

Date 1 October 2026
Your Ref
Our Ref 11709

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Dear

FREEDOM OF INFORMATION – OPERATING THEATRES

I write in response to your request for information in relation to operating theatres.

Question:

1. Aseptic labs and services (pharmacy cleanrooms)

- 1a.** How many aseptic preparation units (pharmacy cleanrooms where sterile medicines are made up) does the trust operate, and what does each mainly prepare (for example chemotherapy, intravenous additives, intravenous feeding, or radiopharmacy, which is radioactive tracers for scans?
- 1b.** For each aseptic unit, in what year was it built or last fully refurbished? A full refurbishment includes replacing the cleanroom air-handling or ventilation.
- 1c.** Does each unit hold a manufacturing “specials” licence from the medicines regulator (the MHRA), or does it operate under the pharmacy exemption (section 10 of the Medicines Act) without a licence?
- 1d.** Has the trust assessed its aseptic units against the current sterile-preparation standard (the updated Annex 1 rules on cleanroom air quality)? If so, do any units fall short of it or need upgrading to comply?
- 1e.** Is any aseptic preparation outsourced to a commercial or external NHS unit? If so, to which provider, and roughly what share of the workload?
- 1f.** Are there approved or planned schemes in the next five years to build, expand, replace or refurbish aseptic units? For each, please give a brief description, an indicative value, and the expected date.
- 1g.** In the last five years, has limited aseptic capacity affected the trust's ability to prepare chemotherapy or other sterile medicines, or led to buying them in from an outside provider? Please describe briefly.

Answer:

a.	Radiopharmacy: one department (two cleanrooms where medicines are manufactured - excluding support rooms and change rooms) Royal Infirmary - systemic anticancer therapy (SACT), parenteral nutrition, IV additives, intrathecal meds, clinical trial meds Western General Hospital - systemic anticancer therapy (SACT), parenteral nutrition, IV
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	additives, clinical trial meds Edinburgh Cancer Centre - SACT, clinical trial meds St Johns - SACT, clinical trial meds
b.	Radiopharmacy was built and commissioned in 2003. Last major refurbishment was the replacement of the air handling unit in 2017. RIE - 2017 refurbishment WGH - 2017 refurbishment ECC - 2023 refurbishment SJH - 2022 refurbishment
c.	Radiopharmacy holds a manufacturer's specials licence from the MHRA (MS23153). Radiopharmacy does not perform any work under Section 10. All the aseptic units are section 10
d.	Radiopharmacy has performed a thorough gap analysis against the standards in EU GMP Annex 1 and has been working through an action plan to meet these gaps since the new Annex 1 was published. Cleanroom air quality is of the requisite standard in our section 10 units
e.	Radiopharmacy do not outsource the aseptic preparation of any products. We make use of nationally contracted prefilled products from external licensed NHS units however these products are not patient-specific. Some are directly labelled for patients (SACT and adult parenteral nutrition) whilst some (paed/NNU parenteral nutrition) may be directly labelled or further manipulated within our units Adult SACT (approx. 40% of total) and parenteral nutrition for adults (approx. 34% of total) are outsourced as prefilled ready to administer. Cannot supply percentage of outsourced bags for paed/NNU as the way we band for statistics does not differentiate between licensed and unlicensed bag usage when the bags have been further manipulated within our aseptic units. We only know that 3.5% of the total NNU parenteral nutrition workload are prefilled bags with no further pharmacy additions. National contract has only just been renewed for SACT - Baxter and Bath ASU were the previous suppliers. New SACT contract uses Baxter, Bath, Quantum and ITH. Paediatric NNU parenteral nutrition is from ITH whilst Fresenius Kabi, Baxter and BBraun provide prefilled ready to use unlicensed, adult parenteral nutrition bags.
f.	There are no current plans to undergo any building work in the Radiopharmacy. A new prefabricated Advanced Therapy Investigational Medicinal Product (ATiMP) section 10 unit is due to be delivered to the WGH site in Q2/Q3 2026. Aim is for it to be commissioned and ready for use in Q4 2026-Q1 2027. The unit will have two grade C

	cleanrooms each with a negative pressure externally ducted isolator along with graded inner and outer support rooms, change rooms, store room and DSR. Indicative value £1+million No other plans for unit refurbishment or expansion other than replacing clean air devices within the four units as part of rolling capital replacement programme - see Q5a
g.	There have been no capacity issues in Radiopharmacy that have led to them outsourcing aseptic manufacturing to other other sites, however the Radiopharmacy have been the provider for radiopharmacies in other Trusts (Health Boards) who cannot prepare radiopharmaceuticals due to capacity issues. Radiopharmacy currently provides a radiopharmaceutical service to four Health Boards across Scotland. For many years, our provision of SACT and parenteral nutrition has used the strategy of using prefilled products as described above, leaving the "must make items " e.g.short expiry or those that aren't available as prefills, to be processed through our units. With increasing numbers of patients requiring cancer treatment, we are acutely aware of needing to maximise the use of prefilled products, along with other strategies to further protect aseptic capacity. Without prefills, the current aseptic capacity would not cope with the workload unless we were to significantly alter pharmacy working hours and/or other aspects of service provision.

Question:

2. Surgical robots and theatre technology

- 2a.** How many surgical robotic systems does the trust currently operate, and of what make and model?
- 2b.** Are there approved or planned schemes to acquire further robotic systems within the next five years? Please give the number and the expected date.
- 2c.** Have any operating theatres been enlarged or upgraded to take robotic or hybrid use in the last five years, or are any such works planned? If so, please describe briefly.

Answer:

a.	Da Vinci Xi x2, Da Vinci X x1, CMR x1
b.	Replacement of Da Vinci X with Xi in discussion no date, potential expansion of Xi fleet- no date/approval. Potential trial of 2nd CMR, no date.
c.	Yes, theatre electrical upgrade to support da Vinci robot

Question:

3. Wards and day surgery

- 3a.** What was the day-case rate for elective surgery (the percentage of elective procedures carried out as day cases) over the most recent twelve months?
- 3b.** Are there approved or planned schemes within the next five years to refurbish or replace surgical wards, or to create a new day-surgery unit? Please describe briefly, with expected dates.

Answer:

a.	See enclosed
b.	No

Question:

4. Estate agency and continuity

- 4a.** Is RAAC present anywhere in the trust's estate? If yes, is any of it in, or directly adjacent to, operating theatres, endoscopy or decontamination facilities?
- 4b.** In the last five financial years, has the trust used any temporary, mobile or modular clinical facility (theatre, ward, endoscopy, decontamination or diagnostic unit)? For each, please give the facility type, the supplier where recorded, the duration of use, and the total spend.
- 4c.** Does the trust hold a current decant or continuity plan that anticipates moving surgical, endoscopy or decontamination services out of their normal location to allow refurbishment or replacement within the next five years?

Answer:

a.	Yes. No
b.	No
c.	No

Question:

5. Capital programme and procurement

- 5a.** Please list the trust's currently approved or planned capital schemes for the next five years that affect operating theatres, endoscopy, decontamination, aseptic services, or surgical wards. For each, please give the scheme name, a brief description, an indicative value, and the expected start and finish dates.
- 5b.** Through which framework or frameworks does the trust usually procure temporary or modular clinical buildings (for example, NHS Supply Chain or Crown Commercial Service)?
- 5c.** In the last five years, has the trust considered or used private finance, third-party investment, or a rental or managed-service arrangement to provide clinical capacity? If so, please describe briefly.

Answer:

a.	In terms of approved schemes - although we are approved to progress the current stage of the business case, nothing will be approved on the procurement/install of anything until the FBC has been approved Agreed funding for 2026/2027 of £220K from the National Infrastructure Board for 3 negative pressure isolator cabinets for the aseptic unit ECC to replace cabinets > 10 years old. Background work started Q1 2026/27 and aim for cabinets to be in place and operational by end of Q4 2026/27
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	2027/28 1 +ve isolator like for like	WGH
	1 UAFC like for like	RIE
	1 -ve isolator like for like	RIE
	2028/29 1 -ve isolator like for like	RIE
	1 UAFC/safety cabinet for 1 safety cabinet	RIE
	1 +ve isolator like for like	WGH
	2029/30 1 UAFC like for like	RIE
	1 -ve isolator like for like	WGH
	2030/31 1 -ve isolator like for like	WGH
	1 -ve isolator like for like	SJH
	2031/32 1 -ve isolator like for like	SJH
	New ATiMP unit for WGH as described above in Q1f	
b.	Whichever procurement route demonstrates best value at that time.	
c.	No to used, information not held on considered	

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

FOI: 11709

Request: 3a. What was the day-case rate for elective surgery (the percentage of elective procedures carried out as day cases) over the most recent twelve months?

Date Extracted: 03/08/2026

Notes:

- 1. The data describe elective cases performed in NHSL theatres during the 12-month period from 01 August 2025 to 31 July 2026.
- 2. The data do not include any cases where the patient was already admitted to hospital before the day of their surgery. That is, the data only describe cases where the patient was admitted on the same day they had surgery.
- 3. Some procedures performed in NHSL theatres have a very high likelihood of a same day discharge (e.g. cataract and some other ophthalmology procedures, certain plastic surgery procedures, etc.). These procedures are often performed under local or regional anaesthesia. Accordingly, the day case rate has been calculated for all theatre cases as well as for two anaesthesia groups (which have different individual day case rates).

Response:

Mode of Anaesthesia	Total Surgeries	Overnight Stay	Discharged Same Day	Day Case Rate
General, Spinal, Epidural	25665	10690	14975	58.35%
Local, Regional, Other	11237	414	10823	96.32%
All modes combined	36902	11104	25798	69.91%