.4% in the equivalent week in 2021, and 83.4% pre-Covid performance in the equivalent 2019 week.

15. The national unscheduled care improvement team are providing more intensive, tailored support at the RIE, including a focus on the Acute Medical Unit, non-admitted flow, discharge planning and supporting improvement in home care within the Edinburgh Partnership. We continue to work with all Boards, including NHS Lothian, to reduce pressure on hospitals and improve performance; not least via the £50 million Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital @ Home*; and directs people to the most appropriate urgent care settings. You also confirmed that the Centre for Sustainable Delivery had been invited to review operations at the RIE and advise on potential improvements, including patient flow.

16. Whilst we noted that the Board and its planning partners are fully engaged with the national unscheduled care programmes of work, we agreed that the current level of performance against the A&E standard is not acceptable, particularly in relation to the longest delays, and has to be addressed as a matter of priority. We will keep progress under close review.

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17. You were clear that one of the most significant pressures on local performance is delayed discharge, particularly in the Edinburgh Partnership, which had the second highest number of standard delays in Scotland as at 17 November. Improvement on the position will be essential in order to re-establish better A&E standard performance (not least in the area of the longest breaches), as well as the sustainable delivery of planned care and cancer targets.

18. You confirmed that the Board had opened additional beds, and equipped additional *Hospital @ Home* places, to help cope with these pressures. In order to try and achieve sustainable improvement the Board leadership is actively engaging with the Chief Officers of the Health & Social Care Partnerships with performance monitored closely. I offered Ministerial assistance, if that would be helpful, in supporting your discussions with Partnerships about exploring potential solutions and embedding sustainable improvements in terms of the local delayed discharge position; in addition to the work underway via the Ministerial Assurance Group to try and secure additional capacity. We will keep the local position under close review and are clear that delayed discharges must be reduced as a matter of priority; not least for the benefit of local patients and to maximise unscheduled care performance.

Planned Care Waiting Times

19. We 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. We continue to assist NHS Boards with 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 2021; and the recently published [annual progress update](#).

20. We recognised that, in comparison to other Boards, outpatient performance in Lothian has been good, despite persistent workforce and other challenges. In July 2022, I announced targets to eliminate long waits for planned care across Scotland. Most local outpatient specialties achieved the outpatient target (no patients waiting more than two years) for the end of August, with the exception of a small number, primarily in dermatology and urology. For inpatients and day cases we once again recognised the progress made and the significant impact of workforce pressures; in particular, affecting staffing and activity in theatres. The Board had not met the target of most specialties with no waits over two years at the end of September with around 1,100 patients; the main pressures being in the general surgery, orthopaedics and urology specialties.

21. At the national level, and as noted above, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients, building on the success of initiatives such as the *Near Me* programme, which regularly delivers around 40-50,000 consultations per month nationally.

22. You confirmed that work continues to maximise available capacity on local sites with independent sector and locum capacity secured for various specialties. All available external additional capacity for radiology is being maximised, including the installation of a CT pod at St John's Hospital and utilisation of the Golden Jubilee National Hospital. Weekend initiatives to support flexible cystoscopy are ongoing and will continue for the rest of the year, alongside implementation of the 'qFit' pathway which has reduced endoscopy demand. Whilst recognising that the current pressures are significant across the local health and care system and may be exacerbated over winter, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly in relation to the longest waits, which we will keep under close review.

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Cancer Waiting Times

23. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic. Nonetheless, we noted that local performance has been deteriorating against both 31 and 62 day targets, especially within the highest volume specialties: urology, colorectal and breast. You confirmed that the Board has established a Cancer Recovery Board (CRB) and available capacity is prioritised within outpatients, diagnostics and theatres to support patient pathways. The Board's CRB also continues to embed the Framework for Effective Cancer Management with action plans focused around 8 priority areas. A comprehensive update is provided to the Government's cancer team on a monthly basis. An informal visit from the National Cancer Performance Lead and officials took place in August and a formal visit will be arranged in due course. The Government's cancer team will continue to provide tailored support and keep progress under close review.

Mental Health

24. The Board remains at Stage 3 of the Performance Escalation Framework in respect of mental health waiting times. For Child and Adolescent Mental Health Services, latest performance (April to June 2022) against the standard was 65.3% (below the national average of 68.4%); though an increase from 63.1% in the previous quarter. In terms of Psychological Therapies, local performance against the waiting standard in the quarter ending June 2022 was 77.2% (below the national average of 81.4%); an increase from 74.5% in the previous quarter.

25. One of the main pressure areas has been staffing and recruitment; however, progress is being made and we noted the Child and Adolescent Mental Health Services workforce establishment increased 36.7% (74.5 WTE) from the quarter ending March 2021 to quarter ending June 2022, whilst the Psychological Therapies workforce establishment increased 16.3% (39.2 WTE) over the same timeframe. Local staff are to be commended for the progress made; in particular, reducing the Psychological Therapies treatment list over 18 weeks from around 3,500 to 1,500. You also confirmed that the Board has been engaging with Helios, a private sector provider, to further help with clearing the longest waits. We were assured that sustained progress in this area remains one of the Board's key priorities. The Minister for Mental Wellbeing and Social Care is due to meet the Calum Campbell in late November to more fully discuss the progress made over the last year, following which we will carefully consider any potential for de-escalation.

National Drugs Mission

26. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. You confirmed that developing ways to address problem substance use is one of the most significant public health challenges in Lothian. Overall, the number of drug deaths in 2021 went up slightly in Lothian against an overall slight decrease across Scotland. There were 197 drug related deaths in Lothian last year, which is the highest recorded.

27. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards, to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. We noted the progress made since April with the local Integration Authorities submitting plans to implement MAT standards 1-5 by next April. We also received an assurance that the Board and its planning partners remain fully committed to actively addressing local performance against the 90% target to wait under 3 weeks to access treatment for alcohol and drugs; where Midlothian, in particular, appear to have seen a drop from 92.9% to 58.2% over the last 4 quarters. As with all priority areas, we will keep progress under close review.

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Paediatric Audiology

28. In December 2021 the Board was escalated to Stage 3 of the Performance Escalation Framework on receipt of the Independent Audit and Governance Review into local paediatric audiology services carried out by the British Academy of Audiology; and having considered the report and the seriousness of the failures, the significant impact on patients and the systemic failures outlined.

29. NHS Lothian has made significant progress against each of the review recommendations, with a particular focus on ensuring that sustainable working practices are in place. I particularly commended the engagement of Tracey Gillies, the Board's Medical Director, in leading this work. The Board has progressed the vital work around communications with families; noting that a dedicated helpline was opened on 15 December 2021 for families to make direct contact with the Health Board about any audiology concerns and that this remains open. The Board has also taken forward individual meetings with professionals as well as the development of a staff briefing document, which was widely circulated across key networks. As part of this process, those working with children who had any concerns about a child's hearing were encouraged to contact the audiology department directly or to refer the child through the normal referral route (e.g. Health Visitor, Speech and Language, GPs). It is essential that NHS Lothian maintains this level of communication.

30. Given the significant progress made against the report recommendations during this year, alongside the improvements in local governance and culture, a meeting of the National Planning & Performance Oversight Group later this month will consider potential de-escalation.

Local Strategy

31. 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. It was therefore pleasing to note that NHS Lothian is making progress on your strategic outlook and priorities over the next five years, through the Lothian Strategic Development Framework. I was happy to note your intention to invite me to participate in your associated Board session in the new year and would be happy to attend, diary permitting.

Conclusion

32. I hope that by the time of the next Board 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 continues to face one of the most difficult periods in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



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