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26 November 2020



Jeane Freeman

**NHS Lothian Annual Review: 16 November 2020**

1. Thank you for attending NHS Lothian's Annual Review with your Chief Executive on 16 November via video conference. I am writing to summarise the key discussion points.
2. As you will be aware, the intention was for Ministers to conduct a full round of Annual Reviews during the summer. Whilst that has not proved possible due to the COVID-19 pandemic, 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 John Connaghan, Interim Chief Executive of NHS Scotland.
3. This meeting marked the five month anniversary of the appointment of Calum Campbell as Chief Executive of NHS Lothian. I wanted to formally welcome Calum to his new role and thank him for the significant contribution he made as both Chief Executive of NHS Lanarkshire and, during 2019/20, as Turnaround Director in NHS Greater Glasgow & Clyde. In the same way, I want to recognise and thank you for your work as Interim Chair in this most challenging of years, following your appointment in February.
4. The agenda for this year's round of Reviews has been split into three sections to cover: pre-Covid performance during 2019/20; the initial response to the pandemic from February/March to July 2020; and a forward look, in line with the current Board mobilisation plans (August to end of March 2021) and beyond.

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## **Pre-Covid performance during 2019/20**

5. NHS Lothian had been escalated to level 4 on the national performance framework during 2019/20; specifically in relation to the issues with the new Royal Hospital for Children & Young People in Edinburgh. The Board was also at level 3 for performance issues in five areas: electives, unscheduled care, delayed discharge, mental health and cancer waiting times. You provided a helpful update on the former, confirming: that the transfer of the Department of Clinical Neurosciences is complete; that 70% of outpatient care has transferred; 80% of children's clinics have transferred; and that the move of Child and Adolescent Mental Health Services (CAMHS) services is planned for early in the New Year. You assured us that the Board leadership team is working very closely with local clinicians to agree the appropriate phasing of the remaining moves to the new hospital; and that this will need to be kept under review in light of emerging COVID-19 and other winter pressures. You further assured that a robust communications strategy is in place to ensure that local families know what services are available from each location, and when.

6. In respect of the Board's recovery plan for the five escalated performance issues, we noted that there had been some significant progress against trajectories made in the latter part of 2019/20. Unfortunately, some of this has been affected by the obvious impact of the COVID-19 pandemic, which necessitated the radical restructuring of services – including the suspension of all elective activity to protect emergencies, urgent and cancer activity – from late February. You assured us that the Board has nonetheless taken the time to review and strengthen its performance management focus; and that we should start to see the positive impact of this more markedly, once the COVID-19 emergency period concludes. We also noted that considerable efforts had been made under the new Board leadership to reinforce relations with local public health colleagues; and that a new Director of Public Health is due to be appointed imminently.

7. Looking at cancer waiting times: over the last five quarters, NHS Lothian did not meet the 62 day standard. The 31 day standard was met in the last three quarters. Some progress had been made against Board's recovery plan, pre-COVID. There remain significant challenges in urology and gastroenterology, which the Board remains committed to addressing. On mental health waiting times: there have been significant issues with long waits in both CAMHS and Psychological Therapies; the Board has been an outlier across Scotland – particularly for CAMHS. You assured us that this is a key priority area for NHS Lothian, with the Board fully committed to making significant and sustained progress in the longer term.

## **Initial response to the pandemic from February/March to July 2020**

8. You provided a helpful overview of the Board's initial response to the pandemic from late February. As has been noted, this required an unparalleled, immediate and radical restructure of both services and ways of working in the NHS in Scotland, including in NHS Lothian. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated this year underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and I would like to take this opportunity to, once again, formally record our sincere thanks to local staff for the incredible effort and unstinting commitment they have consistently shown, in the most testing of conditions. We were pleased to note the Board's ongoing focus on staff well-being: this must be maintained as an already fatigued workforce is faced with a very challenging winter.

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## Forward look

9. The Board's remobilisation focus has been underpinned by clinical prioritisation: meeting emergency, urgent suspicion of cancer and urgent demand, whilst maintaining the safety of patients and staff. We noted and welcomed the Board's early delivery in terms of the remobilisation of elective care, which significantly surpassed expectations. However, we understand that further progress may be limited by the operational impact of the recent resurgence in COVID-19 admissions; and the overall risks associated with pressures this winter. Our over-riding priority remains, as in the first phase of the pandemic, that the NHS is not overwhelmed. We agreed that Boards must have flexibility of approach, based on local disease prevalence and other pressures; whilst operating in way which is fully consistent with the clinical prioritisation framework. It is likely Boards will need to review and submit revised remobilisation plans next spring.

10. Local performance against the 4 hour A&E standard has been a challenge for some time, and was one of the areas previously identified for performance escalation. Of particular concern historically has been the number of over 12 hour waits in NHS Lothian. 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 scaled down following the initial lockdown, attendances have risen; and Boards face new pressures in A&E Departments and receiving wards due to the appropriate infection control measures and streaming of patients. That is why we are currently piloting the redesign of unscheduled care in NHS Ayrshire & Arran. We were pleased to note that NHS Lothian is fully supportive of this necessary redesign work, and is well placed to implement similar changes. We agreed that, as with any significant service redesign, we need to learn the lessons from the pilot and ensure we effectively mitigate against the identified risks.

11. We want to recognise the significant achievement locally with the enhanced seasonal flu vaccination programme: some 415,000 vaccinations have been delivered in NHS Lothian, compared to 252,000 last year; an increase of 64%. We agreed that a robust communications strategy will be crucial, for the benefit of all stakeholders, on our approach to the very significant logistical and other challenges associated with a vaccination programme for any viable COVID-19 vaccine.

12. It was also pleasing to note that effective whole system working with the four IJB Chief Officers and Local Authority Chief Executives has been very much the focus of the approach by the new leadership team in NHS Lothian during the pandemic. We agreed that this must be maintained and developed as the Board and its planning partners move from the emergency/winter response to operational recovery and, ultimately, renewal.

## Finance

13. NHS Lothian met its financial targets and presented a £0.6 million underspend at the end of 2019/20. In addition, the Board provided non-recurring in-year support to both Edinburgh and West Lothian IJBs. Based on the funding to support additional costs as a result of COVID-19, you confirmed that NHS Lothian is continuing to work towards the delivery of financial balance in 2020/21.

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## Paediatrics at St John's Hospital, Livingston

14. We wanted to recognise the significant work that had gone into the restoration of the 24/7, full inpatient paediatric service at St John's Hospital last month: this is a huge and most welcome boost for local communities.

### Conclusion

15. We want to reiterate our thanks to the Board and local staff for their ongoing, incredible efforts, professionalism and commitment, in the facing of unprecedented and unremitting pressures during 2020/21.

16. We know you understand that there is no room for complacency, given the myriad of risks the NHS faces this winter. We will continue to keep local activity under close review and to provide as much support as possible. We are nonetheless confident that, under the Board's leadership team, NHS Lothian and its staff are well placed to continue to deliver for the benefit of local people.

*Kindest regards*  
*Jeane*  
JEANE FREEMAN

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