LOTHIAN NHS BOARD

BOARD MEETING

DATE: WEDNESDAY 26 JANUARY 2011
TIME: 9:30 A.M. (Presentations) 10:15 A.M. (Board Meeting)
VENUE: ISLAY ROOM, GILLIS CENTRE, 100 STRATHEARN ROAD, EDINBURGH EH9 1BB

Members are reminded that they should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

AGENDA

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<th>Agenda Item</th>
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<tr>
<td>9:30 a.m. Edinburgh Community Health Partnership Presentation</td>
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<td>10:15 a.m. Formal Public Board Meeting</td>
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<td>Welcome to Members of the Public and the Press</td>
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<td>Apologies for Absence</td>
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<tr>
<td>1. Minutes of the Previous Meeting of Lothian NHS Board held on 24 November 2010</td>
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<td>2. Matters Arising</td>
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<td>3. Committee Minutes for Adoption (Indicative Timing 10:30 - 10:45 a.m.)</td>
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<td>3.1. Area Clinical Forum - Minutes of the Meeting held on 25 November 2010</td>
<td>PM</td>
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<td>3.2. Audit Committee - Minutes of the Meeting held on 6 December 2010</td>
<td>SGR</td>
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<td>3.3. Mutuality and Equality Governance Committee - Minutes of the Meetings held on 7 July and 13 October 2010</td>
<td>JMcD</td>
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<td>3.4. Finance &amp; Performance Review Committee - Minutes of the Meeting held on 28 October 2010</td>
<td>GW</td>
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* = paper attached
# = paper to follow
v = verbal report
3.5. Service Redesign Committee - Minutes of the Meeting held on 13 December 2010

3.6. East Lothian Community Health Partnership Sub-Committee - Minutes of the Meeting held on 28 October 2010

3.7. Edinburgh Community Health Partnership Sub-Committee Minutes of the Meeting held on 14 October 2010

3.8. Midlothian Community Health Partnership Sub-Committee Minutes of the Meeting held on 30 September 2010

3.9. West Lothian Community Health and Care Partnership Sub-Committee Minutes of the Meeting held on 11 November 2010

4. Chairman's Report

5. Chief Executive's Report

6. Performance Management (Indicative Timing 11:00 a.m. - 12:30 p.m.)

6.1. Mid Year Financial Review 2010/11

6.2. Capital Update

6.3. Delivering Waiting Times

6.4. Tackling Delayed Discharge

6.5. Healthcare Associated Infection

LUNCH 12:30 p.m.

7. Governance (Indicative Timing 1:00 - 1:30 p.m.)

7.1. Quality Improvement Report

7.2. Royal Hospital for Sick Children and Department of Clinical Neurosciences Update

8. Other Items (Indicative Timing 1:30 - 2:30 p.m.)

8.1. Delivering Public Value - Supporting Difficult Decisions

8.2. Committee Memberships


9. Presentation on Compassionate Care by Stephen Smith

10. Communications Received

11. Date, Time and Venue of Next Meeting: Wednesday 23 March 2011 at 9:30 a.m. in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

12. Resolution to take items in closed session
Dates of Meetings in 2011:

<table>
<thead>
<tr>
<th>Board Meetings</th>
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<tr>
<td>23 March 2011</td>
<td>23 February 2011 #</td>
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<td>26 May 2011</td>
<td>27 April 2011 #</td>
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<td>22 June 2011*</td>
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<td>28 September 2011</td>
<td>25/26 October 2011 #</td>
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* Special meeting to consider the Annual Accounts

# Trustees Meeting preceding Board Away Day
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<tr>
<th>Action Required</th>
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<tr>
<td><strong>Mutuality and Equality Governance Committee</strong> <em>(24 November 2010)</em></td>
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<tr>
<td>• Future Minutes of the Mutuality and Equality Governance Committee to be brought forward for adoption in the same way as other Board Committee Minutes</td>
<td>DW</td>
<td>Ongoing</td>
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<td><strong>Proposed Response to Scottish Government Autism Strategy</strong> <em>(24 November 2010)</em></td>
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<td>• Board approved the response to the consultation, subject to Professor McMahon reflecting Board debate in final response</td>
<td>AMcM</td>
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<td><strong>Delivering Waiting Times</strong> <em>(24 November 2010)</em></td>
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<td>• Take progress report to the April meeting of the Healthcare Governance and Risk Management Committee</td>
<td>AMcM</td>
<td>April 2011</td>
<td>Paper to April meeting of Committee</td>
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<tr>
<td><strong>Tackling Delayed Discharge</strong> <em>(24 November 2010)</em></td>
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<td>• Stressed that NHS Lothian’s top five longest waiters needed to be addressed. Professor McMahon to include an update on the position in the next delayed discharge report to the Board</td>
<td>AMcM</td>
<td>January 2011</td>
<td>Actioned</td>
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<td><strong>NHS Lothian’s Quality Improvement Strategy 2011-2012</strong> <em>(24 November 2010)</em></td>
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<td>• Bring full and final report on NHS Lothian’s quality Improvement Strategy 2011-2014 to the March Board meeting</td>
<td>DF</td>
<td>March 2011</td>
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DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 24 November 2010 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Executive Directors:  Professor J J Barbour (Chief Executive); Mrs S Goldsmith (Director of Finance); Mrs M Hornett (Nurse Director); Mrs R Kelly (Associate Director of Human Resources – Representing Mr A Boyter, Director of Human Resources and Organisational Development); Dr A K McCallum (Director of Public Health and Health Policy); Professor A McMahon, (Acting Director of Strategic Planning and Modernisation); Mrs J K Sansbury (Chief Operating Officer) and Professor C P Swainson (Medical Director).

Non-Executive Directors:  Dr C J Winstanley (Chair); Mr R Y Anderson; Ms S Allan; Councillor J Aitchison; Councillor J Bell; Mr R Burley; Councillor J Cochrane; Mrs T M Douglas; Mr E Egan (Vice-Chair); Councillor P Edie; Mr P Johnston; Mrs J McDowell; Professor P Murray; Mr B Peacock; Professor M Prowse; Mr S G Renwick; Dr A Tierney; Mr G Walker; Dr R Williams and Mr I Whyte.

In Attendance:  Professor D Newby (For Item 87); Professor P Padfield (For Item 98); Ms J A Stirton and Mr D Weir.

Apologies for absence were received from Mr A Boyter and Professor J Iredale.

Chair’s Opening Comments

The Chair advised this would be Professor Swainson’s last formal Board meeting and while there would be other opportunities to mark his departure, he felt that it was important the Board recorded its gratitude to Professor Swainson who had been in the post of Medical Director for 14 years.

The Chair extended a warm welcome to Ms Shulah Allan, who was attending her first Board meeting as the second member of the Board Pilot and would represent patient interests.

The Chair welcomed Ms Gemma Couser, Management Trainee and Mr Garth Clinkscale, Management Trainee to the meeting.

The Chair advised that Professor Newby would attend for the Research and Development Strategy agenda item, although it had been requested this item be discussed in advance of lunch time as he had clinical commitments. The Board agreed to reschedule the agenda.
Declaration of Financial and Non-Financial Interest

The Chair reminded members that they should 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. There were no declarations of interest.

82. Minutes of the Previous Meeting of Lothian NHS Board held on 22 September 2010

82.1 The Minutes of the Lothian NHS Board meeting held on 22 September 2010 were approved as a correct record.

83. Committee Minutes for Adoption

83.1 Area Clinical Forum – Minutes of the Meeting held on 16 September 2010 – the Board adopted the Minutes.

83.2 Edinburgh Community Healthcare Partnership Sub-Committee – Minutes of the Meeting held on 14 October 2010 – the Board adopted the Minutes.

83.3 Healthcare Governance and Risk Management Committee – Minutes of the Meeting held on 5 October 2010 – the Board adopted the Minutes.

83.4 Midlothian Community Health Partnership Sub-Committee – Minutes of the Meeting held on 29 July 2010 – the Board adopted the Minutes. The Vice-Chair advised the Cabinet Secretary for Health and Wellbeing had visited the Midlothian facility and had noted that patients were pleased with the new hospital. The Chair advised the facility would be subject to a formal royal opening in the spring.

83.5 Primary and Community Partnership Committee – Minutes of the Meeting held on 10 November 2010 – the Board adopted the Minutes. Mr Burley advised the meeting had discussed the outputs of the PCPC workshop.

83.6 Service Redesign Committee – Minutes of the Meeting held on 18 October 2010 – the Board adopted the Minutes.

83.7 Staff Governance Committee – Minutes of the Meeting held on 29 September 2010 – the Board adopted the Minutes. The Vice-Chair advised the Employment Placement service, which had been created to promote early return to work had achieved a 100% success rate.

83.7.1 Mr Renwick commented he was pleased to see the Staff Governance Committee had addressed issues about the release of staff for mandatory training and commented this was an area of Audit Committee interest.

83.8 West Lothian Community Health and Care Partnership Sub-Committee – Minutes of the Meeting held on 19 August 2010 – the Board adopted the
Minutes. Mrs Douglas advised the virtual ward concept was being progressed following the outcomes of the recent Board Development Day. She advised in terms of Partnership Sub-Committee meetings it had been agreed to use Fauldhouse Partnership Centre for the next three meetings in order to determine its suitability as a venue for the future.

83.9 West Lothian Community Health and Care Partnership Board – Minutes of the Meetings held on 7 September and 19 October 2010 – the Board adopted the Minutes.

83.10 Audit Committee – Minutes of the Meeting held on 11 October 2010 – the Board adopted the Minutes. Mr Renwick advised the Counter Fraud Service presentation on Zero Tolerance had been welcomed by the Audit Committee and it was important to recognise that fraud was not a victimless crime. Mr Renwick in response to a question from the Chair advised the Internal Audit Service was able to identify areas of risk in respect of potential fraud through the risk assessment process.

83.11 Mutuality and Equality Governance Committee - Mrs McDowell advised that the Mutuality and Equality Governance Committee had met on two occasions and had identified a work plan covering numerous areas. She advised the next meeting of the Mutuality and Equality governance Committee would be held in early January where discussions would be held around the Volunteering Strategy in anticipation of the Board Development Day at the end of February. The Board noted that future Minutes of the Mutuality and Equality Governance Committee would be brought forward for adoption in the same way as other Board Committee Minutes.

84. Chair’s Report

84.1 The Chair advised he had hosted a visit of the Veteran’s Agency to the Lothian and Edinburgh Abstinence Programme (LEAP) and Veteran’s First Point where they had been able to see the excellent work being done around both projects. He would be meeting with an Army senior figure later in the week and he was keen to see NHS Lothian staff work with military colleagues for the future benefit of veterans.

84.2 The Chair advised he had attended his first meeting of the Scottish Government’s new Quality Alliance Board, of which he was a member and advised that the Quality Strategy to be discussed later by the Board, in conjunction with the Scottish Patient Safety Programme (SPSP) would ensure quality was at the centre of all NHS Lothian activities.

85. Chief Executive’s Report

85.1 The Chief Executive highlighted excellence and innovation as key themes in his current report to the Board. He advised the Board of a number of awards received by NHS Lothian staff from the Association of Public Service Excellence and also the Scottish Health Awards. The Chief Executive advised
it was important that the Board acknowledged the services of the NHS Lothian winners, as well as shortlisted candidates and, on behalf of the Board, he had sent letters of congratulations to all concerned.

85.2 The Chief Executive advised he had been pleased to accept an invitation from the Permanent Secretary of the Scottish Government, Sir Peter Housden to attend the Scottish Leader’s Forum event which had been held over two days on September 30 and October 1. He advised the event had been widely attended by public sector leaders from all sectors across Scotland and had looked at the extended period of fiscal consolidation to be faced by all and the accompanying challenge to ensure transparency and performance and how to improve value for money whilst disrespecting organisational boundaries in order to obtain best value for patients.

86. Proposed Response to Scottish Government Autism Strategy

86.1 Professor McMahon invited the Board to agree NHS Lothian’s response to the Scottish Government Draft National Strategy “Toward an Autism Strategy for Scotland”.

86.2 Mrs McDowell commented that she felt the draft response could be strengthened by eliminating sentences which ended with a question mark and replacing these with a recommendation about what NHS Lothian thought the proper approach should be. Professor McMahon would address in the final version of the response.

86.3 Councillor Edie commented he had concerns about some of the recommendations. In particular, he was not convinced that user/carer participation in local planning processes would be as fruitful as the response anticipated and questioned why Community Safety Forums had been singled out. Councillor Edie felt recommendation 14 was weak and was suggesting a do nothing approach. He also felt there was a need to make stronger reference to community justice authorities. Professor McMahon undertook to take these comments on board in the final response.

86.4 Mr Renwick commented the response, which contained many typographical errors did not convey the professionalism of the Board and hence should not be issued in the Board’s name. Professor McMahon advised he would address this in the final response.

86.5 Professor Swainson questioned in respect of the definition of autism whether it was clear where health engagement started and ended. He commented in respect of interventions, it would be important these were supported by evidence-based work.

86.6 The Board approved the response to the consultation, subject to Professor McMahon reflecting Board debate in the final response. AMcM

87.1 The Board agreed to take this agenda item out of sequence in order to allow Professor Newby to meet other commitments.

87.2 Professor Newby reminded the Board that the University of Edinburgh was one of the top five research facilities in the world and the top in the UK for hospital-based services. He provided the Board with examples of world class research being carried out in Lothian.

87.3 Professor Prowse commended the excellence of clinical research in NHS Lothian and stated there was a need to consider research in leadership and compassionate care. She advised work in research and development was a jewel in NHS Lothian’s crown and was making a difference to people every day and it would be important to try and protect funding.

87.4 Professor Newby in response to questions from Mr Renwick provided updates on the Wyeth relationship, intellectual property and links with the Income Generation Strategy, as well as the magnetic effect in respect of cross-boundary flows and income recovery. On this latter point, Mr Renwick sought assurance that the cross border flow attracted was fully funded. Mrs Goldsmith advised that this was not yet the case but that stringent efforts were underway to ensure full cost recovery from other Boards and agencies.

87.5 The Chief Executive advised in respect of income generation from intellectual property, it would be a matter for NHS Lothian to consider how it might support and benefit from commercial developments such as the BioQuarter. He reported the notion of a health innovation zone had been floated with the Cabinet Secretary for Finance and Sustainable Development. The Chief Executive felt that should an opportunity arise, this was an area where NHS Lothian could lead the way.

87.6 Mr Walker questioned how NHS Lothian would know if the strategy had been a success as it was currently vague and not specific about timelines. He noted in particular that a significant amount of actions ended in 2011 and commented this was unusual for a five year strategy. He was keen to be able to communicate to a wider audience any successes emerging from the Strategy.

87.7 The Chief Executive commented a useful way forward would be to develop an approach which would demonstrate benefits from “bench to bedside to business”. He advised through this process it should be possible to trace and demonstrate that laboratory research had both patient and commercial benefit. Professor Newby advised this would represent a possible way forward with the impact being spread over 15 years. Professor Newby and Professor Swainson would develop some specific outcomes and report these through the Healthcare Governance and Risk Management Committee.

87.8 Dr Tierney commented that during her tenure as a Board member, research and development had moved significantly from being narrow and focused on medical research to the current position where there was public engagement in
research and this was to be welcomed. She felt, however, that the Strategy before the Board was driven by biomedical research and, as a consequence, over-shadowed other areas that the Board should be addressing, particularly around high volume and problematic areas that currently did not feature in the Strategy. Dr Tierney advised by way of example that there was no reference in the Strategy to older people. She supported Mr Walker’s views about outcomes being produced on an evidence base to show improvements.

87.9 Dr Tierney advised she would like to see more numeric data around objectives and capacity building, as well as the spread of research activity. She noted that in some instances the timescale for seeing improvements might be 10-15 years and this required to be recognised.

87.10 Professor Newby in response commented there were a number of trials involving elderly patients. He commented in respect of challenging areas that discussions were underway with General Practitioners to help prevent people getting renal failure and huge benefits had been demonstrated through the Health Service Research Unit. He confirmed to Mrs McDowell that the Strategy would reflect the detailed debate about research at the recent Board Development Day and the extensive comments made at that meeting.

87.11 Professor Newby in response to a question from Mr Anderson advised he did not believe the Government’s cap on non-European Union immigration would impact on the quality of research as he did not believe it applied to academic aspects, although this would need to be tested. Dr Tierney advised it was her understanding that the cap excluded scientists.

87.12 The Board approved NHS Lothian’s Research and Development Strategy for 2011-2015, subject to the incorporation of changes proposed.

88. Financial Position to 30 September 2010

88.1 Mrs Goldsmith advised the September financial position demanded the need for continuing effort. This was a demanding time for both the management team and the Lothian Partnership Forum. She commented the details of the Scottish Parliament budget announcement were being worked through, although it was likely to be February before the full implications were known. Mrs Goldsmith advised she anticipated that a minimum of a 4% efficiency target would be required. Mrs Goldsmith advised an Executive Management Team Away Day was scheduled for 3 December 2010 to consider the financial position for the forthcoming year, in order to ensure that the system was well placed to deliver a balanced financial position moving forward.

88.2 Mrs Goldsmith commented there was an absolute imperative on delivering the current financial position and this was predicated on full delivery of the Local Reinvestment Plan (LRP) with non-recurrent aspects requiring to be as minimal as possible. Mrs Goldsmith accepted that the reported position was difficult although the outcome of the mid-year review had confirmed trends that were already known. Mrs Goldsmith commented whilst some areas would require non-recurrent support, she was clear that movements on operational aspects
required to be addressed by management. Mrs Goldsmith advised the outcome of the mid-year review had confirmed NHS Lothian would be able to deliver its full financial commitments at the end of the financial year, including the achievement of financial balance.

88.3 Mrs Goldsmith commented in respect of the month 7 report that this showed an improved position of £600,000 when compared to the month 6 report. She advised improvements had also been reported in discretionary spend. She commented that within the University Hospitals Division, the month 7 report was demonstrating that operational performance was in balance, with the exception of the Local Reinvestment Plan (LRP). Mrs Goldsmith advised NHS Lothian had now received its GMS allocation for primary care services and this included some benefit that would be used to support the prescribing overspend of £1.5m. However, there was still work to be done in order to understand the underlying reasons for the prescribing position.

88.4 Mrs Goldsmith commented in respect of the capital position where slippage was evident on schemes, monies had been reinvested in areas that would require to be addressed in the forthcoming year. Mrs Goldsmith advised capital expenditure targets would be met by the end of the financial year.

88.5 Mrs Goldsmith commented in respect of activity that this was an area that was becoming better understood, particularly in respect of its links to the financial position. She commented that in the budget setting process for 2011/12, firmer links would be made between budget, activity and workforce.

88.6 The Chair sought further details on the implications of the Scottish Parliament budget announcements around the capital programme. Mrs Goldsmith advised all legally committed schemes would be funded with the only exception being schemes within the Hub process where phasing might need to be debated. Mrs Goldsmith advised that NHS Lothian would be left with a smaller formula allocation and this would be available to support statutory standards, equipment and IM&T. Business cases would require to be submitted to the Scottish Government Health Department to support any other projects.

88.7 Mr Whyte commented it was notable that the biggest areas of overspend were within University Hospitals Division and advised he welcomed the improving position in the month 7 figures. However, he was concerned around the three key cost drivers and questioned what steps were being taken to ensure nursing and locum costs were reduced for the rest of the year. Mrs Sansbury advised she was in detailed discussions with Mrs Goldsmith and Mrs Hornett around these issues and expected the medical locum position to improve moving forward. She commented clinical supplies remained an underlying issue which would be discussed by the University Hospitals Division Senior Management Team the following day, as well as at the Executive Management Team Away Day on 3 December.

88.8 Mrs Hornett commented in respect of nurse bank and agency spend that the October 2010 position was 24% less than at the same time in the previous year, as a consequence of new robust management arrangements. She commented the lessons learned in managing the nurse bank had been applied
to medical locums and other agency staff and she felt management arrangements were now becoming more robust.

88.9 Mrs Hornett commented in respect of nursing costs moving forward that a review of all nursing workforce, nursing teams, specialist roles and non-clinical roles was being undertaken and that by mid-February 2011 a plan would be in place on how to progress nursing issues. She commented during this process she would continue to link with Mrs Sansbury’s work on sickness absence, as well as different ways of providing support workers to allow cover across a range of specialties. Mrs Hornett commented this referred back to the development of the generic worker posts discussed previously with partnership colleagues.

88.10 Mr Renwick commented the financial position remained concerning. He felt the recommendation in the paper was passive and that the Board needed to do more than just note the position. He commented a topic for one of the 5x5x5 projects should be to identify savings opportunities across the single system and also best practice around financial performance to encourage innovation.

88.11 Mr Walker advised in respect of the capital position that planned capital spend had been £91m with actual spend being £25m and in that respect the outcome of the mid-year review would be important in understanding what projects could move forward. He commented there had been a habit of approving projects which subsequently stalled and he would hope that the mid-year review would address some of these issues in order to move capital projects forward. Mrs Goldsmith commented that the points made by Mr Walker were reasonable and it was important in future to be clear that until a scheme was legally committed, it would attract no cash flow.

88.12 The Vice-Chair reminded the Board that NHS Lothian had delivered efficiencies of £20m year-on-year over the previous 5 years. In addition, NHS Lothian had repaid early the £20m loan from the Scottish Government Health Department. He commented that partnership colleagues continued to put forward proposals on how the system could work smarter. The Vice-Chair commented NHS Lothian had not complained about being a losing Board under Arbuthnott and it was disappointing, therefore, that it was not receiving its full benefit under the NRAC funding formula.

88.13 Professor Prowse commented she was also concerned about the financial performance to date. She questioned whether forecasting gap analysis had been undertaken as she felt such an approach would reduce staff time. Mrs Goldsmith commented that an absolute key issue moving forward would be the early identification of efficiencies and significant work had been undertaken around this.

88.14 The Chief Executive advised he was under no misapprehensions that the reported position was acceptable and it was for him as accountable officer and Executive Director colleagues to resolve. The Chief Executive reminded the Board Mrs Goldsmith had re-affirmed that NHS Lothian would meet its financial targets at the year end. He reminded the Board of the very cogent points made by the Vice-Chair about what NHS Lothian needed to deliver under more
demanding circumstances than other health systems. The Chief Executive commented based on the Scottish Government’s own benchmarking data, NHS Lothian emerged as more effective than any other equivalent Board.

88.15 The Chief Executive commented in addition to the Executive Management Team Away Day on 3 December, a budget setting session had been planned for January 2011 with Directors and their teams to look at both the current and forthcoming financial year. He advised the Board if managers were seen to be wilfully neglecting their duties and responsibilities, these actions would be addressed through the appropriate management code of conduct. He advised in respect of the 5x5x5 process referred to by Mr Renwick, one team was specifically looking at waiting time performance.

88.16 The Board noted the financial position and whilst not being complacent accepted Mrs Goldsmith’s advice that she remained confident that NHS Lothian would meet its financial requirements.

89. Delivering Waiting Times

89.1 Professor McMahon updated the Board on positive progress around a range of waiting time targets.

89.2 Professor McMahon reminded the Board that the scoliosis service was being reviewed by National Services Scotland with an anticipated reporting timescale of early 2011.

89.3 The Chair noted that A&E performance was almost on target and asked what additional measures were being made to reach 98%. Mrs Sansbury advised she had established a project team being led by Dr Simon Mackenzie, to look at a number of strands and advise her of further action required. She reminded colleagues the access target related to a whole system target and not just accident and emergency. Professor McMahon advised a progress report on A&E would be received by the April meeting of the Healthcare Governance and Risk Management Committee.

89.4 Professor Murray commented that at the last meeting of the Healthcare Governance and Risk Management Committee a useful presentation had been received on Accident and Emergency where the Committee had been assured that significant work was ongoing. As previously reported an April progress report would be brought to the Healthcare Governance and Risk Management Committee.

89.5 Mrs McDowell questioned how far from target endoscopy services were. Mrs Sansbury commented patients were generally seen within 4-6 weeks although if anyone was flagged as urgent, they would be seen more quickly. Mrs Sansbury commented the increase in “scopes” activity was significant and she had discussed this with Dr Williams, and would then discuss this with both GPs and secondary care consultants who would further address with GP colleagues with a view to obtaining a better understanding of the reasons for the increase in activity.
Dr McCallum commented one reason for the increased use of “scopes” would relate to the increase in oesophageal cancer in the UK. Dr Williams commented another reason could be the introduction of the National Bowel Screening Programme. Mrs Sansbury in response to Professor Prowse advised nursing endoscopy staff were already utilised and that she and Mrs Hornett were looking at nurse practitioner roles from a broader perspective.

The Board received the update report on NHS Lothian’s positive performance in meeting waiting time targets.

**Tackling Delayed Discharge**

Professor McMahon commented that due to the timing of the Board meeting, there had been a September and October census and the headline figures contained within the circulated report provided analysis on results of the October census. He advised the overall total delayed discharge position showed an improvement, although there had been a small increase in the number of patients who had been reported as x-codes.

Professor McMahon provided details of performance across the delayed discharge partnership in Lothian.

Professor McMahon commented in respect of some of the longer stays that learning disabilities were a key aspect and NHS Lothian was engaged in work with four local authorities and the South East and Tayside Group (SEAT) to develop a model of care to meet the specific needs and costs of this group of patients.

The Chief Executive commented the position in respect of the longest stay patients was unacceptable and drew the Board’s attention to the fact that five patients represented 5,000 bed days lost which was unacceptable both in terms of the human cost to the patients involved and the use of resources. The Board had discussed this issue for some time while he had raised it specifically during his operational visits to NHS Lothian sites. He hoped the Board collectively would pursue this with the same level of rigour as he felt it was important to find solutions for this group of patients within a pre-determined specific timeframe.

The Vice-Chair commented he also chaired the East and Midlothian CHP which included learning disabilities within its portfolio and assured colleagues this issue was high on the agenda. A meeting to be held the following day to include the local authority would provide some focus in moving forward this agenda area. The Vice-Chair stressed it was important people only moved to suitable accommodation to reflect the fact that they still had active lives.

Professor McMahon in response to Mr Burley commented the third sector, through the newly announced change fund proposals would be engaged in discussions on an ongoing basis. He advised that learning disabilities was supported by a Project Board which was influenced by the third sector.
Councillor Bell advised since she had taken over the Cabinet portfolio and linked with new senior Council staff appointments, the position had significantly improved in East Lothian. She advised the Cabinet had agreed to sign up to the Moving On policy. She reported the guardianship process could delay people moving out of hospital. She advised generally care homes would not accept patients who did not have financial guardianship arrangements in place and this could cause significant delays. Professor McMahon concurred advising this affected a number of the people who were experiencing the longest waits. The Chair welcomed the positive steps now being taken within East Lothian.

Mr Johnston agreed with the comments made by the Chief Executive and advised whilst he welcomed the changes made in East Lothian and elsewhere, he questioned whether there was any benefit outwith Board meetings for local authorities, voluntary organisations and others to meet and learn from best practice in order to reach a minimal delayed discharge position.

The Chief Executive advised Mrs Goldsmith and Professor McMahon were in the process of meeting with all four local authorities. He further commented the change fund proposals recently announced by the Scottish Government Health Department, which provided ring fenced money targeted at older people services which had to be jointly agreed by a range of partners prior to being released to include voluntary organisations, would necessitate the discussion referred to my Mr Johnston. He stressed his only caveat was that NHS Lothian’s top five longest waiters needed to be addressed now and he would ask Professor McMahon to include an update on the position in the next delayed discharge report to the Board to include a timescale for resolving the position for these individuals.

Councillor Edie commented in the report there was no evidence of where the five longest waiters came from. The Chief Executive commented that it was wholly unacceptable to have this number of patients in places where they could not prosper and who were also utilising a high number of bed days. Councillor Edie commented whilst the position might not be appropriate nor desirable, there might be no alternative solution and in any event he was nervous about signing up to blank cheque proposals. He advised he would require further information in respect of which local authorities were responsible for these individuals.

The Chair commented it was important to break existing log jams and to understand what was inhibiting progress for this group of patients. He advised that committing financial resources would be part of a downstream process and was not what was being proposed at this point. The Chief Executive advised if resolution for the patients involved was deemed to be beyond the financial capacity of partner organisations, it would be important the Board was advised of this formally, in order that it could determine a way forward.

The Board received the update report on delayed discharges and agreed Professor McMahon would provide the further analysis and details of proposed timescales to address issues around the five longest waits in Lothian.
91. **Healthcare Associated Infection**

91.1 Dr McCallum commented NHS Lothian’s performance in respect of Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile was good. However, Methicillin-Sensitive Staphylococcus Aureus (MSSA) remained problematic with detailed action plans in place. Dr McCallum commented she thought meeting the target of 254 was unlikely by March 2011 on the basis of performance to date and this was unfortunate as it over-shadowed excellent progress in other areas.

91.2 Dr McCallum in response to a question from Mr Walker advised MSSA was much more ubiquitous than other infections and was more commonly held on the skin. She commented that MSSA tended to concentrate on the sickest people with the poorest immune system and it was usually the individual's own bacteria that was problematic. Dr McCallum advised MSSA was difficult to resolve because it was less reliant on the actions of doctors and nurses and, in some instances, patients found it difficult to address their own aspects in order to prevent MSSA. Dr McCallum advised improvements continued to maintain progress in respect of cleaning and hand hygiene with the focus being on areas which had been slower to demonstrate improvement. She commented work also was progressing in respect of anti-microbial prescribing.

91.3 Dr McCallum advised in respect of Health Environment Inspection visits that these had resulted in largely positive reports. However, because of the level of scrutiny areas of improvement had been identified and an action plan had been put in place to make the necessary improvements.

91.4 The Vice-Chair expressed concern about the previous day's press coverage about Lothian having two out of the twelve dirtiest hospitals, and felt the Board should write to The Scotsman demanding a retraction. He advised staff had worked hard to make improvements and such unnecessarily adverse publicity made staff feel they were under attack for making what was in effect positive changes. He commented he was concerned at the ongoing dis-service being paid to staff in the NHS by certain parts of the media.

91.5 Ms Stirton commented a letter had already been sent to The Scotsman in Dr McCallum’s name which highlighted the positive work done by staff as well as highlighting comments by the Cabinet Secretary, as well as statements made by HEI itself. Ms Stirton advised she and Mrs Hornett had spoken to the staff affected and commented that journalists needed to understand the impact their reporting had on individuals rather than the corporate entity.

91.6 Mr Walker felt NHS Lothian had made great strides in this area advising that the Board paper was impressive and people should be congratulated for their efforts.

91.7 The Board noted the activities being undertaken to deliver the agenda to reduce and manage healthcare associated infection.
92. **Improving Care, Investing in Change**

92.1 The Board noted and supported progress to date with implementing the Improving Care, Investing in Change programme.

92.2 The Board agreed that in future reports only needed to be submitted to the Board on a high-level basis on a 6 monthly cycle with the detail being considered by the Finance and Performance Review Committee.


93.1 In the absence of Mr Boyter, Mrs Kelly advised the Board of progress against the actions outlined within the Human Resources and Organisational Development Strategy 2008-11 which had been approved by the Board in November 2008.

93.2 Mrs Kelly advised the current strategy expired in 2011 and further work was underway in order to take forward the Staff Engagement Strategy in partnership. A further progress report would be submitted to the Board in May with the final report to the November 2011 meeting.

93.3 The Chair commented the generic support worker concept was important and questioned how quickly these practitioners would be in place. Mrs Kelly advised it was anticipated this would occur in early 2011. The Vice-Chair concurred advising it was hoped a pilot would be in place no later than March 2011, although it would be important in advance of this to ensure that professional regulatory boundaries were in place and this was the potential area of slippage.

93.4 Mr Anderson commented in terms of the Masters in Leadership practice programme that it would be useful if the 50 members of staff on the programme were able to showcase their experiences to the Board in the spring of next year. The Chair advised he would give consideration on how best to accommodate this request.

93.5 Mr Whyte, in respect of shared services, questioned what the timescale was for submitting a report to the Finance and Performance Review Committee and thereafter setting up shared service proposals. The Chief Executive commented that on a pan-Lothian and Borders basis, Mr Boyter was leading and co-ordinating an exercise in shared services although it was important to recognise that progress in this area was dependent upon all other partners nominating people to participate and there was the need for further progress in this area, since progress reflected the pace of the slowest.

93.6 Mr Walker welcomed the report but advised it was difficult to route map progress against original objectives and identify areas where actions had been concluded. Mrs Kelly undertook to feed back this comment to Mr Boyter.
93.7 The Vice-Chair commented in respect of the target reductions in workforce, it was important to remember that no other Health Board in Scotland had received the level of positive engagement from partnership colleagues to undertake this process whilst improving services and at no detriment to staff or patients.

93.8 The Chief Executive commented that the black and minority ethnic mentoring scheme, which had been supported by the Board through its Board Away Day process was now in its second year. He had met the previous day with some participants who, although welcoming the scheme, still felt there was much for the organisation to do in terms of dealing with diversity at management level. The Chief Executive commented whilst many of these comments were anecdotal, it would be wrong to be complacent in this important area. He advised some of the anecdotes that had been fed back to him were not illustrative of behaviour in NHS Lothian he would wish to see.

93.9 Mrs McDowell questioned whether it would be possible in order to further understanding in this important area for some participants of the black and minority ethnic mentoring scheme to speak to the Mutuality and Equality Governance Committee. The Chief Executive commented this was a possible way forward, although he suggested this would be best undertaken downstream from the work that Mrs Hornett was currently engaged in.

93.10 The Vice-Chair advised he would put Mrs McDowell in contact with the black and ethnic mentoring scheme part of Unison. The Vice-Chair commented issues around ethnicity remained an inherent problem within Scotland.

93.11 The Board noted that a consultation process would begin in early 2011 with a view to bringing to the Board a replacement Human Resources and Organisational Development Strategy in recognition that the current strategy would expire in November 2011.

94. Quality Improvement Report

94.1 Professor Swainson provided the Board with an update on the key components of the Patient Safety Programme and presented measures to assess the quality of mental health care in NHS Lothian.

94.2 Professor Swainson in response to a question from Mr Walker provided a detailed explanation of the process in place to undertake rehearsals/drills for deteriorating patients, including major haemorrhage as part of the implementation of the Scottish early warning score. It was his intention to roll out this process to areas where unexpected haemorrhages might occur.

94.3 The Board noted the Quality Improvement report update.
95. **NHS Lothian’s Quality Improvement Strategy 2011-2014**

95.1 Dr Swainson advised he was inviting the Board to consider, but not approve at this stage, the draft NHS Lothian Quality Improvement Strategy for 2001-2014 which would come forward to the Board for formal approval in March 2011. He reminded colleagues the Scottish Government Health Department had published its own Strategy the previous May and structures were now in place in respect of its implementation. He advised Health Boards had been asked to consider how their own strategies reflected the national strategy and he was pleased to advise that the NHS Lothian strategy provided a good fit.

95.2 The Chair advised he sat on the National Quality Alliance Board and he had been asked to liaise with the Chair of the Chief Executives’ Group to provide Boards with a flavour of what was being proposed and how quality governance would be delivered in future. The Chair advised he did not think outcome metrics would be available until late Spring and, in that respect, local health systems would require to identify their own areas of focus.

95.3 Mr Walker commented that the report before the Board was well structured in terms of objectives and measurability and he suggested this should be used as the template for other strategies coming forward for consideration.

95.4 Mr Renwick commented it would be important to ensure the Scottish Ambulance Service remained fully engaged as they had a key planning role to undertake.

95.5 The Board agreed to receive the full and final report on NHS Lothian’s Quality Improvement Strategy 2011-2014 at its March meeting.

96. **NHS Lothian Consideration of the Mid-Staffordshire Report by Robert Francis QC**

96.1 Professor Swainson advised the Scottish Government Health Department had asked all Health Boards to review their procedures and policies in light of the Mid-Staffordshire report produced by Robert Francis QC.

96.2 Professor Swainson commented that the Lothian response against actions and controls were detailed in the paper. He commented it would always be difficult to deliver a perfect system and he was grateful to the Maternity Board, Area Clinical Forum and the Lothian Partnership Forum for their overwhelming support for the actions being taken to prevent the tragedy that had occurred in Mid-Staffordshire. He commented, however, that there remained an ongoing need to be vigilant to ensure no slippage in standards. Professor Swainson commented the response did not require to be submitted to the Scottish Government Health Department.

96.3 Mr Walker commented he had been involved in an appeal hearing the previous week where he had been disturbed at people’s uncertainty about how to raise concerns and questioned whether a whistle blower’s policy was in place.
Professor Swainson and the Vice-Chair commented such a process was in place and included staff side organisations.

96.4 Dr Tierney commented that whilst she was assured by Professor Swainson’s comments, it was sometimes important to get behind the statistics in order to make informed decisions rather than rely on anecdote.

96.5 The Chief Executive commented the reason for the previous debate around long stay delayed discharge patients had occurred because he had asked for the detail behind the headline figures. He reaffirmed it was entirely proper for any Board member to ask for additional details on any issue facing the Board. He had seen patient-level data which had been produced from TRAK which had been extra-ordinary in terms of its level of specificity and the quality of the data meant it was possible to look at outputs on an individual level. He advised the ability of this data mining had been showcased at an international conference the previous week.

96.6 Dr Tierney commented it would be important to ensure staff were released to attend mandatory training and it would be important to address the unsatisfactory levels of compliance in some areas. The Chair reminded colleagues that Mr Renwick had raised the same issue earlier in the meeting.

96.7 Mrs Hornett commented details of how to progress escalation had been issued to all nursing staff from the Nursing and Midwifery Council following on from the Mid-Staffordshire incident. The Vice-Chair commented that the Chief Executive and his Executive Directors operated an open door policy and he had experienced no difficulties in the past escalating issues of concern to the management team.

96.8 Professor Prowse commented she was satisfied from Professor Swainson’s report that there were no major issues of concern. However, she felt there was a need for wider understanding amongst the staff of NHS Lothian of the work that the Board and Non-Executive Board members, in particular, undertook. She felt it would be important to raise the profile of the Board through internal communications. She also felt it would be important staff understood the Board-level structure and its governance role. Ms Stirton undertook to run an article early in the New Year focusing on governance and structures. The Vice-Chair commented that in order to address some of the points raised by Professor Prowse, it might be appropriate to invite selected members of staff to attend the first half of Board meetings in future.

96.9 Mr Peacock commented that he was the national Vice-Chair of the NHS 24 Public Partnership Forum and advised as well as a photograph a brief resume was provided and issued to all members of staff. Ms Stirton commented this approach had been adopted within NHS Lothian in the past and she would be happy to consider doing so again.

96.10 The Board endorsed the responses to the issues identified in the circulated appendix in respect of the issues raised by Robert Francis QC in his report on the events at the Mid-Staffordshire NHS Foundation Trust.
97. **NHS Lothian: Report on the 2009/10 Audit**

97.1 Mrs Goldsmith provided the Board with highlights from the External Auditors’ report on NHS Lothian for 2009/10. She commented it had been helpful that the audit report had made reference to funding baselines and NRAC.

97.2 Mrs Goldsmith advised the report on the 2009/10 audit had been considered by the Audit Committee which had been satisfied with its content. She advised recommendations had been made and an action plan had been agreed with auditors.

97.3 Dr Tierney questioned whether the risks identified by the auditors correlated with NHS Lothian’s own risk register and, in particular, commented on the low rate of compliance in respect of eKSF returns. The Vice-Chair commented low compliance was in part as a consequence of the Scottish Government Health Department having introduced a particularly cumbersome e-system. Mr Renwick commented the report had identified areas of performance where targets had not been achieved and had stated that performance could fluctuate from period to period.

97.4 Mr Anderson questioned whether it would be useful for the Board to receive an update on information governance. Dr McCallum advised the Audit Committee had looked at information governance and she would discuss with Professor Swainson how best to pick up Mr Anderson’s request.

97.5 Mrs McDowell questioned whether the Strategic Risk Management and Quality Improvement Strategy had been addressed in the report. Professor Swainson advised this would require to be built upon as the timing of the report was such that this issue had not been addressed.

97.6 The Board noted the report, the business risks identified and the response and action deadlines produced in response to the risks.

98. **General Medical Council: Postgraduate Education Reports**

98.1 Professor Swainson advised the purpose of the report was to advise the Board about the outcomes of the General Medical Council (GMC) visit to the South East Postgraduate Deanery in May 2010 and the results of the GMC 2010 survey of doctors in training.

98.2 The Chairman welcomed Professor Paul Padfield, Director of Medical Education to the meeting.

98.3 Professor Padfield advised the South East region had been visited by the GMC in May. He commented it had been important to remind the inspectors about the differences between English and Scottish health systems. The inspection had raised a number of issues which would require to be addressed. He commented that appropriate action plans were in place to ensure any deficiencies were rectified.
98.4 Professor Padfield advised he produced a local education provider report to the Deanery which picked up on any action points raised by the GMC. He commented that areas of strength were also highlighted.

98.5 Professor Padfield in response to a question from the Chair suggested the annual report to the Board was sufficient in governance terms and advised he also submitted regular reports to the Medical Director as well as to colleagues within the University Hospitals Division. Professor Padfield in response to a comment from Mr Renwick advised he was confident educational supervision was provided to appropriate levels. Dr Williams questioned whether the Board should receive reports on GP training. Professor Padfield commented this would be appropriate and he would include this as part of future reports.

98.6 Dr Tierney felt the report provided assurance that tightly governed processes were in place. She commented it would be useful for the Board to receive parallel reports for other professions to provide assurance that the same level of governance was in place and that areas of concerns were being addressed. Mrs Hornett advised she would give consideration to this request.

98.7 The Chief Executive commented one noticeable issue from the suite of data was that St John’s Hospital was posted as an outlier in terms of emergency general surgery and trainee orthopaedics and it would be important to keep a focus in this area in order to ensure a richness of experience. As an example of these important issues, he advised plastic surgery services across Scotland were considering sustainability issues for the service, given impending retiral.

98.8 The Board received the report from the Director of Medical Education.

Professor Padfield left the meeting.

99. Committee Membership and Terms of Reference

99.1 The Board agreed:-

- the appointment of Professor John Iredale as Chair of the Service Redesign Committee
- the appointment of Mr S Renwick as Chair of the Audit Committee
- the appointment of Mrs J McDowell as a member of the Remuneration Committee
- the proposed amendments to the terms of reference of the Audit Committee.

100. NHS Lothian Patients’ Private Funds – Annual Accounts 2009/10

100.1 The Board reviewed and agreed the draft letter of representation for signature by the Chief Executive and approved the annual accounts for patients’ private funds for the year ended 31 March 2010.
101. **Mortality Report – Presentation by Dr Alison McCallum**

101.1 Dr McCallum provided a presentation to the Board on mortality in Lothian. She commented that by 2020 the priorities for health and healthcare were that the gap between the health of people in Scotland and those in the healthiest European countries should be reduced by one-third from 2000. The health gap between socio-economic groups should be reduced by a quarter from 2000.

101.2 Mrs McDowell commented whilst the overall trends were positive, it did not appear that Lothian improvements were being benchmarked against other large systems. Dr McCallum advised what she had presented was the first part of the exercise and that amenable mortality rates showed a positive position, although comparable data for other Health Boards was not yet available although this would come on stream over the next few years primarily because currently not all Health Boards had the capacity to produce the level of detail provided in Lothian.

101.3 Mr Anderson commented the data shared with the Board aided understanding of interventions and treatments that were successful and questioned whether there was anything based on the evidence where treatment was less effective and could be stopped. Dr McCallum advised an exercise in this area was being undertaken by SEAT in terms of low clinical value interventions.

101.4 Dr McCallum and Dr Williams would discuss how best to promulgate the presentation to General Practitioners.

102. **South East and Tayside Group Summary Report – 10 September 2010**

102.1 The Board adopted the summary report from the South East and Tayside Group (SEAT) meeting held on 10 September 2010.

102.2 The Vice-Chair commented this had been the first SEAT meeting with full partnership representation.

102.3 The Chief Executive advised he was the current Chair of SEAT and was keen to start to engage them on the pre and post budget agenda and, in that regard, it had been agreed to set a number of work streams, a significant amount of which would be led by NHS Lothian to look at delivering benefits beyond which systems could do in isolation.

103. **Communications Received**

103.1 The Board noted the list of communications received from the Scottish Government Health Department.
104. **Any Other Competent Business**

104.1 *Lothian NHS Board* - the Vice-Chair, on behalf of the Board, congratulated the Chair on his appointment by the Cabinet Secretary as Chair of NHS Lothian for a further period.

105. **Date and Time of Next Meeting**

105.1 The next meeting of Lothian NHS Board would be held on Wednesday, 26 January 2011 at 9.00am in the Islay Room, Gillis Centre, 100 Strathearn Road, Edinburgh, EH9 1BB.
<table>
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<tr>
<th>Item</th>
<th>Action to be taken</th>
<th>By whom</th>
<th>Completion date</th>
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<tr>
<td>2.3</td>
<td><strong>Workplan Updates</strong> – Written updated were requested for the next meeting.</td>
<td><strong>ALL</strong></td>
<td><strong>February 2011</strong></td>
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<tr>
<td>3.2</td>
<td><strong>Local Reinvestment Programme: Implications of Homecare</strong> The Chair agreed to bring a paper on homecare back to the next Area Clinical Forum meeting.</td>
<td><strong>PM</strong></td>
<td><strong>February 2011</strong></td>
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<td>3.3</td>
<td><strong>Policy on the Assessment of Eligibility for Adult Continuing NHS Healthcare</strong> - The Committee felt that the information for patients needed to be checked for spelling, grammar and readability and suggested that the NHS Lothian Communications Department be approached to check this information over. A summary assessment tool for patients was also suggested. The Committee asked for these comments to be fed back to Katie McWilliam.</td>
<td><strong>CG</strong></td>
<td><strong>February 2011</strong></td>
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<td>6.</td>
<td><strong>Stopping of the Coronary Services MCN</strong> The Chair suggested that Alison McCallum be contacted for further clarification of impact.</td>
<td><strong>CG</strong></td>
<td><strong>February 2011</strong></td>
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</table>
The Chair welcomed members to the meeting.

1. Minutes of the Previous Meeting – 16 September 2010 - The circulated minutes of the meeting were approved as an accurate account of that meeting.

2. Matters Arising [Action List]

2.1 Point of Care Testing Policy – The Committee noted that this action was complete.

2.2 Involvement of Professional Stakeholders in NHS Commissioning – The Committee noted that 3 nominations had been given and that this action was now complete.

2.3 Workplan Updates – This item was deferred to the next meeting.

2.4 Vacancy control guidance – This action was complete.

2.5 Local Reinvestment Programme (LRP): Homecare - The Item was on the agenda for today’s meeting.
2.6 Implementation of the Quality Strategy and the Area Clinical Forum’s contributions to the Board – The Committee noted that this action was complete.

2.7 National Wheelchair Services Review – This action was complete.

3. **Items for Discussion**

3.1 **Committee Workplan Updates** – Deferred to the next meeting.

3.2 **Local Reinvestment Programme: Implications of Homecare** - The Chair reported on concerns regarding the governance arrangements and financial implications of Homecare, these included:

- Not knowing when a contract was established
- Compliance with the standing financial instructions
- Ensuring quality control is as good as it could be through system management
- What size are the contracts, do they need to be tendered
- What data/information is being shared with external companies
- Not clear who holds each homecare budget and their respective impacts

3.2.1 The Chair stated that a paper had gone to a recent UHD SMT meeting but that more clarification on concerns had been asked for. The Committee shared the Chair’s concerns and the Chair agreed to bring a paper on homecare back to the next Area Clinical Forum meeting.

PM

3.3 **Policy on the Assessment of Eligibility for Adult Continuing NHS Healthcare** - The Committee noted the policy and suggested that Sally Egan contact the advisory committee chairs directly if nominations for the child policy group are required.

The Committee felt that the information for patients needed to be checked for spelling, grammar and readability and suggested that the NHS Lothian Communications Department be approached to check this information over. A summary assessment tool for patients was also suggested. The Committee asked for these comments to be fed back to Katie McWilliam.

CG

4. **Chair’s Business**

4.1 **Quality Strategy Update**
The Chair reported that a report from Jo Bennett on the Quality Improvement Programme had gone to the recent Board meeting and had been commended.

4.2 **Quality Outcome Measures and HEAT Targets 2011-12** - The Chair reported that comments on the measures from the last meeting had been submitted to the Scottish Government.

5. **Updates**

- Modernising Nursing in the Community
- Family Nurse Partnership Programme
• Refreshed Maternity Framework
• Reducing Antenatal inequalities

These update items were deferred to the next meeting when Sally Egan would be present.

6. Board Issues

6.1 NHS Lothian Clinical Board

6.1.1 The Forum noted the minutes of the meeting held on 28 October 2010.

6.2 NHS Lothian Service Redesign Committee

6.2.1 The Forum noted the minutes of the meeting held on 18 October 2010.

6.3 Lothian NHS Board Papers available at www.nhslothian.scot.nhs.uk

6.3.1 The Forum noted the minutes of the Board meeting held on 28 July 2010 and the electronically circulated papers from the 22 September meeting. The Chair also went over the papers for the Board meeting which was held on the 24 November. The papers would be circulated electronically after the meeting for members’ information. There was discussion about the R&D Strategy and how funding for research worked. The Chair suggested that Graham Bell contact Christine Phillips, deputy R&D Director for more information. Stopping of the Coronary Services MCN was also raised and the Chair suggested that Alison McCallum be contacted for further clarification.

CG

7. Area Clinical Forum Chairs Group for Scotland

7.1 The Forum noted the following items for information:
- Area Clinical Forum Chairs Group Minutes: 31/08/10
- Forth Valley NHS Board Area Clinical Forum Minutes: 29/07/10
- Lanarkshire NHS Board Area Clinical Forum Minutes: 15/07/10

8. Lothian Professional Advisory Committees Minutes

8.1 Members noted the circulated minutes from meetings of the Professional Advisory Committees held since the date of the previous LACF meeting:
- Lothian Area Healthcare Scientists Committee 27/10/10
- Lothian Area Nursing & Midwifery Committee 15/09/10
- Lothian Allied Health Professions Committee 14/09/10
- Lothian Area Medical Committee 13/10/10 (inquorate notes)

9. Items for Information

9.1 The Forum noted the following items for information:
- Evidence into Practice Portal: Using Knowledge to Improve Quality of Care
10. Any Other Competent Business

10.1 None.

11. Date of next meeting: Thursday 3 February 2011, 2pm-4.30pm*, Meeting Room 4, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG (Deadline for receipt of papers is 20 January 2011)

12. 2011 Meeting Dates: 19 May; 18 August; 17 November
### Family Health Services – Payment Verification Procedures (12 October 2009)

- To write to the Government with respect to Lothian’s experience of the dental payment verification protocol, and to report back to the Committee on what action can be taken locally.

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<tr>
<th>Action Required</th>
<th>Lead</th>
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<th>Action Taken</th>
<th>Outcome</th>
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<tr>
<td>To write to the Government with respect to Lothian’s experience of the dental payment verification protocol, and to report back to the Committee on what action can be taken locally.</td>
<td>SG</td>
<td>7/12/09</td>
<td>Currently awaiting the conclusion of the negotiations with the orthodontist. The circumstances of the case shall be formally reviewed after the case is concluded, and the report shall be presented to the Audit Committee and the SGHD.</td>
<td>In progress</td>
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<td><strong>Matters Arising from the Audit Committee of 21 June 2010 (11 October 2010)</strong></td>
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<td>• Mrs Goldsmith to provide a report to the December Committee on the transfer of the staff lottery from the exchequer.</td>
<td>SG</td>
<td>6/12/10</td>
<td>Still awaiting action to be completed by the Lothian Lottery Management Committee.</td>
<td>In progress</td>
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<td>• Mr Renwick to write to Professor Murray to seek further clarification on the issue of limited liability companies and clinical negligence.</td>
<td>SGR</td>
<td>6/12/10</td>
<td>The Chair has raised the issue with Professor Murray, and shall give an update once the response has been received.</td>
<td>In progress</td>
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<td><strong>Linkages with Other Board Committees (6 December 2010)</strong></td>
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<tr>
<td>Healthcare Governance &amp; Risk Management Committee - Minutes of the Meeting held 5 October 2010</td>
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<td>• Mrs Douglas to discuss further the issue of communication between acute and CHPs.</td>
<td>TD</td>
<td>8/2/11</td>
<td>Mrs Douglas has confirmed that she has had further discussions on this issue within the CHCP.</td>
<td>Complete</td>
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<td>Action Required</td>
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<td>Due Date</td>
<td>Action Taken</td>
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<td><strong>Linkages with Other Board Committees (6 December 2010)</strong></td>
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<td>&quot;Ms Goldsmith to check whether the standard terms of the contract with Spire provide sufficient cover for NHS Lothian irrespective of who Spire employs to perform the work, eg consultants working individually or consultants working as part of limited companies.&quot;</td>
<td>SG</td>
<td>8/2/11</td>
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<td><strong>External Audit (6 December 2010)</strong></td>
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<td>&quot;An Audit Plan focussed on the conduct of the 2010/11 audit shall be brought to the next meeting.&quot;</td>
<td>GW</td>
<td>8/2/11</td>
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<td><strong>Corporate Governance (6 December 2010)</strong></td>
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<td>&quot;It was agreed that options for releasing the Board from central commitments where Best Value is not demonstrated should be explored further.&quot;</td>
<td>SG</td>
<td>8/2/11</td>
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<td><strong>Changes to the Board’s Delegated Limit to Approve Capital Schemes</strong></td>
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LOTHIAN NHS BOARD

AUDIT COMMITTEE

Minutes of the NHS Lothian Audit Committee Meeting held at 9.00am on Monday 6 December, 2010 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr S Renwick (in the Chair); Mr E Egan; Mrs T Douglas; Mr B Peacock; Prof. P Murray

In Attendance: Dr C J Winstanley, Professor J J Barbour; Ms S Goldsmith (Director of Finance); Mr R Martin (Head of Corporate Reporting and Corporate Governance); Mrs H Russell (External Auditor – Audit Scotland); Mr D Woods (Chief Internal Auditor); Ms G Woolman (External Auditor - Audit Scotland), Mr A Payne (Corporate Governance & VFM Manager) and Miss L Baird (Committee Administrator).

Apologies for absence were received from Mr D Miller.

The Chair reminded members that they should 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 interests were declared.

120. Minutes of the Previous Meeting

120.1 Minutes of the Previous Meeting held on 11 October 2010– previously circulated minutes of the meeting of the NHS Lothian Audit Committee held on 11 October 2010 were approved as a correct record.

120.2 In response to Mr Peacock’s query about the move to a register based approach to disclosure Mr Renwick noted that the members had previously discussed whether everyone should go through the disclosure process whilst advising that the move to the register would be revisited in the near future.

121. Matters Arising

121.1 Matters Arising from the Meeting of 11 October 2010– the Committee noted the previously circulated paper detailing the matters arising from the Audit Committee meeting held on 11 October 2010, together with the action taken and the outcomes.

121.1.1 Mr Payne introduced the action note outlining the progress with the 2009/10 review of internal controls, progress with staff lottery and RHSC Reprovisioning project.

121.1.2 Mrs Goldsmith reassured the Committee that the staff lottery would be transferred from exchequer within the current year.
121.3 The Committee agreed to note the action taken in respect of the Matters Arising.

122. Operational Audit Sub-Committee

122.1 Minutes of the Operational Audit Sub-Committee held on 27 September 2010 – the Committee noted the previously circulated minutes of the meetings of the Operational Audit Sub-Committee held on 27 September 2010.

122.1.1 The Committee agreed to adopt the minutes of the Operational Audit Sub-Committee meetings held on 27 September 2010.

122.1.2 Update on Operational Audit Sub-Committee held on 29 November 2010 – the Chair gave a brief update on 29 November 2010 meeting noting the attendance of the Chair of the Audit Committee of NHS Dumfries and Galloway to strengthen links between Boards. The committee noted the Chair’s commitment to attend the NHS Borders Audit Committee at the end of the month.

123. Linkages with Other Board Committees

123.1 Healthcare Governance & Risk Management Committee - Minutes of the Meeting held 5 October 2010 - the previously circulated Minutes of the Healthcare Governance & Risk Management Committee meeting held on the 5 October 2010 were received.

123.1.1 Professor Murray outlined previous discussions at the Healthcare Governance and Risk Management Committee in respect of the NHS Lothian Risk Register Report. The committee had asked how Internal Audit links into the risk register: Internal Audit will continue to review various documents including the risk register during the development of the audit plan.

123.1.2 Mrs Douglas queried how the Committee intended improving the communication issues between acute and the CHCPs/CHPs. After some discussion with Mr Egan regarding the detail of the minute it was agreed that Mrs Douglas would take this issue forward offline.

123.2 Staff Governance Committee – Minutes of the Meeting held on 29 September 2010 – the previously circulated minutes of the Staff Governance Committee meeting held on the 29 September 2010 were received.

123.2.1 Members were advised of the progress and barriers in achieving the HEAT target in respect of E-KSF.

123.2.2 The Committee discussed how individual members of staff involved in investigations gain legal representation. The Committee noted that the position being taken by the Central Legal Office was to represent the body corporate rather than individual staff members. Mr Egan and Mr Boyter had been tasked with seeking clarity and providing alternative arrangements for staff if necessary.
123.2.3 The Chair noted the links between the position of the Central Legal Office and the recent discussions surrounding services provided by Spire Healthcare. He requested that Ms Goldsmith check whether the standard terms of the contract with Spire provide sufficient cover for NHS Lothian irrespective of who Spire employs to perform the work, eg consultants working individually or consultants working as part of limited companies.

123.2.4 The Chair reminded the Committee of the importance of ensuring that all staff attended mandatory training. Training would be monitored at the Executive Management Team through regular reports from the Director of Human Resources.

Mrs Russell entered the meeting.

124. Internal Audit Reports

124.1 Internal Audit Progress Report (November 2010)

124.1.1 Mr Woods gave a brief overview of the report highlighting that overall there had been good progress made with the audit plan. The project sponsor for the RHSC Re-provisioning Project has requested that the proposed audit be delayed until March 2011; further discussions with the Project Sponsor will take place.

124.1.2 It was noted that recent counter-fraud reports had highlighted 3 employees suspected of working whilst on sick leave and 3 patients suspected of fraudulent claiming of travel expenses.

124.1.3 The Committee discussed what arrangements were in place if the internal audit team could not obtain information required during audits, or delays were experienced in receiving comments on draft reports. The discussion touched on the need to balance the desire for good relationships against pressing for information or responses.

124.1.4 In response to a query from Mr Peacock about the vehicle fleet, the Chair advised that the Board does not own vehicles, but instead hires vehicles through a central contract. As a result, vehicles are maintained within the contract terms, thereby protecting the Board from exposure to increased maintenance costs. He went on to request Mr Peacock's assistance in the effective running of the revitalised Transport Access Committee.

124.1.5 The Committee noted the previously circulated internal audit progress report (November 2010) and the assurances therein.

125. External Audit

125.1 Audit Scotland: Priorities and Risks Framework (October 2010) and Audit Planning Process - previously circulated Audit Scotland Priorities and Risk Framework and Audit Planning Process report was received.
125.1.2 Mrs Woolman gave a detailed overview of the report highlighting the purpose of the priorities and risk framework as a planning tool to aid the development of the external audit plan. Mr Woods confirmed that the report fits in with the internal audit universe and he refers to the framework document when scoping audits.

125.1.3 The Chair expressed concerns that the section about the NHS Scotland Resource Allocation Committee (NRAC) was too light in respect of the background and it was unclear who was or was not benefiting from NRAC.

125.1.4 The Committee discussed the potential email, phone or text based initiatives to improve attendance at clinics as part of future saving plans. Members noted the current costs of Do Not Attends, and an initiative to display the number of patients who do not attend on clinic doors or notice boards.

125.1.5 Ms Woolman tabled a paper on the audit planning process and gave a brief overview highlighting that the Audit Plan would be brought forward to the next meeting of the Audit Committee whilst noting the challenges NHS Lothian would face as a result of budget cuts.

125.1.6 Professor Barbour highlighted that an increased level of risk had been imposed on Boards as a result of the reduced level of funding, and that the Framework document did not reflect this. Overall the Committee agreed that the document lacked the richness of detail in respect of the text, source, materiality of the risks presented. Ms Woolman agreed to inform the authors of the Priorities Risk Framework (PRF) that the Committee considered that the PRF did not go far enough in articulating the increased risk of service delivery as a consequence of reductions in funding. However as the PRF is a planning tool for auditors, it will not be re-issued. It was agreed that an Audit Plan focussed on the conduct of the 2010/11 audit shall be brought to the next meeting. This plan shall be specific to NHS Lothian, and informed by contributions from key officers.

125.2 Review of Internal Audit 2010/11 (29 November 2010) - the previously circulated Review of Internal Audit 2010/11 (29 November 2010) letter from Audit Scotland was received.

125.2.1 Mrs Russell introduced the letter, which explained that the actions taken by Internal Audit since the previous review ensured that the department is more closely aligned to the Government’s Internal Audit Standards (GIAS). Overall, Audit Scotland concluded that Internal Audit operates generally in accordance with the GIAS and has appropriate documentation standards and reporting procedures in place.

125.2.2 The Committee noted that in order to rely on the work of internal audit and to assist with the audit of financial statements, Audit Scotland required key financial systems to be covered on a more regular basis. As a consequence, in 2010/11, Audit Scotland plans to place formal reliance only on the internal audit of purchasing and accounts payable. However, general reliance will also be placed on the audits of Compliance with Policies & Procedures,

125.2.3 Mr Woods updated the Committee on the current staffing issues within Internal Audit whilst providing assurances that the quality of the work remained high.

125.2.4 The Committee noted the assurances within the Review of Internal Audit letter.

126. Corporate Governance

126.1 Counter Fraud Services Quarterly Report – September 2010 – the Committee noted the previously circulated Counter Fraud Services Quarterly Report – September 2010 and the information there in.

126.1.1 Mr Woods introduced the report highlighting Operation Starr as the only case belonging to NHS Lothian. Operation Magenta was also raised as a matter of interest, with Finance aware of the risks associated with fraudulent changes to suppliers’ bank details. Finance has given assurances that the necessary control measures have been implemented.

126.2 Protecting Scotland’s NHS: A Decade of Counter Fraud Activities – the previously circulated report on Protecting Scotland’s NHS: A Decade of Counter Fraud Activities was noted.

126.2.1 Mr Woods outlined the report noting the positive promotion of NHS Lothian as a leading Board with a proactive approach to Counter Fraud. He also highlighted that newspaper headlines relating to two NHS Lothian cases featured in the report.

126.2.2 The Committee considered the cost of central functions such as Counter Fraud Services and the Central Legal Office, and the Board’s responsibility to secure Best Value. It was agreed that options for releasing the Board from central commitments where Best Value is not demonstrated should be explored further.

Mr Martin entered the meeting.

126.3 Technical Bulletin Summary (September 2010) – Mr Martin outlined the report to brief the members on the latest releases from Audit Scotland- 2010/3 dated 24 September 2010.

126.3.1 The Committee noted the relevant highlights within the technical bulletin.

126.4 Changes to the Board’s Delegated Limit to Approve Capital Schemes – the previously circulated report to secure the Committee’s agreement to make the necessary changes to the Board’s governance documentation so as to reflect the reduction in the delegated limit for capital schemes was received.
126.4.1 The Committee agreed to:
- Recommend to the Finance and Performance Review Committee that it reviews its Terms of Reference and proposes it to the Board for approval.
- The Director of Finance making the necessary amendments to the Scheme of Delegation, for approval by the Board.
- The Director of Finance making the necessary amendments to the operational procedures associated with business case development and approval.

126.4.2 Ms Goldsmith agreed to take forward communicating the changes to the budget holders and investigate the parallels within the Endowments funds and feed back to the Committee.

126.5 Audit Scotland: The Role of Boards – the previously circulated report to provide the Committee with a briefing on the Audit Scotland Report on the Role of Boards and an opportunity to inform the paper that will be presented to the Board was received.

126.5.1 After some discussion it was agreed that Mr Payne and Ms Goldsmith pick up the inaccuracies within the documentation, and validate the data in appendix 2 before bringing it back to the next meeting.

126.6 CFS Patient Exemption Checking Report – the report to provide the Committee with information on the latest analysis of fraudulent and erroneous claims on patient exemption charges was received.

126.6.1 Mrs Goldsmith introduced the report highlighting the key messages within the report. The reduction of risk related to the removal of the prescription charge and the potential work required to reduce the number of cases related to dental exemptions.

126.6.2 The Committee agreed to note the report and the declining overall level of fraud and particularly reducing impact of the main component, Pharmacy. In addition they also noted the relationship to estimates and the actual recoveries and write offs.

127. Items for Information

127.1 Audit Scotland – Transport for Health & Social Care Project Brief – the Committee noted the previously circulated report on Transport for Health and Social Care Project Brief on request of the Chair.

127.2 Dr Winstanley expressed concerns regarding the lack of clarity surrounding the Patient Transfer Services, the requirement for a service level agreement with the Scottish Ambulance Service and alternative viable approaches to ensure best value for money. Further advice regarding the exposure of risk would be investigated.
128. Any Other Competent Business

128.1 The Committee noted that there were no items of other competent business.

129. Date of Next Meeting

129.1 It was noted that the next scheduled meeting of the Audit Committee would be held on Tuesday, 8 February 2011 at 9.00am in Waverley Gate, Edinburgh.
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LOTHIAN NHS BOARD

MUTUALITY AND EQUALITY GOVERNANCE COMMITTEE

Minutes of the Meeting of the Mutuality and Equality Governance Committee held at 2pm on Wednesday, 7 July 2010 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mrs J McDowell (Chair); Mr A Boyter, Mrs T Douglas, Mr S G Renwick, Dr A McCallum, Mrs M Hornett.

In Attendance: Ms L Murdoch (Scottish Government) (For Item 6); Ms J Clearie (Committee Coordinator), Mr J Glover, Mrs P Dawson.

Apologies for absence were received from Mr E Egan

Declaration of Financial and Non-Financial Interest

The Chair reminded members they should declare any financial and non-financial interest they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

1. Welcome and Introductory Remarks from the Chair

1.1 The Chair welcomed members to the inaugural meeting of the Mutuality and Equality Governance Committee. She briefly summarised the background to the establishment of the Committee.

2. Remit and terms of Reference for Mutuality and Equality Governance Committee

2.1 A previously circulated paper containing revisions to the originally proposed terms of reference for the committee was discussed. The Chair explained that these arose in the main from a governance perspective. It was recognised that the role of the Committee would be to provide oversight and direction for NHS Lothian’s strategies on the issues within the remit of the Committee and sufficient assurance that key strategies and policies were being implemented across the organisation. The importance of appropriate promulgation and communication was noted. It was suggested that the remit should include a statement that the Committee should “obtain sufficient assurance that key strategies and policies are being implemented across the organisation”.

2.2 Similarly it was agreed that the remit should have added to the second bullet point: “instruct work to address performance”.
2.3 Following discussion it was agreed the Chair should liaise with Mr Boyter and Mrs Hornett and that a suitable re draft of the terms of reference be prepared reflecting the points raised and agreed at the meeting.

AB/MH/JMcD

2.4 In relation to reporting arrangements it was recognised that there was a need to ensure appropriate communication with other committees. Following discussion of appropriate communication channels it was agreed that it would be sufficient to place minutes and other papers on the internet / intranet. In addition Mr Glover to raise awareness of the Committee via Health Link, Connections and Team Brief.

JG

2.5 The Chair advised that Mrs Hornett would be progressing work to provide public representation on the Committee. Mrs Dawson and Mr Glover to assist in progressing this matter. The Chair asked for clarity about the role of the public representatives and confirmed that they would be in attendance rather than full members of the committee.

MH/PD/JG

2.6 A suitable schedule of dates for the Committee for 2010 and 2011 to be arranged as soon as possible.

JG/JC

2.7 The Chair confirmed that Mr Boyter would be the executive lead for the Committee in the first year and then Mrs Hornett in the second year.

3. Mutuality and Equality Governance Committee Work Programme

3.1 The Chair outlined the proposed work programme for the Committee. She proposed that in line with its terms of reference, the Committee would review the strategy proposed by executive management on each key subject area. It was agreed that time should be given at successive committee meetings to address each key subject area. Discussion will focus on the quality of the strategy, its implementation, whether or not the means for monitoring progress and evaluating success was in place, and its compliance with legal obligations. If changes to a particular strategy are proposed the revised strategy will be presented at the subsequent Committee meeting.

3.2 Further meetings of the Committee will focus on regular reports on strategy implementation. The need to agree a timescale for the review of each main strategy or work programme was recognised. Similarly there is a need to identify key performance indicators that will allow monitoring and review of a few main signifiers of progress rather than a mass of detail. This way would allow the Committee to reassure the Board that obligations were being met. The importance of the Committee being able to review how strategies interact and overlap with each other was noted.

3.3 It was noted that a Declaration of Interest statement should be added to future agendas.

AB/JG
3.4 It was agreed that a work programme for the Committee should be developed. The Chair and Mr Boyter to meet to discuss this.

4. Patient Focus & Public Involvement

4.1 Presentation of the Current Strategy

4.1.1 Mrs Hornett introduced this item, referring to the Involving People – Improving People’s Experiences of Care – NHS Lothian Strategy 2009 – 2012 which had been circulated to the Committee. This strategy sets out:

- Five commitments to involve people in shaping NHS Lothian services.
  1. Involve More
  2. Build More Capacity
  3. More Participation
  4. More Accountability and Openness in How We Do Things
  5. More Inclusive

- Five commitments to improve people’s experiences of care.
  1. More People Centred
  2. More Measures
  3. More Learning and Listening
  4. More Responsive
  5. More Influence

4.1.2 Previously this was called the Patient Focus and Public Involvement (PFPI) agenda which was set out in the NHS Lothian PFPI action plan (2005-2008).

4.1.3 The strategy sets out how NHS Lothian will respond to a number of important Government policies. Key amongst them was to develop a more “mutual” NHS where people have much more say in what the NHS does. All this is set alongside Human Rights, delivering equality and diversity and the rights and responsibilities agenda being debated as a Patient’s Bill of Rights.

4.1.4 It was noted that the action plan which accompanies the strategy is currently in the process of being updated. Work to deliver the action is operationalised via the Involving People Group and at a local level by the Quality Improvement Teams.

4.1.5 In summary the strategy sets out how the Board will meet its legal requirements and ambition to be a world class organisation. Putting people at the heart of all we do, listening and learning from them would help to continually improve the quality of services provided to patients.

4.1.6 Mrs Hornett advised that in general matters implementation of the strategy is progressing well and on track. She then asked if the Committee had any questions or points on which they required clarification.

4.1.7 The Chair commented the strategy appeared well written and covered areas which are difficult to describe and pinpoint. She asked about how much of the action plan comprised new activities as opposed to activities already being implemented in support of other policies. Mrs Hornett advised on the current situation.
4.1.8 Mrs Dawson explained and gave further detail regarding Government benchmark and confirmed there was a legal regulator – organisation whose duty was to monitor compliance with best practice.

4.1.9 Further clarification was requested as to how the strategy is implemented in Public Partnership Forums. Mrs Hornett advised that the Forums provided very valuable feedback on local issues in the action plan as well as issues emerging from matters arising. She also acknowledged the need for closer working with the PPFs over the coming year.

4.1.10 The Chair asked for clarification on whether resources are adequate to implement the strategy. Mrs Hornett outlined the small resource available to support implementation but stressed that the work needed to be embedded in all roles to ensure it became part of how we do things rather than an “add on”.

4.1.11 The Chair asked about the Involving Peoples Group. Mrs Dawson provided some background on this group.

4.1.12 Mr Renwick asked for clarification about how the action plan was devolved. Mrs Dawson clarified that the action plan and strategy had involved a “bottom up” approach as well as a “top down” response to national policy / strategy. The action plan was devolved to local levels / teams via the work of the Involving People Group.

4.1.13 Mrs Douglas asked what were plans / strategies for local authority involvement. Mrs Hornett and Mrs Dawson provided clarification on this.

4.1.14 The Chair thanked Mrs Hornett for her report and commended the work completed in this area.

5 Patient Rights Bill Consultation

5.1 Mr Boyter introduced and welcomed Ms Murdoch, Patient Rights Bill lead from the Scottish Government, who was attending the meeting to give a presentation on the Patients Rights Bill Consultation. She explained the background and advised that she project managed the legislative development process.

5.2 Ms Murdoch gave a detailed presentation on the Patients Rights Bill Consultation. Members were then asked if they had any questions or points on which they required clarification.

5.3 She advised that finances had been given a high level of review at initial stages. The date of Scottish Parliament elections was noted as Spring 2011. Ms Murdoch was asked about the implication of this on the bill. It was recognised that enactment and implementation can be a difficult process.

5.4 Some clarification on the complaints process situation was requested. It was felt that the focus was too much on complaints rather than the way health care was received.
5.5 Mrs Douglas asked whether the bill would be equality impact assessed. Ms Murdoch advised that yes there would be an equality impact assessment but that this would be once the bill was finalised.

5.6 It was noted that copies of the presentation slides were available from Ms Murdoch.

5.7 The Chair thanked Ms Murdoch for her interesting and thought provoking presentation and for her input.

6. Any Other Competent Business

6.1 There was no other competent business.

7. Date of next meeting: Wednesday 13 October 2010 1pm - 4pm
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- Amend work programme  
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- Produce spiritual care overview  
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| - Progress work on compliance  
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| - Background papers to be circulated for information  
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LOTHIAN NHS BOARD

MUTUALITY AND EQUALITY GOVERNANCE COMMITTEE

Minutes of the Meeting of the Mutuality and Equality Governance Committee held at 2pm on Wednesday, 13 October 2010 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mrs J McDowell (Chair); Mr A Boyter, Mrs T Douglas, Mr S G Renwick, Mrs M Hornett.

In Attendance: Ms J Clearie (Committee Coordinator), Mr J Glover, Mrs P Dawson.

Apologies for absence were received from Mr E Egan, Dr A McCallum

Declaration of Financial and Non-Financial Interest

The Chair reminded members they should declare any financial and non-financial interest they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

8. Welcome and Introductory Remarks from the Chair

8.1 The Chair welcomed members to the meeting.

9. Minutes of the Previous Meeting of Mutuality and Equality Governance Committee held on 7 July 2010.

9.1 The Minutes of the Mutuality and Equality Governance Committee held on 7 July 2010 were approved as a correct record.

10 Matters Arising

10.1 Terms of Reference

10.1.1 It was agreed to adopt the circulated draft of the terms of reference.

10.2 Public Representation (lay representation)

10.2.1 Mrs Hornett introduced the report to brief the Committee on the requirements for involvement of patient and public representatives at Board and Sub-Committee level and particularly the Mutuality and Equality Governance Committee.

10.2.2 The Committee noted the information in the paper and brief outline of procedures for recruitment and support to public representatives in attendance at the Mutuality
and Equality Governance Committee. It was agreed that the Committee should be circulated with a copy of the short guide providing good practice points for staff and patients working together and clarifying support available, conduct of meetings and confidentiality requirements. It was suggested that representatives should be appointed for a fixed term of three years with the first year designated as a probationary period. It was also suggested that it might be useful for a feedback type review to be offered to patient/public representatives at the end of their probationary period. The Committee noted that the participation of public representatives is being considered more broadly for other Board Committees and that procedures for recruitment, support and evaluation will be standardised.

10.2.3 Mrs Hornett will liaise with Mrs Dawson and produce a further briefing reflecting all the points raised and agreed at the meeting and provide more detail of the role of representatives, terms of their commitment, plans for recruitment, and support to be offered.

MH/PD

10.3 Dates of Future Meetings

10.3.1 Members agreed to note the circulated dates for Mutuality and Equality Governance Committee meetings in their diaries. It was noted that the December meeting date would need to be rearranged as it was no longer suitable.

ALL

10.4 Mutuality and Equality Governance Committee Work Programme for 2010-11

10.4.1 The Committee noted the paper setting out the proposed work programme for the Mutuality and Equality Governance Committee for the period 2010-11.

10.4.2 The Chair noted that the work programme included consideration of the Lothian Independent Advocacy Strategy and asked for clarification over the inclusion of advocacy within the Committee’s remit. Mr Boyter responded that advocacy is an essential part of providing health services to disadvantaged patients and that it needed clear governance arrangements. Mrs Hornett commented that as advocacy helped people to be involved in their care it fell within into the Committee’s remit. The inclusion of advocacy was accepted by the Committee.

10.4.3 Mr Renwick raised concerns over the timing of the Committee’s coverage of spirituality, which is due to be discussed at the February 2011 meeting, along with Human Rights in health care, the Equality and Human Rights Scheme and NHS Lothian’s submission for the Participation Standard. The Chair noted Mr Renwick’s concern that spirituality issues had not been covered by the Board in some time and agreed that the issues would be covered in depth at the February meeting. However, because the Board away day in February will focus on volunteering and carers, it was agreed that this needed to remain the focus for the next meeting. The Committee accepted that it might need to delay consideration of one of the other items onto May agenda. It was also agreed that it would be useful for Mrs Dawson, in the interim, to provide an overview of what was happening in spiritual care covering areas such areas as risks and training.

PD

10.4.4 Mrs Douglas asked about when the Committee’s first annual report would need to be produced. It was agreed that this should be prepared in time for the October
Board 2011 meeting and therefore this topic needed to be added into the Mutuality and Equality Governance Committee work programme for the September 2011 meeting.

10.4.5 The Committee agreed to the work programme with these changes. Mr Glover to amend the work programme accordingly.

10.5 Involving People update and Assurance Process

10.5.1 Mrs Hornett presented the report to inform the Committee of the remit of the Involving People Group. The Committee noted the report and the attached minutes of the 7 July meeting 2010 of the Involving People Group which had been included for their information. The Chair asked for further clarification about the assurance process and Mrs Hornett provided more detail.

11 Equality & Human Rights Scheme and impact of New Equality Act

11.1 Mr. Glover reported on the Equality Act 2010. He noted that the Equality Act 2010 replaces the existing anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthens the law in important ways to help tackle discrimination and inequality. The summary guide was intended to help the public sector organisations understand what the aspects of the Act coming into force in October 2010 would mean. Mr Glover went through the guide and summarised the issues, noting the following:

- The key developments arising from the Equality Act 2010
- How these impact on NHS Lothian and how the organisation is meeting these challenges
- What is happening with the new Single Equality Duty

11.2 Mr Renwick requested clarification on the use of the terms positive discrimination and positive action. Mr Glover advised on this.

11.3 The Chair asked about the nature of complaints made with a diversity element and asked whether it is possible for these to be identified. Mr Boyter advised that it was possible, and that under the Complaints Modernisation Strategy the complaints service is developing its monitoring systems further to capture a greater depth of diversity issues in complaints should these arise.

11.4 There was detailed discussion of how ready NHS Lothian was to meet the challenges raised by the Equality and Human Rights Scheme and the impact of the new Equality Act. In particular the Committee considered how best to promote compliance through NHS Lothian policies. In summary Mr Glover felt that overall NHS Lothian was in a robust position.

11.5 Mr Glover spoke about the consultation currently ongoing for the new Single Equality Duty on the public sector proposed by the Act. He highlighted that there appeared to be no provisions for impact assessment in the new Duty and expressed his concerns that this useful process was not included. The Committee agreed with this view.
11.6 Mr Boyter and Mr Glover agreed to meet to discuss the points raised by the Committee and finalise the timescale for preparing and submitting an appropriate response to the consultation. Mr Glover advised that it was anticipated that he would circulate the Committee with a briefing on this matter before it went to the Board.

11.7 The Chair thanked Mr Glover for his interesting and informative presentation and commended the work done in this area.

12 Equality Impact Assessment performance and practice in NHS Lothian

12.1 The Committee noted the report informing of NHS Lothian’s performance in meeting its equality impact assessment (EQIA) responsibilities, explaining the strategic context and setting out steps for continued development of performance in this area.

12.2 In the cover paper paragraph 3.5 stated that the increase in numbers indicated a significant improvement in impact assessment practice across the organisation. The Chair asked for clarification and justification for this conclusion being drawn from these figures. She commented that the quality of the assessments was a crucial factor as well.

12.3 It was recognised that there was a need to ensure a consistent performance across the organisation and that it was important to clearly identify where any gaps were and to be clear and transparent about this. The issue of fulfilling governance requirements in relation to information about compliance was noted. Mr Boyter agreed to look into this issue and to progress matters.

12.4 Concerns were raised over the proposed legislation in the new Duty not requiring EQIAs to be carried out. The committee reaffirmed that in accordance with Board approved strategy NHS Lothian should continue to require them to be undertaken.

12.5 Discussion then focused on ways in which it could be ensured that impact assessment performance will continue to improve. The Chair suggested that it might be useful to have short paper prepared on the data collected in order to monitor performance on EQIA and to get a flavour of compliance, quality and follow up. The need to capture outcomes as well as inputs was recognised. The Committee therefore agreed to support appropriate recording and benchmarking of internal departments.

12.6 Mr Glover responded to the issues raised and provided further information and clarification.

12.7 The Committee supported the actions being taken to improve compliance with impact assessment policy across the organisation.
12.8 It was noted that there were inconsistencies in the Impact on Health Inequalities section of different versions of the existing board paper template. Mr Glover to circulate the new format for information as consistency was required in all reports. 

JG

13 Participation Standard
13.1 Mrs Dawson introduced the report informing of the Participation Standard and the final supporting documentation and summarised the issues.

13.2 The Committee went on to discuss what force of law this standard has. Mrs Dawson provided clarification on this. It was noted no sanctions would be enforced but that the public would benefit from participation.

13.3 Discussion then focused on the resource implications, and it was recognised that there could be a hidden cost as all services would be expected to meet the Standard from within existing budgets.

13.4 The Committee noted and approved the report, the attached Participation Standard document and the governance arrangements for this standard.

14 Any Other Competent Business
14.1 Ethical Framework
14.1.1 The Chair raised this topic for discussion and the Committee were advised on progress being made with the development of an ethical framework within the organisation. It was noted this matter had already been considered by the Healthcare Governance and Risk Management Committee. It was suggested that background papers be circulated for information

PD

15. Date of next meeting: 6 January 2011
### Action Required

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<tr>
<td><strong>Management of Drug Spend (9 June &amp; 28 October 2010)</strong></td>
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<tr>
<td>• A further report on progress on LRP in pharmacy should be submitted to the next meeting.</td>
<td>SG/PM</td>
<td>29/11/10</td>
<td>Further proposals for LRP currently being developed</td>
<td>Paper to December F&amp;PR</td>
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<td>• Discuss raising issues at the Area Drug and Therapeutics Committee for referral up to the SMC with the Director of Pharmacy and the Area Clinical Forum.</td>
<td>CPS</td>
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<td><strong>Royal Hospital for Sick Children (9 June 2010)</strong></td>
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<td>• A cost comparison should be made against the cost of providing shelving for medical records against scanning the records and holding them electronically.</td>
<td>JKS</td>
<td>31/03/11</td>
<td>Business outline case being prepared</td>
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<tr>
<td><strong>Little France - Development of Car Park (28 October 2010)</strong></td>
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<td>• Progress the negotiations and legal agreements in line with the Car Park Memorandum of Understanding</td>
<td>SG</td>
<td></td>
<td>Ongoing negotiations and engagement with Consort and for their funders’ sign off.</td>
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<tr>
<td>• Enter into the contract to appoint Balfour Beattie Construction Ltd to construct Car Park F in line with the recommendations from the Board’s Cost Adviser</td>
<td>SG</td>
<td></td>
<td>Contract with Balfour Beatty completed and works commenced.</td>
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<tr>
<td>• enter into a contract variation for Consort Healthcare to undertake associated enabling works for Car Park F in line with the recommendations from the Board’s Cost Adviser</td>
<td>SG</td>
<td></td>
<td>Letter of intent issued.</td>
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<tr>
<td>• Submit a report on the progress of all projects to the December Committee meeting and monitor the situation closely.</td>
<td>SG</td>
<td>29/11/10</td>
<td>Report on capital spend submitted to Jan 2011 meeting (Dec meeting cancelled)</td>
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Minutes of the Meeting of the Finance & Performance Review Committee held at 2.00pm on Thursday, 28 October 2010 in Meeting Room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Mr G Walker (Chair); Mr R Y Anderson; Professor J J Barbour; Mr E Egan; Mrs S Goldsmith; Mr P Johnston; Professor M Prowse; Mrs J K Sansbury; Professor C P Swainson and Dr A Tierney (From Item 56.2).

In Attendance: Mr I Graham; Mr A Jackson (for item 65); Ms C A Knox; Mrs R Kelly and Mr P Reith.

Apologies for absence were received from Mr A Boyter, Professor A McMahon, Mr S G Renwick, Mr I Whyte and Dr C J Winstanley.

Declaration of Financial and Non-Financial Interest

The Chair reminded members they should declare any financial and non-financial interest they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

52. Minutes of the Previous Meeting

52.1 The Minutes of the meeting of the Finance & Performance Review Committee, held on 9 August 2010, were approved as a correct record, subject to the replacement of the word “Ireland” in the third line of paragraph 38.5 with the word “Highland”.

53. Matters Arising

53.1 Facilities and Finance – Mrs Sansbury reported that Facilities was now predicting a year-end balance and plans were in place to cover the Local Reinvestment Plan (LRP) requirements. The Committee noted that £300,000 had been removed from the LRP to reflect the fact that rates on property were not a factor over which NHS Lothian could exercise any control. It was noted that the management structure in Facilities was being redesigned and Mr Egan advised the Committee that he and Mrs Khindria, Associate Director of Human Resources, had undertaken to speak to staff considering early retiring explaining the offers that could be made.
53.2 Interpreting and Translation Services: Recommendations and Efficiencies – Mr Egan commented that NHS Lothian was still paying for unnecessary translation and suggested that there were still a number of opportunities to make savings in this area.

53.3 Drugs Spend – Mrs Goldsmith advised the Committee that the LRP on drug spend was being delivered and an additional target of £1m in the acute sector had been set. Professor Swainson commented that some additional opportunities for savings in this area had been identified, including stopping the use of drugs not on the NHS Lothian formulary and entering into debate with service users on some of the new drugs for which there was no demand. Thresholds of cost effectiveness were also under review.

53.3.1 Professor Prowse suggested that efforts should be made to engage with the public to increase awareness of the costs of some drugs.

53.3.2 Professor Barbour reminded the Committee that he and Mrs P Murray, Director of Pharmacy, both sat on the Scottish Medicines Consortium (SMC) and some of these issues could be raised at the Area Drug and Therapeutics Committee and referred up to the SMC. Professor Swainson undertook to discuss this with Mrs Murray and the Area Clinical Forum.

53.3.3 Mrs Sansbury indicated that she was also asking Mrs Murray to raise this issue in other areas.

53.4 Reprovision of West End Medical Practice – Standard Business Case – Mr Anderson advised the Committee that no discount was available on rates for the proposed surgery and the West End Practice already worked extended hours.

53.5 Contracts for Clinical Services with the Independent Sector – the Chair advised the Committee that this item, which had been continued from the previous meeting, had not been placed on the agenda as Professor Swainson had not thought that he would be able to attend when the agenda was being finalised. He indicated that this item would be on the agenda for the December meeting.

54. Royal Infirmary of Edinburgh Current Developments and Supplementary Agreement

54.1 Mrs Sansbury advised the Committee that the supplementary agreement was a way in which NHS Lothian had been negotiating changes in contract with Consort. Consort had been endeavouring to shift more risk away to other in a manner which would lead to increased risk for NHS Lothian. A number of areas were being worked through and a paper would be brought back to the Committee when further detail was available.

54.2 Professor Swainson commented that the original risk profile was being examined as it impacted on the financial value. The original contract required
to be checked and Mrs Sansbury commented that she was endeavouring to get the balance right.

54.3 Professor Barbour commented that the Committee could be reassured that efforts were being made to build a better relationship with Consort.

55. Little France Developments – Car Park

55.1 The Committee noted a previously circulated report and a tabled supplementary report outlining progress made on a number of project issues and making recommendations for the award of a contract for the construction of the replacement Car Park F to facilitate the Royal Hospital for Sick Children reprovision at Little France.

55.2 Mrs Goldsmith advised the Committee that, following the meeting of the Finance & Performance Review Sub-Committee, the development of a Memorandum of Understanding for the replacement Car Park F setting out the agreed principles for the car parking development had been progressed. This had been initially resisted by Consort, however, in progressing the document, which was not legally binding, a number of key issues were highlighted which had been addressed to meet the like-for-like requirements.

55.3 The Committee noted that the supplementary report on the tender had been produced, indicating that the cost of the work fell below the European Union ceiling for open tendering and it was noted that savings had been secured tendering the package of works.

55.4 The Committee agreed to note the “Board-to-Board” meeting with Consort and agreed the proposed “Car Park Memorandum of Understanding” authorising the Director of Finance to progress the negotiations and legal agreements in line with this. SG

55.5 The Committee agreed that the Director of Finance be authorised to enter into the contract to appoint Balfour Beattie Construction Ltd to construct Car Park F in line with the tabled recommendations from the Board’s Cost Adviser. SG

55.6 The Committee agreed that the Director of Finance be authorised that in the event that satisfactory contract terms could not be agreed, R J McLeod, as second placed tenderer be appointed. SG

55.7 The Committee agreed that the Director of Finance be authorised to enter into a contract variation for Consort Healthcare to undertake associated enabling works for Car Park F in line with the recommendations from the Board’s Cost Adviser. SG
56. Royal Hospital for Sick Children Affordability Update

56.1 The Committee received a previously circulated confidential report giving an update on the project costs and affordability review for the Royal Hospital for Sick Children reprovision.

Dr Tierney arrived at the meeting.

56.2 The Committee agreed to note the current forecast capital costs for the project of £169.4m including the development of the replacement car park; to support the assumptions on which the forecast position was based, namely:

- that the target price of £96m was achievable
- complete a supplemental agreement with Consort for all enabling works
- enhanced VAT recovery up to 20% was achievable
- VAT recovery on donations for medical equipment would be maximised and any development of Adult Accident & Emergency would require to be managed through the current project agreement with Consort and funded by PFI.

56.3 The Committee also noted that consideration had been given to possible reductions in the Royal Hospital for Sick Children clinical facilities and that current recommendations were not to pursue major changes to the accommodation to reduce the floor space and capital cost as that would impact adversely on the programme and the related inflation cost, giving a net increased cost. It was noted that discussions were required with the Scottish Government Health Department on the additional costs associated with the plant and VAT and the potential phasing of capital receipts from sales.

56.4 It was also noted; that, on the basis of the above recommendation that the project would proceed to make an application for detailed planning consent with the City of Edinburgh Council in November 2010; to continue to progress design and procurement activities to completion of stage 3 (Frameworks Scotland - NEC contract by March 2010); to negotiate a “target price” with BAM Construction Limited by January 2011 and to note that the revenue modelling was now underway but required the forecast capital costs and, in particular, the interface with Consort to be developed and agreed and that this required to be delivered within the current revenue envelope of £2.1m.

57. Reprovision of the Department of Clinical Neurosciences

57.1 The Committee received a previously circulated report advising of the anticipated cost to prepare an Outline Business Case in compliance with current guidance outlined in the Scottish Capital Investment Manual and noting possible funding options.

57.2 The Committee agreed to note the anticipated costs to complete the preparation of an Outline Business Case and agreed that a dialogue be entered into the Consort Healthcare and the Scottish Government Capital Investment Group to explore the feasibility and affordability of various funding options.

58.1 The Committee noted a previously circulated report outlining the changes to the arrangements for the management of NHS Scotland capital resources after 2010/11 and exploring how these changes might impact on the NHS Lothian capital programme.

Mr Johnston left the meeting.

58.2 Mrs Goldsmith advised the Committee that the key changes for NHS Lothian involved a decrease in the delegated limited from £10m to £5m and the central funding of all projects over this delegated limit. These changes would need to be considered in the light of the projected significant reduction in the level of capital funding available nationally. In future, all new projects with a capital value exceeding the delegated limited would be subject to a national bidding process and for those capital receipts not already identified as supporting projects with approved Outline Business Cases, the capital element of receipts would be retained by the Scottish Government Health Directorates to support the overall capital programme. Any profit on disposal, however, would be retained locally by the Health Board with a consequent revenue benefit. The NHS Lothian 10 year capital plan was previously supported by receipts to the value of £163m.

58.3 The Committee noted that the Cabinet would be meeting again the following week to make final decisions on the future handling of capital resources across NHS Scotland.

58.4 Mrs Goldsmith emphasised that any projects not delivered in the current financial year would potentially be at risk. It was agreed that a report on the progress of all projects should be submitted to the December Committee meeting and the situation closely monitored. **SG**

58.5 The Committee agreed to note the changes to the arrangements for the management of the NHS Scotland capital resources and the potential significant impact on NHS Lothian.

59. **Cabinet Secretary’s Response to Health and Sports Committee**

59.1 The Committee noted for information a previously circulated letter from the Cabinet Secretary to the Convener of the Health and Sports Committee responding to the findings of that Committee’s report on NHS Board revenue allocations.

60. **Financial Position to 31 August 2010**
60.1 A previously circulated report providing an overview of the financial position of NHS Lothian for the period April-August 2010 was received.

60.2 Mrs Goldsmith advised the Committee that NHS Lothian was reporting an overspend of £4.71m for the first five months of financial year 2010/11, representing a favourable movement in the month of £0.43m. The position at the end of August, however, reflected current under-delivery of the efficiency target of £1.8m and £2.9m of overspends on other budgets. This was after the release of non-recurring funding to support the nursing overspends associated with enhancement and increment drift, identified at the first quarter review.

60.3 The Committee noted that whilst the position was one of concern, all LRP schemes were in place and the importance of ensuring the delivery of these schemes was being emphasised to managers. Professor Barbour emphasised that the break-even position would only be achieved when managers delivered on their agreed service plans and targets.

60.4 The Committee noted the position and agreed that an analysis of the Scottish Health Service Productivity Assessment should be brought to the next meeting of the Committee.

60.5 Mr Egan expressed concern that the financial situation might not yet be “owned” further down the line and Professor Prowse suggested that some basic financial training be provided for staff in order that they could appreciate the importance of the achievement of financial targets.

60.6 Professor Barbour commented that the increasing cost of supplies suggested that managers were not controlling orders sufficiently and management had to bring this under control.

    Professor Prowse left the meeting.

60.7 The Committee agreed to note the position and the actions required to deliver the forecast break-even position.

61. Capital Expenditure to 31 August 2010

61.1 A previously circulated report advising on progress of the 2010/11 capital investment programme was received.

61.2 The Committee noted that there had been £4.8m of slippage with the Musselburgh Primary Care Centre but that the funding was formally committed where there were legal obligations.

61.3 The Committee approved the proposed changes to capital budgets for 2010/11 as laid out in the report and to note the expenditure to August 2010 on the agreed capital programme.

62. Workforce Report
62.1 A previously circulated report advising the Committee on progress in regard to workforce efficiencies within NHS Lothian and progress in regard to the planned workforce reductions was received.

62.2 Mrs Kelly reminded the Committee that the report had been deferred from the previous meeting and a more up-to-date report would be brought to the December meeting of the Committee.

62.3 The Committee noted that there had been a reduction of 494 staff in post equating to 254 whole time equivalents in the establishment.

62.4 The Committee noted that the redeployment register and the process for considering posts for replacement were being actively examined.

62.5 Mr Egan advised the Committee that NHS Lothian had a unique agreement on retirement packages following full discussion with the staff side.

62.6 It was agreed that workforce reports should be received on a recurring basis and although they were not technically employees, any changes in the number of Non-Executive Board members should be included.

62.7 The Committee agreed to note the position in regard to the production of the financial workforce monitoring report, which would allow the monitoring of progress in reducing payroll costs and workforce reductions; to note the reduction of 494 staff in post from April 2010 and a reduction of 254 whole time equivalents in the establishment and to note restrictions on the recruitment of replacement posts.

63. Delivery of Local Reinvestment Plan to September 2010

63.1 The Committee noted a previously circulated report giving an update on progress against the 2010 Local Reinvestment Plan.

63.2 The Committee noted that the Local Reinvestment Plan for 2010/11 had largely been identified through a variety of recurring and non-recurring measures and that the position to month 6 (September 2010) demonstrated that schemes were behind trajectory and the necessary management action being taken to off-set this was noted.

63.3 The Committee agreed that monitoring should continue through the main Local Reinvestment Plan Group, together with a focus on 2011/12 to ensure that schemes were in place and delivering from the beginning of the financial year.

Professor Barbour left the meeting.

64. Performance Management Report
64.1 A previously circulated report providing an update on performance against the key target areas for the health improvement, efficiency, access and treatment objectives within the Local Delivery Plan for 2010/11 was received.

64.2 The Committee noted performance improvements in a number of key target areas.

65. **Tackling Delayed Discharge and Delivering Waiting Times**

65.1 The Chair welcomed Mr Jackson to the meeting.

65.2 Mr Jackson indicated that there had been an increase in the number of delayed discharges and this was being pursued with local authority partners. The Committee noted that there was a risk that the number of delayed discharges would continue to rise if local authorities did not produce the agree level of support and accommodation in the community. Mr Jackson emphasised the risk that cuts in local authorities social care spending might be transferred to health and indicated that discussions were taking place with all local authorities to ensure the proper achievement of targets.

66. **Date of Next Meeting**

66.1 It was noted that the next meeting of the Committee would be held on Wednesday, 8 December 2010 at 9.00am in meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh. The first part of the meeting would involve a presentation on the Royal Hospital for Sick Children Business Case and all Board members would be invited to attend for this presentation.
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<th>Outcome</th>
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<tbody>
<tr>
<td><strong>Workforce Model for Medicine of the Elderly</strong> <em>(13 December 2010)</em></td>
<td>JKS</td>
<td>16/06/11</td>
<td>I</td>
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<tr>
<td>• Provide an update on the position in six months time</td>
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<td><strong>Releasing Time to Care</strong> <em>(13 December 2010)</em></td>
<td>MH</td>
<td>10/02/11</td>
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<tr>
<td>• Provide details of both the cost and what was covered by the licenses</td>
<td>MH</td>
<td>10/02/11</td>
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<td>• Bring a back further data to the next meeting including more detailed data on individual specialties</td>
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<td><strong>Lothian Long-Term Conditions Collaborative: Progress Report</strong> <em>(13 December 2010)</em></td>
<td>AMcM</td>
<td>10/02/11</td>
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<td>• Provide further updates on progress</td>
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<tr>
<td><strong>Lanfine Unit – Review and Redesign of Service to People with Progressive Neurological Conditions</strong> <em>(13 December 2010)</em></td>
<td>AMcM</td>
<td>16/06/11</td>
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<tr>
<td>• Bring a further report to the June 2011 meeting describing the progress achieved, the outcomes of the review and the redesign proposals for the Lanfine Unit.</td>
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<td><strong>Improving Care, Investing in Change</strong> <em>(13 December 2010)</em></td>
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<td>10/02/11</td>
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<td>• Provide a further update to the next meeting with particular emphasis on the progress of amber rated projects.</td>
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Minutes of the Service Redesign Committee held at 2.00pm on Monday, 13 December 2010 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present: Professor J Iredale (Chair); Dr B Agrawal; Ms J Anderson; Ms V Baker; Ms C Craig; Mrs L D’Arcy; Councillor P Edie; Mr D Forbes; Dr J Hopton; Mrs M Hornett; Mrs L Khindria; Ms S Mair (Representing Mrs J K Sansbury); Professor A McMahon; Dr S Payne and Ms L Tait.

In Attendance: Ms F Cook (For Item 26); Mr R Packham (For Item 25) and Mr P Reith.

Apologies for absence were received from Professor J J Barbour, Mr A Boyter, Mrs S Goldsmith, Dr S Mackenzie, Ms J Stirton, Professor C P Swainson and Dr C J Winstanley.

Declaration of Financial and Non-Financial Interest

The Chair reminded members that they should declare any financial and non-financial interest they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

Professor Iredale welcomed members to this his first meeting and, in particular, welcomed Dr Agrawal, Ms Craig and Mrs D’Arcy as the new public representatives.

24. Minutes of the Previous Meeting

24.1 The Minutes of the previous meeting of the Service Redesign Committee, held on 18 October 2010, were approved as a correct record.

25. Workforce Model for Medicine of the Elderly

25.1 The Chair welcomed Mr Packham to the meeting and the Committee received a previously circulated report advising of the Royal Victoria Hospital Project Board Workforce Planning Sub-Group achievements to date and outlining the next steps in the workforce planning process in preparation for moving the Royal Victoria Hospital to the Royal Victoria Building in 2012.

25.2 Mr Packham delivered a presentation outlining the workforce model for medicine of the elderly and indicating the proposed service changes.
25.3 Dr Agrawal commented that there was a need for patients to be better supported in the home and Professor McMahon advised that there was a significant amount of work underway that would help achieve this.

25.4 The Chair concluded that a cogent case had been made for optimising the new workforce model and noted that concerns over the quality and level of care would be addressed by the Royal Victoria Hospital Project Board Workforce Planning Sub-Group.

25.5 The Committee agreed to receive an update on the position in six months time. JKS

26. Releasing Time to Care

26.1 The Chair welcomed Ms Cook to the meeting and the Committee noted a previously circulated report giving an overview of the Releasing Time to Care programme across acute, mental health and community hospitals and community nursing services in NHS Lothian.

26.2 Ms Cook delivered a short presentation emphasising that “Releasing Time to Care” was intended to improve the patient experience through an enhanced quality of service that had the potential to give an average reduction of 6% of ward costs and an increase in direct care time for staff. The Committee noted that the licence fees for all strands of Releasing Time to Care had been funded by the Scottish Government and Councillor Edie queried why such licence fees were necessary for a project developed by the NHS Institute for Innovation and Improvement and asked that the return on this investment be identified.

26.3 Mrs Hornett undertook to provide details of both the cost and what was covered by the licenses in question. MH

26.4 The Committee noted that outcomes from the project included reduced sickness rates with staff taking ownership of the work and enjoying increased morale as a result and making significant efforts to make the project work.

26.5 Dr Tierney requested that more detailed data on individual specialties should be provided and Mrs Hornett undertook to bring back further detailed data to the next meeting. MH

26.6 Mrs Hornett emphasised the importance of engaging with other professionals and service deliverers in order to achieve results and the committee discussed and recognised the added value that an initiative lending empowerment to key workers at the ward level had brought. The Committee agreed that Ms Cook should be invited to give an update on progress to the Committee at a future meeting.

26.7 The Committee agreed to note the progress of the Releasing Time to Care project across NHS Lothian thus far and support the continued roll out of the programme until March 2011.
26.8 The Committee expressed its thanks to the team and the staff involved in the project for their efforts.

27. **Lothian Long-Term Conditions Collaborative: Progress Report**

27.1 A previously circulated report advising on the progress of the Lothian long-term conditions collaborative was received.

27.2 Professor McMahon introduced the report and explained that the long-term conditions collaborative encouraged working towards the delivery of seven High Impact Changes which centred on aspects of mutuality, workforce development and increased use of technology, in addition to dedicated workstreams on conditions-specific management, self-management and complex care.

27.3 Councillor Edie commented that there remained scope for moving the balance of care from hospital to community and Professor McMahon explained that there was already significant participation by local authorities and efforts were being made to improve the lines of communication. Particular attention was drawn to polypharmacy and inappropriate medication use in elderly patients who were more likely to experience adverse effects from multiple treatments and less likely to obtain the same therapeutic benefit from long-term conditions medication as younger populations. Work was being undertaken to reduce the number of drugs prescribed to patients suffering from long-term conditions in order to maximise the efficiency of treatment against potential side effects.

27.4 The Committee agreed to note the report and Professor McMahon undertook to provide further updates on progress.

28. **Lanfine Unit – Review and Redesign of Service to People with Progressive Neurological Conditions**

28.1 The Committee received a previously circulated report on the initial work underway within Edinburgh Community Health Partnership to review the services and model of delivery provided via the Lanfine Unit.

28.2 The Committee agreed to note the progress made to date with the review of the Lanfine service, the breadth of stakeholder engagement and the proposed timelines within which a proposal for redesign and associated implementations plans would be developed and reported.

28.3 The Committee agreed to receive a further report in June 2011 describing the progress achieved, the outcomes of the review and the redesign proposals for the Lanfine Unit.

29. **Guidance for People and Staff Working Together**
29.1 A previously circulated report advising the Committee of the guidance policy for public representatives which had been developed to ensure staff and representatives understood their respective roles and how they could best work together was received.

29.2 The Committee noted the previously intimated appointment of the three new public representatives on the Redesign Committee and that the guidance which had been approved by the Involving People Group in October 2009 had been issued to all Committees and working groups with patient and public representatives.

29.3 Dr Tierney welcomed the reiteration of the guidelines and drew members’ attention to paragraph 4 emphasising that members could influence the agenda of meetings and commenting that collaboration was the key to the successful functioning of the Committee.

29.4 The Committee agreed to support the implementation of the guidance policy for public representatives within the Service Redesign Committee.

30. Improving Care, Investing in Change

30.1 A previously circulated report on progress with implementing the Improving Care, Investing in Change policy since October 2010 was received.

30.2 Members expressed some concern that projects with agreed completion dates of 2009, which were still ongoing, could still have their progress described as “amber”.

30.3 Ms Tait undertook to review the classification of all aspects of the project in the workstream summary and provide a further update to the next meeting with particular emphasis on the progress of amber rated projects.

30.4 The Committee noted that Lothian NHS Board now only received Improving Care, Investing in Change updates on a six monthly basis and that this committee had the governance role for this programme. It was agreed that the frequency of reports to the Service Redesign Committee would be considered at the next meeting.

31. Date of Next Meeting

31.1 It was noted that the next meeting of the Committee would be held on Monday, 21 February 2011 at 2.00pm in meeting room 7, Waverley Gate, 2-4 Waterloo Place, Edinburgh.
25. **Welcome and Apologies**

25.1 Apologies were noted as above.

26. **Minutes of the Previous Meeting Held 26th August 2010**

26.1 The Minutes were agreed as a true and accurate record of the meeting.

27. **Matters Arising / Action Note**

27.1 The Action Note was reviewed and the progress of each item noted.

27.2. **(16.1) Eye Testing**

It was noted that there had been no progress made on this item and the General Manager will take the matter forward via the NHS Lothian Primary Care Finance and Performance Group.
28. **General Manager’s Report**

28.1. The Sub Committee considered a report from the General Manager which had been circulated in advance of the meeting.

The report noted that the September census of delayed discharges showed that the national target of no patient delayed in a short term setting had been met. The national target of zero patients waiting over 6 weeks had been breached with 3 patients in this category.

Pressure in the area of Psychiatric Beds was noted and this may result in increases in delayed discharges in due course.

The paper highlighted the work being done in conjunction with East Lothian Council to bring forward the development of the community response and rehabilitation service which will support more people to remain at home for longer. The CHP full year investment is £140k

28.2. **Capital Update**

The report noted that for the Musselburgh Primary Care Centre, enablement works have commenced. The completion date is scheduled for March 2012.

The design work for the new Gullane GP Surgery and Day Centre is progressing well. It is hoped that the building work will begin in March 2011.

**Decisions**

The report was noted.

28.3 **Staff Governance Report** –

The Sub Committee considered a report from the Employee Relations Manager which had been circulated in advance of the meeting.

The report noted the annualised turnover of staff is 11.25% and in the period 1st July – 30th September 2010 it was 2.83% which is a significant reduction in the trend.

The sickness absence rate for September 2010 was 5.62% - with 3.25% being long term absence and 2.37% being short term absence.

The report referenced the introduction of the new fitness for work medical certificate and the current NHS Scotland Staff Survey.
29. **Clinical Director’s Report**

The Sub-Committee considered a report from the Clinical Director which had been circulated in advance of the meeting.

The report highlighted the meetings taking place to resolve junior and senior doctor’s rota problems at Roodlands Hospital. The cover arrangements which are provided via the Western General Hospital are due to expire at the end of November 2010.

The report also noted that Radiology have proposed the withdrawal of on-call cover for Roodlands after 5.00pm. A meeting has been arranged to discuss. It was noted that the call out rate was pretty low but there were only 6 – 7 people now on the rota.

Fiona Mitchell noted that she feels Roodlands is a very important site and she will determine what support can be provided from the Acute Sector in relation to the Radiology on call rota.

The Clinical Director noted that these 2 rota issues raised questions on the type of service that Roodlands can continue to provide with the potential for there to be no direct admissions to the Hospital. Graham Alexander noted concerns about such a move. The General Manager advised that there were no plans to downgrade the role of Roodlands as an acute admissions centre and he is hopeful that the issues can be resolved.

The General Manager noted that the withdrawal of fluoroscopy was necessary as it was not fit for purpose. It is now imperative the negotiations to complete the installation of the CT scanner are concluded. The General Manager will progress this and report back to the next meeting of the CHP Sub Committee.

The report noted that a small sub-committee for the Joint Mental Health Planning Group continues to draw up a specification for the provision of services in Phase 2 of the local mental health strategy.

The Clinical Director also noted the lack of support amongst GPs for the move to a cluster model of District Nursing.
Decisions

The report was noted.

The General Manager will report back to the CHP Sub Committee in December on the installation of the CT Scanner.

The Clinical Director will provide an update to the CHP Sub Committee in December on discussions aimed at resolving the rota cover issues.

30. Chief Nurse Report

The Sub-Committee considered a report by the Chief Nurse which had been circulated in advance of the meeting and noted the key issues.

30.1 Child Protection, Adult Protection and Public Protection

The report provided updates on

- Best Practice Guidelines on managing allegations
- The Joint Practice and Training sub-group
- The Joint Engagement and Communications Sub Group
- Preparation for the Child Protection HMIE inspection which will take place in January 2011.
- Scoping exercises that are being undertaken to consider merging Adult Protection and Child Protection Learning and Development and Engagement and Communications Subcommittee.

Decisions

The report was noted

30.2. East Lothian and Midlothian Nursing Service Update

The paper noted that the Adult Community Mental Health Team have concluded their review of their operational policies.

The National Mental Health Collaborative Team have invited Lothian as one of three Health Boards in Scotland to act as an early implementer site for Demand and Capacity work in advance of implementing the HEAT target around access to psychological therapies.

The Fa’side ward at Edenhall Hospital moved successfully into the new Midlothian Community Hospital on 9th September. Patient feedback has been very positive.
The TRAK System is being implemented across East Lothian in hospitals and community nursing services on a rolling programme.

Awareness of the patient safety programme is being raised within all 3 East Lothian CHP hospital areas.

The Chief Nurse noted the relatively low take up rate of staff for the seasonal flu vaccination to date and encouraged Managers present to remind all Health and Council staff of the opportunity to receive the vaccination.

Decisions

The report was noted.

31. **AHP Manager’s Report**

The Sub Committee considered a report which had been circulated in advance of the meeting.

The report highlighted that physiotherapy waiting times remain low.

NHS Lothian will be one of two boards to pilot National Musculoskeletal pathway for the Scottish Government.

The report noted development in technology in the areas of Tele Pulmonary rehabilitation and Speech and Language Therapy.

Physiotherapy Self Referral continues successfully.

The Podiatry strategy is progressing.

The NHS Lothian AHP review is work in progress. To date 4 staff stakeholder events were successfully lead by the AHP Director and AHP Managers.

It was noted that Physiotherapy waiting times appear to be significantly higher in some instances than in Midlothian. The AHP Manager noted that the timetable for the implementation of the re-design of the service is progressing more quickly in Midlothian and that has been a factor in the reduced waiting times there. As the re-design is rolled out in East Lothian it is expected that the improvements achieved in Midlothian will be reflected in East Lothian.

Decisions

The report was noted.
32. **Carers Forum**

32.1 The Sub Committee considered a paper which had been circulated in advance of the meeting.

The paper provided an update in relation to the training for the Carer Information strategy.

Tony Segall also noted that the short life working group referred to at the August meeting of the CHP Sub Committee has been formed and the remit agreed. Meetings of the group have been scheduled.

**Decisions**

The report was noted.

The report referred to in the Action Note will be tabled at a future meeting of the CHP Sub Committee.

32. **Public Partnership Forum (PPF)**

32.1 The minutes of the PPF Meeting of 17\textsuperscript{th} August were tabled.

In addition the PPF representatives present provided a verbal update.

A meeting of the PPF representatives and deputies took place on 1\textsuperscript{st} September 2010 to discuss role, responsibilities and conduct.

A meeting took place on 7\textsuperscript{th} September to invite PPF representations to the Health and Social Care Single Outcomes agreement.

It was noted that whist the PPF has 11 members it also has 11 different groups and this imbalance will need to be addressed.

It was noted that other meetings had taken place where issues such as Transport, the Older Peoples Strategy, East Lothian Community Hospital and the CHP Communications strategy had been discussed.

Issues in relation to petty cash and reimbursement of expenses had been discussed again and the General Manager undertook to address this.

**Decisions**

The update was noted.
33. **Community Health Partnership Committee Appointments**

33.1 There was no business raised under this item.

34. **A.O.C.B.**

34.1 **Homeopathy Prescribing**

In relation to a question raised via the PPF it was noted that a paper on Homeopathy Prescribing will be taken to the Midlothian CHP Sub Committee in November which will set out a consultation process to take place which will include the PPF. Midlothian CHP hosts the Homeopathy Service.

35. **Date of next meeting**

It was agreed that the next meeting would take place on Tuesday 14th December 2010 at 2.00pm. The Quay Complex Musselburgh
<table>
<thead>
<tr>
<th>Topic</th>
<th>Decision</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.1. Older People’s Services – GORU &amp; Stroke</td>
<td>Copies of the slides used in the presentation are to be circulated to members of the CHP Sub Committee.</td>
<td>DM</td>
</tr>
<tr>
<td>55.2. Keep Well</td>
<td>Copies of the slides used in the presentation are to be circulated to members of the CHP Sub Committee.</td>
<td>DM</td>
</tr>
<tr>
<td>56.3. KPI Report</td>
<td>The report was noted and it was agreed that a report to the level of detail illustrated will be tabled at 6 monthly intervals in the future.</td>
<td>DS</td>
</tr>
<tr>
<td>56.4. Finance Report</td>
<td>In response to a question the Associate Director of Finance noted that the increases in prescribing costs were not felt to relate directly to the reductions in prescription charges. Work is underway to analyse the underlying reasons for the increases. This will be reported on at the next meeting of the CHP Sub-Committee in December 2010.</td>
<td>LH</td>
</tr>
<tr>
<td>56.5. Health Inequalities Framework</td>
<td>David Jack noted that he would review the 2011 schedule of Health Inequalities Standing Group meetings to ensure that more up to date minutes can be tabled at the 2011 meetings of the CHP Sub Committee. The Sub Committee agreed that a presentation on Health Inequalities could be brought to the December 2010 meeting of the CHP Sub Committee.</td>
<td>DJ</td>
</tr>
<tr>
<td>56.8. Delivering Quality in Primary Care</td>
<td>A paper outlining the work being done in Lothian will be brought to the next meeting of the CHP Sub Committee.</td>
<td>DS</td>
</tr>
<tr>
<td>59. Any Other Competent Business</td>
<td>Eye Pavilion</td>
<td>DS</td>
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<tr>
<td></td>
<td>In relation to a question from North Edinburgh PPF (Jim Brown) the General Manager undertook to determine how specialist support for issues such as diabetes would be delivered during consultant maternity leave.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audiology</td>
<td></td>
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<tr>
<td></td>
<td>In response to a question from North Edinburgh PPF, the General Manager undertook to investigate and report back on concerns noted over current waiting times in audiology.</td>
<td>DS</td>
</tr>
</tbody>
</table>
NHS LOTHIAN
EDINBURGH COMMUNITY HEALTH PARTNERSHIP SUB-COMMITTEE

Note of the twenty second meeting of the Edinburgh Community Health Partnership Sub-Committee held on Thursday 14th October 2010 at 1.00 p.m. in the Boardroom Waverley Gate, Edinburgh.

Present:  
Bob Anderson, (Chair)  
Peter Gabbitas, Director of Health and Social Care  
David Small, General Manager Edinburgh CHP  
Dr Ian McKay, Clinical Director, Edinburgh CHP  
David Jack, Head of Strategic Support, City of Edinburgh Council  
Jim Kendall, South Edinburgh Public Partnership Forum  
Lynne Hollis, Director of Finance  
Jim Brown, North Edinburgh Public Partnership Forum  
William Hardie, North Edinburgh Public Partnership Forum  
Heather Levy, South Edinburgh Public Partnership Forum  
Angela Lindsay, AHP Manager, Edinburgh CHP  
Dr Ramon McDermott, General Practitioner  
Lynda Cowie, Chief Nurse  
Frances Fraser, North West Edinburgh LHP  
Stuart McLauchlan, Staff Partnership Representative  
Maureen Reid, South West Edinburgh LHP  
John Davidson, Dental Practitioner

In Attendance:  
Drew McErlean, Acting Secretary  
Jamie Hetherington, (Minute Item 55.1)  
Ciara Byrne, (Minute Item 55.2)  
David White, (Minute Item 57.2)  
Margaret Douglas, Public Health Practitioner

Apologies:  
Cllr Paul Edie, Council Elected Representative  
Cllr Norman Work, Council Elected Representative  
Robert Aitken, Assistant General Manager, South Central Edinburgh LHP  
Bashir Wadee, Optometrist  
Seb Fischer, Carers Representative  
Dr Pete Shishodia, General Practitioner  
Angus Gunn South Edinburgh Public Partnership Forum  
George Walker, Vice Chair

53. Welcome/Introduction/ Declarations of Interest/ Apologies

The Chair extended a welcome to Jamie Hetherington and Ciara Byrne who were attending to make presentations.

The Chair welcomed the undernoted new members of the Sub Committee.

Maureen Reid – South West LHP Representative  
Frances Fraser – North West LHP Representative  
Margaret Douglas, Public Health Practitioner

The Chair welcomed the 4 members of the public in attendance.

There were no declarations of interest.

The apologies were noted.
53.1 **Minutes of Previous Meeting held on 11th August 2010**

The minutes were agreed as being a true and accurate record of the meeting.

54. **Questions from Members of the Public in Attendance**

54.1. Mr Tinlin thanked the chair for including this item and suggested that in the future it should be placed towards the end of the agenda so that members of the public can ask questions on the issues discussed at the meeting.

The Chair agreed to this and noted that this item was being included on a trial basis and would be reviewed in due course.

55. **Presentations**

55.1. **Older People’s Services – GORU & Stroke**

The Sub-Committee received a presentation from Jamie Hetherington, Project Manager which focused on the Phased Implementation of Older People’s Model of Care, Phase 1 Edinburgh.

The presentation outlined the key drivers, the key performance aims, the performance measures and targets.

The further actions need to progress the Model of Care were highlighted.

The importance of delivery was emphasised, including patient experience, bed reductions, bed capacity and demand management. Future challenges include NHS funding over the next 5 – 10 years, demography and Scottish Government policy.

The key challenges including resources and cultural change were emphasised.

The Director of Health and Social Care asked what evidence there was of changes to length of stay. The Project Manager noted that at the outset of the work there was evidence of some stays being as long as 70 days but now the mean was getting below 30 days.

The Director of Health and Social Care noted that around 70% of patients in care homes have come from Hospital. He believes this is significantly higher than it needs to be and has challenged his managers to bring about a reduction. Changes to the composition of the multi-disciplinary teams involved in discharge decisions may need to be made to help bring about the changes required.

**Decisions**

The update was noted.

Copies of the slides used in the presentation are to be circulated to members **DM** of the CHP Sub Committee.
55.2. **Keep Well**

The Sub-Committee received a presentation from Ciara Byrne, Keep Well Project Manager. A supporting report had been circulated in advance of the meeting.

The presentation was introduced by the Clinical Director who emphasised that the Keep Well Project is a key Health Inequalities Focused initiative.

- The Keep Well vision is to reduce health inequalities by increasing the rate of health improvement in deprived communities through anticipatory care.

14 general practices in Edinburgh CHP have taken part in Keep Well since the start of the project in December 2006. GP practices were chosen based on the incidence of deprivation in their area.

The Scottish Government have stated that funding will be made available in 2011/12 to ensure current projects can continue to develop and deliver in this transition year. Confirmation of the exact amount of funding will not be known until November 2010.

It was noted that the national results are still incomplete. However local evaluation of outcomes is underway.

Keep Well is currently targeted at the 45 – 64 age group. 70% of those targeted by the 14 practices have attended the assessment. When refusals and exclusions are included this figure is close to 90%.

Risk factors such as smoking, obesity, alcohol, hypertension and diabetes are addressed.

It was noted that planning structures are in place to take the work forward and the age range may be reduced whilst targeting on the top 15% of deprived areas.

The Director of Health and Social Care noted that contacting the target group can be challenging and noted the contrast between the incidence of risks and the relatively low propensity for action being taken by patients. The Project Manager noted that motivational interviewing skills in nurses were key in driving actions from the patients after screening.

Margaret Douglas emphasised that addressing lifestyle risk factors has a much weaker evidence base than addressing health based risks.

The Head of Strategic Support, noted that the work of Community Health Projects needed greater alignment with issues such as Keepwell.

The Head of Strategic Support commented that work with Homeless Groups and Gipsy Travellers needs more Community Health resources focused on it.

**Decisions**

The update and report were noted. **DM**

Copies of the slides used in the presentation are to be circulated to members of the CHP Sub Committee.
56. **Items for Discussion / Information**

56.1. **Chairman’s Report**

The Chairman provided an update on the activities he had undertaken since the previous meeting in relation to the CHP.

These were noted as

- A visit from a group of 40 Norwegian Health Specialists in early October.
- The Primary Care Partnership Committee Workshop in September which had explored the quality strategy for primary care and had discussed how CHPs could engage more with GPs and other Primary Care practitioners.

**Decisions**

The update was noted.

56.2. **General Manager’s Report**

The Sub-Committee considered a report by the General Manager which had been circulated in advance of the meeting.

The report noted that the establishment of Hubco has been approved by NHS Lothian and the City of Edinburgh Council.

The report provided an update on Premises / Capital Plans, Sexual Health, GP In Accident & Emergency, Investors in People (IIP), and Business Continuity Planning.

The standard business case for West End Medical Practice reprovision has been approved by NHS Lothian Finance and Performance Review Committee.

Consideration is being given to a joint re-provision of Astley Ainslie Hospital and Royal Edinburgh Hospital services on the Royal Edinburgh Hospital site.

On 1st October, Edinburgh CHP took responsibility for Genito Urinary Medicine service to establish single management of sexual health services.

The report highlighted that the GP service in Accident & Emergency at Royal Infirmary of Edinburgh will extend opening hours from 8am to 6pm.

The CHP is preparing for external assessment by Investors in People in November.

The CHP will take part in a Lothian wide Business Continuity exercise in November.

**Decisions**

The report was noted.
56.3. **KPI Report**

The Sub-Committee considered a report which was circulated to the meeting.

The General Manager provided an outline on the basis of the report giving examples of the sort of information that could be presented to the CHP Sub Committee and noted he was seeking feedback on what should be included in future reporting and what frequency of reporting was required. It was noted that the Performance Sub Group already scrutinised performance monthly.

The national and local frameworks for reporting were referenced.

It was noted by South Edinburgh PPF (Jim Kendall) that the monthly Performance Management sub group minutes are brought to the Sub Committee meetings and these reference very detailed reports.

South Edinburgh PPF (Heather Levy) enquired how the reporting could be broken down to Neighbourhood Partnership level. The General Manager noted that reporting to that level of detail is not currently viable and may take some considerable time and resource to develop.

**Decisions**

The report was noted and it was agreed that a report to the level of detail illustrated will be tabled at 6 monthly intervals in the future.

56.4. **Finance Report**

The Sub-Committee considered a report by the General Manager which had been circulated in advance of the meeting.

The report noted that the CHP overspent by £1,309,000 to the end of August 2010 of which £74,000 was core services and £20,000 was hosted services.

The financial plan is being implemented and the identification of schemes to deliver the Local Reinvestment Programme (LRP) is ongoing.

The report outlined the actions that the CHP will take to achieve financial balance.

The report noted that the CHP is hosting a financial planning event in late October to develop a three year financial plan and to allow closer alignment of the CHP and City of Edinburgh Council financial planning.

The Associate Director of Finance noted that the GMS allocation for 2010 – 2011 has very recently been notified and is not felt to have created any additional financial issues.

Planning for 2011 – 2012 LRP is underway with the assumption that savings of at least the same level will need to be achieved.

In response to a question the Associate Director of Finance noted that the increases in prescribing costs were not felt to relate directly to the reductions in prescription charges. Work is underway to analyse the underlying reasons for the increases. This will be reported on at the next meeting of the CHP Sub-Committee in December 2010.
The General Manager noted that in relation to the increased costs arising from the Joint Equipment store this issue is being pursued with City of Edinburgh Council.

Decisions

The report was noted.

56.5. Health Inequalities Framework

The Sub-Committee received a verbal update from The Head of Strategic Support, on progress in relation to the Health Inequalities Framework.

It was noted that no comments had been received on the papers tabled at the meeting of the Sub-committee in August and it was emphasised that comments from members would still be welcomed.

The Investment strategy for Community Health Projects is being reviewed and PPF will be consulted as part of this process.

It was noted that an £80k surplus in the current financial year budget of Fairer Scotland Funding (FSF) had been allocated provisionally to existing projects that had been asked to outline how they could use the funding within the governance parameters.

Work is on-going to evaluate the impact of FSF projects.

David Jack noted that he would review the 2011 schedule of Health Inequalities Standing Group meetings to ensure that more up to date minutes can be tabled at the 2011 meetings of the CHP Sub Committee.

Decisions

The Sub Committee agreed that a presentation on Health Inequalities could be brought to the December 2010 meeting of the CHP Sub Committee.

56.6. Better Together Survey Report

The Sub-Committee considered a report which had been circulated in advance of the meeting and the Chief Nurse noted the key points.

The report informed the CHP of the results of the 2010 Scottish Inpatient Experience Survey released on the 28th September 2010 and the local results for both NHS Lothian and the Astley Ainslie Hospital released in August 2010. The report noted that in NHS Lothian a total of 1,621 surveys were returned (a 44% response rate) across 8 NHS Hospital sites.

The report highlighted the areas in which NHS Lothian and Astley Ainslie Hospital patients had provided significantly more positive or less positive results.

The report noted that an action plan for NHS Lothian will be developed from the results received and this will be incorporated into the workstreams for local Quality Improvement Teams.
The Chair asked if the report had produced any surprising results and the Chief Nurse noted that they were broadly in line with expectations based on the findings of previous internal audits.

In response to a question from North Edinburgh PPF (Jim Brown), the Chief Nurse confirmed that the survey would be repeated in 2011 – 2012.

**Decisions**

The report was noted.

56.7. **Counselling Review**

The Sub-Committee considered a report which had been circulated in advance of the meeting giving an update on the progress made in developing a framework for the commission and delivery of counselling services in Edinburgh.

The report noted that the breakdown of funding for counselling services in Edinburgh has been completed. Current service level agreements and contracts with City of Edinburgh Council and NHS Lothian have been amended to include quality assurance measures identified.

The General Manager noted that the Mental Health and Well-Being services are also financially supported by a number of grant and charitable sources.

Currently £65k is provided for counselling services for drug and alcohol problems.

The report noted that the Counselling Review group should seek to establish protocols for the provision of time limited and open ended counselling and how further commissioning and procurement should proceed.

It was noted that the final report will include a Rapid Impact Assessment.

**Decisions**

It was noted that the review is continuing and the proposals for longer term counselling need to be developed.

The General Manager will clarify when the Service Level Agreements will be in place including the protocols for longer term mental health issues.

56.8. **Delivering Quality in Primary Care**

The Sub-Committee considered a report which had been circulated in advance of the meeting. The General Manager and Dr McDermott referred to the key aspects of the report.

The General Manager noted the key steps being taken in Lothian in relation to the 11 point national strategy.

It was noted that an implementation programme will be developed and some of the actions will be the responsibility of the CHP. Leads will be allocated to each strand of work.
The Chair asked if the UK Coalition Government re-organisation of the NHS in England in relation to the GMS contract would have a consequential impact in Scotland. The General Manager noted that the PMS arrangements in England which are the equivalent of the 17c arrangements have been suspended. The Associate Director of Finance noted that discussions have begun with the Scottish Government about how any changes should be managed.

**Decisions**

A paper outlining the work being done in Lothian will be brought to the next **DS** meeting of the CHP Sub Committee.

### 56.9. Meeting Dates for 2011

A schedule of meeting dates which had been circulated in advance of the meeting was considered by the Sub Committee.

**Decisions**

The schedule of meeting dates for 2011 was confirmed.

### 57. Items for Decision Making

#### 57.1. Management Arrangements

The Sub-Committee considered a report which had been circulated in advance of the meeting. The General Manager noted that the paper is a definitive set of proposals although some of the detailed issues have still to be resolved.

The key recommendations in the report were noted as being

- To move from the current management teams (hosted services, care of the elderly, community, allied health professionals and five Local Health Partnerships (LHPs)) to a reduced number (hosted services, care of the elderly, community, allied health professionals and two sectors).

- To consolidate the existing 5 LHPs management resources into two teams; North and South Edinburgh.

- To preserve the current GP engagement arrangements based on established boundaries, albeit with reduced meeting frequency.

- To recognise the importance of the GP/Community Nursing interface and strengthen this through ‘clusters’ of Community Nursing teams aligned with GP practices. (As per Chief Nurse paper in June 2010.)

- To note that the restructuring will help the CHP to address the longstanding deficit in its management costs.

- To ask for a further timetabled implementation process which would see the new structure fully implemented by 31st March 2011.

- To note that the Scottish Government have indicated they have no concerns with what is proposed and do not anticipate that the changes will require ministerial approval.

There are no proposed changes to hosted services.
It was noted that the changes present an opportunity to strengthen the work being done to address health inequalities.

North Edinburgh PPF (Jim Brown) asked what the improvements to patient care would be as a consequence of these changes. The General Manager noted that whilst the changes were primarily about management structures there would be a strengthening of coordination of clinical management arrangements. There would also be an increased focus on health inequalities and both of these items would have a directly beneficial impact on patient care.

Decisions

The Sub Committee agreed that formal consultation with staff should now proceed with the objective of implementing changes by the end of the current financial year.

57.2. Voluntary Organisations

The Sub-Committee considered a report which had been circulated in advance of the meeting. David White, attending the meeting to speak to the paper noted that this is an update to a paper which had been tabled at the June meeting of the Sub Committee. The key points of the report were noted as being.

An emphasis on the understanding that Third Sector organisations are a key partner in ‘Tackling Inequalities’.

Agree a proposed framework which describes the ongoing commitment to Third Sector organisations in Edinburgh.

Agree to four key ‘adjustments’

- Third Sector funding streams specific to Edinburgh only, should (with exceptions) be the responsibility of ECHP.

- Changes to funding need to secure the appropriate agreements through the agreed process.

- Each of the nine strategic programmes should have a named ECHP lead for associated Third Sector organisations.

- That Public Health Practitioners are the natural ‘Responsible Officer’ for most localised projects, allowing ready co-ordination with Neighbourhood Partnerships.

Agree that a single point of contact for changes to Third Sector Agreements is established for the CHP.

Agree that arrangements are reported to the Performance Management Committee of the CHP on a bi-annual basis highlighting any changes.

The CHP will recognise the CHP Management Team as the single decision making forum which would either accept responsibility for an Edinburgh Third Sector funding stream/organisation or curtail expenditure on behalf of the CHP. Whilst individual managers may make proposals, these would require support at the CHP Management Team before enactment.
Confirm that no inequalities related work, including commissioning Third Sector work, is undertaken by the CHP without discussion with the relevant Neighbourhood Partnerships.

The Director of Health & Social Care asked if the responsibilities outlined in Section 3.9.4. of the report were at the appropriate level and noted that he felt there was a risk of empowerment at too low a level of responsibility. David White noted that there will be appropriate levels of oversight and the paper will be updated to ensure this is clarified.

**Decisions**

The paper was noted and the recommendations agreed.

58. **Items for Review**

58.1. **Action Note**

The Sub-Committee considered the updated Action Note which had been circulated in advance of the meeting.

**Decisions**

The Action Note will be updated to reflect items that are now complete and new actions agreed for future meetings.

58.2 **Minutes from other Groups**

58.2.1. **Edinburgh CHP Performance Management Sub-Group – 14th July and 11th August 2010** - A copy of the minutes was circulated to members and noted.

58.2.2. **Edinburgh Alcohol and Drug Partnership – 2nd June 2010 and 4th August 2010** - A copy of the minutes was circulated to members and noted.

The Director of Health & Social Care noted the emphasis on performance measurement in relation to waiting times and the progress being made in charting this.

The on-going work in relation to ‘legal highs’ was also referenced.

58.2.3. **Edinburgh CHP Communications Group – 21st July 2010** - A copy of the minutes was circulated to members and noted.

58.2.4 **Edinburgh CHP Health and Safety Committee – 3rd August 2010** - A copy of the minutes was circulated to members and noted.

58.2.5 **Edinburgh CHP Health Inequalities Standing Group – 17th June 2010** - A copy of the minutes was circulated to members and noted.

58.2.6 **Primary Healthcare Governance and Risk Management Group – 6th May 2010** - A copy of the minutes was circulated to members and noted.

58.2.7 **North Edinburgh PPF – 4th August 2010** - A copy of the minutes was circulated to members and noted.

58.2.8 **South Edinburgh PPF – 5th August 2010** - A copy of the minutes was circulated to members and noted.
58.3. **LHP Reports**

58.3.1. **South Central Edinburgh LHP**–
There were no issues raised.

58.3.2. **North West Edinburgh LHP**–

The North West Edinburgh LHP Representative noted the following update.
- Concerns over potential changes to engagement with GP Reps.
- South Queensferry Medical Practice is leading and delivering on contract re-design work.
- Section 17c/2c Accident and Emergency work is being developed in the LHP via the 17c management group.

58.3.3. **North East Edinburgh LHP**–
There were no issues raised.

58.3.4. **South East Edinburgh LHP**–
There were no issues raised.

58.3.5. **South West Edinburgh LHP** –
There were no issues raised.

59. **Any Other Competent Business**

59.1. **Eye Pavilion**

In relation to a question from North Edinburgh PPF (Jim Brown) the General Manager undertook to determine how specialist support for issues such as diabetes would be delivered during consultant maternity leave. DS

59.2. **Audiology**

In response to a question from North Edinburgh PPF, the General Manager undertook to investigate and report back on concerns noted over current waiting times in audiology. DS

60. **Date and Time of Next Meeting**

60.1. It was noted that the next meeting of the Edinburgh CHP Sub-Committee would take place on Thursday 9th December 2010 October at the Millennium Centre, 7 Muirhouse Medway, Edinburgh, EH4 4RW
NHS LOTHIAN

MIDLOTHIAN COMMUNITY HEALTH PARTNERSHIP

Note of the meeting of the Midlothian Community Health Partnership Sub-Committee (Public Session) held on Thursday, 30 September 2010 at 2pm in The Midlothian Council Offices, Dalkeith.

Present:
Eddie Egan, Chairman
Gerry Power, General Manager, Midlothian CHP
Dr Jane Hopton, Asst General Manager, Midlothian CHP
Councillor Jackie Aitchison, Midlothian Council Representative
Mairi McMillan, (for Liz Cregan, Chief Nurse, Midlothian CHP)
David King, Head of Finance
Mairi Simpson, (for Mandy McKinnon, Health Promotions Manager)
Tom Welsh, Mid-Lothian Council
George Wilson, Voluntary Sector Representative
Andrew Duffy, Pharmacy Representative
Thomas Miller, Unison
Morag Barrow, AHP Manager
Michael Pearson, UHD Representative (For Sandra Mair)
Tracy Sanderson, Consultant Psychiatrist
Sue Edmond, PPF Representative
Alex Philip, PPF Representative
Dr Hamish Reid, Acting Clinical Director Mid Lothian CHP

Apologies:
Wendy Brooks, Carers Representative
Mandy McKinnon, Health Promotions Manager
Liz Cregan, Chief Nurse, Midlothian CHP

In Attendance:
Fiona Watson, Clinical Director

28. Apologies and Welcome
The Apologies were noted as above.

29. Minutes of the Previous Meeting held 29th July 2010
The minutes were agreed as being a true and accurate record of the meeting.

30. Matters Arising
30.1 All matters are covered on the agenda.

31. General Manager’s Report
31.1 The Sub-Committee considered a report which had been circulated in advance of the meeting.
Delayed Discharges

The report noted that at the August 2010 census there were 9 people recorded as delayed in Midlothian. Both national targets were achieved with no people delayed in short stay settings, or who had their discharge delayed over 6 weeks.

Midlothian Community Hospital

The completed Midlothian Community Hospital (MCH) was handed over to NHS Lothian on 9th August 2010.

Staff and patients were transferred to the new facility during the week commencing 6th September 2010. The moves went smoothly and patients are reported as settling in well.

The Deputy First Minister visited the hospital on Monday 13th September, the visit being featured on a national news bulletin.

Cllr Aitchison noted that there may be opportunities to obtain support from a local fund for a project that would improve the external environment at the hospital and it was agreed that the General Manager would take this forward.

Sue Edmond noted concerns that had been raised by Carers in relation to the pathway from the retail outlet to the hospital. It was agreed that the General Manager would investigate this.

It was noted that concerns raised about individual rooms at the hospital not being locked have now been addressed.

Dalkeith Health Centre

The project remains on course for completion in July 2011.

Penicuik Health Centre

Additional costs of £76k have caused a temporary delay to the project but it is hoped that a further submission to the NHS Board’s Finance and Performance Committee will not be required. The work will now start in November.

Decisions

The report was noted.

The efforts by those involved in organising and executing the transfer of staff and patients to the Midlothian Community Hospital were commended by the members of the CHP Sub Committee.
The Chair thanked Thomas Miller for what he had done in helping to re-organise work schedules of staff to facilitate the transfer of patients to the hospital.

The Chair noted his appreciation of the excellent results achieved in relation to delayed discharges.

31.2. **Staff Governance Report**

The Sub-Committee considered a report on staff governance which was circulated in advance of the meeting.

The report highlighted that the annualised turnover rate for staff within the Midlothian CHO for the quarter to 31st July 2010 was 5.19%.

The staff absence rate for July 2010 was 4.16% - long term absence of 1.79% and short term absence of 2.37%. The importance of achieving further improvements in the level of sickness absence were emphasised by the Chair and the General Manager.

The report provided an update on the Releasing Time to Care initiative and highlighted the introduction of the new Fitness for Work Medical Certificate.

The NHS Scotland Staff Survey will take place between 15th October and 5th November.

**Decisions**

The report was noted.

The Chair noted the importance of staff being given time to complete the NHS Scotland Staff Survey.

32. **Clinical Director Report**

32.1 **Summary Report**

The Sub-committee considered a report by the Acting Clinical Director which was circulated in advance of the meeting.

The report noted that the Quality Improvement Teams of Midlothian CHP and East Lothian CHP had decided to meet as one team going forward with Clinical Directors taking the roles of Co-Chair.

The report noted that Midlothian Practices had performed very well in the QOF for 2009 – 2010 with the scores ranging from the lowest performance practice achieving 95% of the possible points right up to the highest achieving practices scoring 100%.
The report highlighted that the opening of the new Midlothian Community Hospital had given the opportunity to re-appraise the current medical staffing arrangements with regards to junior medical cover.

It was noted that a significant amount of work had been done to achieve the efficiencies programme but that volumes had risen significantly.

Decisions

The report was noted.

32.2 Radiology Department – Midlothian Community Hospital

The Sub Committee considered a paper which had been circulated in advance of the meeting.

The paper referred to the proposed appointment only access for plain film X-ray patients at Midlothian Hospital.

The Clinical Director asked the Sub-Committee to consider whether it was fair or convenient for Midlothian patients to be unable to access a walk-in X-Ray service similar to all other Lothian plain film sites. The issues had been discussed at the GP Sub Committee meeting and there had been strong concerns expressed against the proposal.

Michael Pearson outlined the services provided and noted that it had been felt that the plain film service could be better supported at RIE. A fall back position could be a 2 days per week service for Midlothian. Michael Pearson noted that in the financial climate the fully open access service across Lothian is being reviewed.

A further meeting to discuss the proposal is planned for 5th October and PPF will be invited to attend this meeting.

Decisions

The report was noted.

33. Chief Nurse Report

33.1 Summary Report

The sub-committee considered a report which had been circulated in advance of the meeting from the Chief Nurse.

The report noted that the new Midlothian Community Hospital opened on 13 September 2010 with all patient groups in place. It was noted that the move had passed off smoothly.
The report highlighted that representatives of the Adult Joint Mental Health Team were presented with their Scottish Social Services Council Care awards at a ceremony in Aviemore in June and also at Bonnyrigg with the whole team in August. It was noted that Psychology had also been involved in the winning of the award.

The report noted nominations made for the Celebrating Success Awards 2010.

The report noted that a cohort of seven Community Staff Nurses had successfully completed the Nurse Prescribing Course at Queen Margaret University.

Work has started on the roll out of Community TRAK IT system.

Decisions

The report was noted.

33.2 Child Protection

The Sub Committee considered a report which had been circulated in advance of the meeting.

The report noted that there were 115 children on the Child Protection Register.

The report noted that an audit of files is currently being undertaken by the Midlothian Quality Assurance Group.

Preparation is underway for Midlothian HMie inspection which will take place in 2011.

Decisions

The report was noted.

It was agreed that future reports will include details of trends on the number of Children on the Child Protection Register.

33.3 Adult Protection

The report noted that the joint East Lothian and Midlothian Adult Protection Committee met in August.

It is proposed to merge the Adult Protection and Child Protection Learning and Development Sub Committee into one Committee.

Decisions

The report was noted.
34. **AHP Manager Report**

The Sub Committee considered a report that had been circulated in advance of the meeting from the AHP Manager.

The report highlighted that Physiotherapy waiting times remain low.

NHS Lothian will be one of two Boards to pilot National Musculoskeletal pathway for the Scottish Government.

The report also provided updates on Physiotherapy Self Referral, the Podiatry Strategy and the NHS Lothian AHP Review.

In relation to the Podiatry waiting times the Chair enquired about the apparently higher number of patients on the waiting list at the Penicuik clinic. The AHP Manager noted that there had been a number of issues behind this and that appropriate actions are being taken to bring about the necessary reductions in patients waiting times.

It was noted that as the review of the Podiatry strategy progresses there will be rationalisation of services and premises. Sue Edmond noted PPF support for this work.

The report noted that as a consequence of additional resource having been secured plans to augment the Midlothian Rapid Response team in conjunction with Midlothian Council will commence.

The report noted that Midlothian Active Choices continues to successfully support patients. A full project report will be tabled for information at the CHP Sub Committee meeting in November 2010.

**Decisions**

The report was noted.

35. **Learning Disabilities Services**

35.1 **Midlothian Joint Health Improvement Partnership Update**

The Sub-Committee considered a report which had been circulated in advance of the meeting.

The report noted that the Midlothian and East Lothian Violence Against Women Partnership was launched on 2\textsuperscript{nd} September 2010. George Wilson noted that in the review of funding it is essential that this initiative retained full support and that the pathway for people to access the service must be shortened.
The report highlighted the role of the Equally Well work and the specific developments that are taking place in Midlothian. It was noted that funding is in place to carry on with this work in 2011 – 2012.

The report noted the role that will be played by the Health Improvement Fund Oversight Group chaired by Dr Allison McCallum.

The Chair noted concerns over the reported increases in domestic violence and asked if Community Policing could provide the CHP with guidance on what can be done in relation to tackling the issues created by alcohol abuse. Mairi Simpson noted that work does need to be done to raise awareness of what people can do and what support services are available.

Decisions

The report was noted.

The Sub-Committee expressed concerns over the reduced funding for the Health Improvement Fund.

35.2 **Looked After Children & Young People**

The Sub-Committee considered a report which had been circulated in advance of the meeting.

The report set out the detailed of the work being undertaken in Midlothian aimed at improving outcomes for Looked After Children and Young People.

The Chair noted that the number of Looked After Children and Young People appeared to be high in the context of the total population of Midlothian and noted that he would be interested in learning how the agencies are identifying and measuring outcomes in the context of the resource invested. Jane Hopton noted that work on outcomes is being undertaken but this is work is at an early stage.

Cllr Aitchison noted that the Council is working hard to try to get Looked after Children into foster care but they are finding it difficult to compete with the financial incentives that external agencies can offer to potential foster parents.

Decisions

The report was noted.
35.3 **NHS Lothian Learning Disability Service**

The Sub-Committee considered a report which had been circulated in advance of the meeting.

The report highlighted.

- Progress in the development of the intermediate tier via a new centre for day hospital services which is now operational.
- Re-design of In-patient Assessment and Treatment Centres
- The Nurse Staffing review.
- Progress and development of the Community Learning Disability Teams.
- Medical Staffing

The report highlighted service pressures on medical staffing due to long term sickness absence of key personnel.

In relation to the re-design of In-patient Assessment and Treatment Centres it was noted that the business case may need to be developed to avoid the need for a re-build of premises given the current financial climate.

**Decisions**

The report was noted.

The Chair noted that the Welfare Commission Report for Midlothian was exceptionally positive and he commended the work of all staff involved in the delivery of this service.

Jane Hopton noted her appreciation of the support provided by the Executive Management team for the Learning Disability Service.

36. **Carers Forum**

Sue Edmond provided a verbal update.

The focus is currently on the development of the Carers Strategy.

Training of Team Leaders in Social Work to assist them in dealing with Carers is also being progressed.

Considerable effort is being made to increase the number of Carers on the Carers register.

**Decisions**

The update was noted.
37. **Community Health Partnership Committee Appointments**

There was no business raised under this item.

38. **Public Partnership Forum**

The Sub Committee considered the minutes of the Public Partnership Forum of 15th July 2010.

George Wilson commented that he felt it was not accurate to suggest that Health had not been involved in the development of all locality plans.

Tom Welsh noted that in the future all locality plans will be assessed formally as part of the planning process and this will ensure that all appropriate parties are fully consulted.

Sue Edmond noted the work being done to share information with the public in relation to the QOF Survey.

It was noted that at the Lothian wide PPF meeting on 4th October the focus would be on raising awareness in relation to waste medicines.

**Decisions**

The minutes were noted.

39. **A.O.C.B.**

There was no other business raised.

40. **Date and Time of Next Meeting**

Thursday 25th November 2010 14.00 – 15.30 – Council Chambers, Buccleuch Street, Dalkeith
DRAFT

Minutes of the West Lothian Sub Committee
Thursday 11th November 2010
Room 2 & 3 Strathbrock Partnership Centre, Broxburn

Present
Theresa Douglas Chair, West Lothian CHCP
Ellen Glass Councillor West Lothian Council
Caroline Wells Community Pharmacist SJH
Jim Forrest Director, West Lothian CHCP
Linsay Seywright Assistant Principal, West Lothian College
Jennifer Scott Acting Head of Social Policy
Julie Cassidy Public Involvement Coordinator
Gordon Ford Director of Education
John Richardson Public Involvement Representative
Ann Gee Head of Housing and Building
Jane Kellock Health Improvement Manager, Social Policy
Gill Cottrell Chief Nurse, West Lothian CHCP
George Mackie GP, East Calder Medical Practice
Sally Westwick AHP Manager, West Lothian CHCP
John Alexander Head of Ambulance Service

Apologies
Jane Houston Partnership Rep, West Lothian CHCP
Graham McKenzie Representative from Public Health
Graham Jones Chief Inspector, Lothian & Borders Police
Matt Stewart Optometrist Representative
Jim Gallagher Chief Executive VSGWL
Sandra Mair Director of Operations
Mary-Denise McKernan Manager, Carers of West Lothian
Marion Christie Head of Health, West Lothian CHCP

In Attendance
Marjory Simpson Administrative Manager, West Lothian CHCP
Ann Marie Carr Customer Services Manager
Phil Harrison Service Manager, Mental Health & Continuing Care of the Elderly
James McCallum Clinical Director
Alan Cunningham Welfare Advice Manager

1 APOLOGIES FOR ABSENCE
As above

2 ORDER OF BUSINESS INCLUDING NOTICE OF URGENT BUSINESS
No urgent business notified

3. ANY OTHER BUSINESS FOR TODAY

None notified

4. DECLARATION OF INTEREST

There were no declarations of interest.

5. DRAFT MINUTE OF WEST LOTHIAN CHCP SUB COMMITTEE

The minutes were approved as an accurate record, subject to the following amendment.

Page 1 change Julie Cassidy from Manager to Coordinator

6. CONFIRMATION OF ACTION POINTS

A copy of the action points were circulated to all members of the committee.

7. MATTERS ARISING FROM PREVIOUS MINUTES

There were no matters arising from the previous minutes.

8. MINUTES OF WEST LOTHIAN PUBLIC PARTNERSHIP FORUM FOR HEALTH CARE (WLPPFHC) MEETING

The WLPPFHC minutes were noted.

Due to the poor attendance at the meetings held at night, the meetings will now be scheduled during the day and in a timely manner to ensure more up to date minutes being brought to the Sub Committee.

Further clarification was required regarding the assurance that there was no waiting list for Ward 17. PH assured the committee that the reason for a delayed admission can be due to patients withdrawing from the use of Clozapine, which is required to be carried out in a safe environment, this can have a knock on effect on planned admissions.

9. MINUTES OF PRIMARY CARE JOINT MANAGEMENT GROUP

The PCJMG minutes were considered

10. MORE CHOICES MORE CHANCES

GF talked to a presentation to inform the Sub Committee of the purpose and outcome of the work undertaken by the West Lothian council to support pupils in need of ‘More choices More Chances’ in partnership with West Lothian College.

It is a priority of the Scottish Government to reduce the number of young people in Scotland not in education, employment or training. The ‘More Choices More
Chances Strategy aims to meet the needs of young people not in education, employment or training.

GF circulated a table of figures of school leavers’ destinations school by school 2009/10.

GF requested due to the diversity of the membership of the sub committee, support from all areas would be valued, through opportunities of work experience, links with looked after children and electronic data sharing. At present there is a lack of variety of work experience opportunities within West Lothian.

SW recommended contacting Agnes McKenna, Voluntary Services Manager, based at St John’s Hospital.

2.30pm – JS entered the meeting

11. WEST LOTHIAN COLLEGE

LS talked to the report updating the Sub Committee members on the work and activity being undertaken at West Lothian College to support all young people into positive and sustained destinations.

The college offers post school education and training at both advanced and non advanced levels on full time, part time, flexible and out reach modes of delivery.

Under the auspices of Community Planning, West Lothian College is committed to close, co-ordinated partnership working with other organisations to improve local public services. It is a key partner for ensuring the delivery of outcomes and targets as identified in West Lothian Single Outcome Agreement, Local Delivery Plan and community planning structure.

JR is keen to encourage younger membership within the WLPPFHC and Community councils.

EG highlighted the need for older people to be offered training opportunities following redundancy.

12. WEST LOTHIAN FIRST STEPS TO HEALTH AND WELLBEING PROJECT – Year 2

This item will be taken to the next Board meeting

13. SCOTTISH AMBULANCE SERVICE – WORKING TOGETHER FOR BETTER PATIENT CARE 2010 - 2015

JA talked to the paper giving an introduction to the Strategic Framework this sets out the vision and direction of the Scottish Ambulance Service over the next five years.

The service has developed the strategy document having under taken a very comprehensive consultation process, engaging with patient, public, and staff. There has also been a considerable amount of work done with other NHS
partners and external stakeholders. The strategy also details the use of innovative technology within the control room; patients transport vehicles and intranet development.

The three main objectives include, improving patient access and referral to the most appropriate care, deliver the best service for patients and to engage with all our partners and communities to deliver improved health care.

JA is happy to circulate the Strategy to anyone who would like a copy.

EG raised the question asking if different service areas share ambulance transport. JA explained that ambulance services are currently being shared between council and health.

JC was involved in organising WL patient partnership forum health care representation for a service improvement workshop. The workshop was cancelled with minimum notice and JC asked if the reason for cancellation could be identified. This workshop was one of the last to be run and would not be rescheduled but JA will feed back to the PPFHC the reason for cancellation.

A question was raised asking if the Ambulance service is involved in the Scottish Patient Safety Programme. JA was unsure but will find this out and feed back to the Sub Committee.

SW asked if JA could contact Kirstie Stenhouse the Falls Co-ordinator to work together to reduce admissions to hospital using patient pathways.

JA highlighted that Accident and Emergency transport services has a target of 10% of patients suffering from chronic diseases not to be taken to hospital by following patient pathways to prevent them going to A & E.

14. THE PENSIONERS INCOME MAXIMISATION SERVICE (PIMS) – Year 1

AC talked to the paper reporting to the committee the success of the service in the last year and requested the continued support and assistance of the CHCP in ensuring that vulnerable older people can benefit from this service.

Research has shown that poor health and low income are closely related. Increasing the incomes of older people leads to improved physical and mental health, allowing them to lead more independent lives with a consequent saving to social care and health service. The service is provided by three members of staff from the Council’s Advice Shop. There is an estimated amount of £20M unclaimed in West Lothian each year.

The service achieved its target of £1M to March 2010 and as a result is now funded permanently from West Lothian Council’s challenge fund.

PIMS is keen to promote this service and asked for the support of the Sub Committee members to encourage referrals across their service area. Staff are also trained to give energy tariff advice.
TD raised the concern regarding people who have approached the service but are not entitled to additional income. JC explained that financial advice is available for people who come under this category.

EG referred people, who had attended her surgery, to the PIMS and thanked JC for the help they had received obtaining allowances.

3.30pm AC left the meeting

15. **HEALTH AND HOMELESSNESS – UPDATE**

AMC talked to the paper updating the Committee of the partnership approach to address homelessness and the health inequalities of people experiencing homelessness in West Lothian.

AMC talked about the progress made, expanding on the improvement through social networking and the expansion of Get Cooking classes to Strathbrock Family Unit and Newlands House in the near future.

Key achievements were highlighted detailing a new partnership established with Street Soccer which along with funding brings expertise and commitment to continuing with regular football sessions.

The Moving In to Health team has been working with Keep well, vulnerable people’s team (NHS national strategy working towards reducing cardiac disease, through early intervention of physical symptoms), and now offer physical health checks to those over 35 years old in emergency accommodation units.

In conclusion the progress made towards meeting the aims of the Council’s Homelessness Strategy is positive.

The reporting cycle was agreed to coincide with just after year end (May) and then 6 monthly, reporting on the single outcome agreement. This may have to be altered depending on the agreed reporting timescale with the Board.

16. **PROPOSAL FOR HEALTH IMPROVEMENT FUND 2011-14 RESPONSE FROM LOTHIAN HIF OVERSIGHT GROUP**

JK talked to the report giving an update to the Sub Committee on the decision made by the Lothian Health Improvement Fund Oversight Group in relation to HIF funding for West Lothian in 2011 -14 and to inform the Sub Committee of the results of the recent Rapid Impact Assessment carried out on the West Lothian proposal paper.

A Rapid Impact Assessment (incorporating an EQIA) was carried out on the package of proposals and was forwarded to Dr Margaret Douglas, Public Health, NHS Lothian

Following receipt of the Rapid Impact Assessments letters will now be sent out by Dr Margaret Douglas to inform the projects of the approved proposals.
17. **CHCP SUB COMMITTEE WORKPLAN 2010/11**  
**PROGRESS FROM APRIL – SEPTEMBER 2010**

JK talked to the paper to update the Sub Committee on progress towards achievement of CHCP Sub Committee Work plan 2010-11 as reported for the period from April to September 2010.

Further, to present to the Sub Committee initial proposal for revising the reporting structure for the sub groups.

The work plan was presented in 2 formats, first categorised in to services and the second categorised in to the single outcome agreement. JK has identified several gaps against sport and the voluntary sector.

JF identified that the plan focussed on the health and well being agenda and asked if this format would help with performance management. This is currently monitored through covalence which lacks description and would benefit from a quality exercise being carried out.

A question was raised regarding how the work can be pulled from the Quality Outcome Framework and Quality in General Practice. JMc will feed this information back to the Sub Committee.

The Sub committee approved the update and further developments.

18. **POTENTIAL VENUES FOR THE SUB COMMITTEE MEETINGS**

Discussion took place regarding the venues for meetings. It was agreed that we would meet at Fauldhouse Partnership Centre for the first three meetings of the year, and then review the suitability of this location at the meeting on the 28th April 2011.

JMc recommended the use of IT for future meetings rather than printing copies of reports. This suggestion was noted and the Chair welcomed the use of laptops for members who felt this would be beneficial.

19. **ANY OTHER COMPETENT BUSINESS**

No other business

**DATES AND VENUES OF FUTURE MEETINGS 2011**

**Meeting dates for 2011**

3rd February 2011  
17th March 2011  
28th April 2011  
9th June 2011  
1st September 2011  
13th October 2011  
24th November 2011
CHAIRMAN'S REPORT

1. Internal

1.1 Visit to DCN - Joined by George Walker, I visited the Department for Clinical Neurosciences (DCN) at the Western General on 1 December. We saw for ourselves the constraints of operating in a building designed for the needs of the 1960s.

1.2 MSPs - The quarterly meeting of MSPs took place at Waverley Gate on 10 Dec. It was well attended and a wide range of issues were discussed. Of particular note were comments by MSPs on the increasing number of senior NHS Lothian posts held by women, and compliments on the work of the departing Director of Communications, with an accompanying recognition of the importance of this role.

1.3 Edinburgh CHP - I visited Edinburgh CHP on 15 December. Joined by CHP Chair Bob Anderson, I saw the work of the Firrhill Short Breaks Service in Clinton Road. The service provides respite for carers by looking after those with severe mental health conditions. I then visited Community Stroke Services and was briefed on their rehabilitative work.

2. External

2.1 Army Liaison - Brigadier George Lowder, Commander of the Scottish Brigade, visited the Medical Director and me on 25 November. Brig Lowder outlined an arrangement for local Battle Group Commanders to now have responsibility in Scotland for community liaison in connection with the needs of serving and retired soldiers, and families of serving soldiers. We outlined our specialist services at Veterans First Point, LEAP, and in rehabilitation.

2.2 Consort Joint Board - On 25 November I attended the Consort Joint Board, which I co-chair. We reviewed progress at the Royal Infirmary, and discussed mechanisms for reducing the bureaucracy attaching to contractual variations, and the consequent delays to construction projects.

2.3 South Edinburgh Community Partnership - At the invitation of Cllr Paul Edie I visited the South Edinburgh Community Partnership at Gilmerton on 25 November. I saw for myself the excellent work being done to provide integrated health and social care in communities near Little France.
2.4 Edinburgh Partnership Away Day - The Edinburgh Partnership Board comprises representatives of the Council, Police, Fire, Health, and the Voluntary Sector. On 9 December I attended their Away Day, where scope for closer joint working was discussed. One suggestion explored the potential for partners to take responsibility for vertically integrated services to core service users. Thus, for example, under this arrangement the Edinburgh CHP might take the lead for delivering/commissioning all public services for older people or mental health patients. Similarly under this concept, another agency would commission health services for a core group with whom they already had close dealings. The idea is to be developed for further consideration by partners.

2.5 Mercy Corps - On 12 January I attended a reception to mark the work of Mercy Corps in Haiti on behalf of the Lord Provost’s Disaster Relief Committee (of which NHS Lothian is a member).

Charles Winstanley
Chairman
12 January 2011
CHIEF EXECUTIVE’S REPORT

1. Local Initiatives

1.1 Adverse Weather – As Board members are aware, the NHS in Lothian, along with health and emergency services across Scotland has faced considerable challenges during the recent spell of extreme weather. The Board should, therefore, be aware that staff across Lothian have shown enormous dedication and commitment to keep services running in the face of considerable pressures. I have already acknowledged these efforts on our website but I felt the Board should be aware of some particular examples of this. In Ratho, a GP walked a long distance each day to work despite Ratho being cut off for days. Similarly, one of our staff, who lives in Ratho, went to the rescue of her neighbour when the lady went into labour. In Gorebridge, when the buses stopped running, a number of GPs walked to work. In Dalkeith, many staff walked long distances to work, including staff who work in Newbattle Medical Centre from Bonnyrigg and from Dalkeith.

In West Lothian, district nurses at Armadale Medical Practice showed enormous dedication by walking from their homes in Bathgate to Armadale and then walked out to see patients who needed essential services. At St John’s Hospital, a radiologist travelled from Edinburgh to St John’s in the snow and stayed in the hospital over night for three nights to maintain services.

In East Lothian, at Belhaven Hospital many staff who live in rural areas made huge efforts to get to work, including some staff who spent the night in the hospital in order that they could be at work the next day. Colleagues at Roodlands Hospital used their own 4x4 vehicle to drive physios and OTs to work every day.

In Edinburgh, a community mental health nurse ran from Marchhall to Joppa in the snow in order to ensure that a patient received vital medicine.

In our acute services, staff have also copied magnificently with the conditions, with a large increase in patients with fractured neck of femur, increased levels of activity in flu and respiratory cases, and heightened demand for A&E services.

While it can be invidious to single out individuals when thousands of staff have made such an enormous effort, I thought the Board would appreciate these particular examples, which could be replicated many times over.
Bearing in mind that very many of our staff are dependent on public transport to get to work, I also wrote to the Chairman of Lothian Buses in order to express our appreciation for the commitment and dedication of their staff whose efforts were instrumental in enabling sufficient numbers of staff to get to work to help us maintain services.

1.2 External Recognition – A number of our staff have again been successful in achieving external recognition for their efforts. David Gow and the SMART team at the Astley Ainslie Hospital won the Veteran’s award at the recent military and civilian health partnerships awards. Mark Taylor and the intensive home treatment in psychiatry won the 2010 UK Royal College of Psychiatrists “Team of the Year” award. This is reflective of our investment in the intensive home treatment team as part of our continuing efforts to shift the balance of care away from institutions and towards individuals in their own homes.

Two of our doctors have been externally recognised. Hamish Wallace, Paediatric Oncologist at the Royal Hospital for Sick Children was named in The Times supplement on “Britain’s top doctors” in November. The Times research consulted with charities, specialists and professional bodies and associations to come up with a list of medical leaders in their fields. The Daily Mail used a similar type of supplement and highlighted the work of Dr Neil Uren one of our Cardiologists.

Steven Smith and our compassionate care team have been selected as finalists in a national patient experience network award, whilst the Sick Kids (Medical Outreach Team and Ward Simulation Training and Health Records (Improving the Quality of Patient Registration on Admission) have been shortlisted for prestigious UK Patient Safety awards. Both teams made presentations to the national panel in London.

Given the Board’s vision of improving health for all, it was encouraging to see that the work of NHS Lothian on health inequalities has been cited as an example of good practice in the World Health Organisation publication entitled “Putting Our Own House in Order: Examples of Health System Action on Socially Determined Health Inequalities”. The World Health Organisation comment that “NHS Lothian’s whole systems approach to tackling inequality is an example of policy coherence.”

1.3 Long-Term Performance:

1.3.1 Delayed Discharges – Ever since its inception, the Board has rightly kept a focus on the importance of effective management through strong partnership to tackle delayed discharges. In that respect, a recent response from Information Services Division to a Parliamentary question on delayed discharges is insightful. In October 2005, not long after the dissolution of NHS Trusts and the creation of our unified Board with local authority partnership engagement, the mean duration of stay for a delayed discharge in Lothian was 60.9 days. By October 2010, this had fallen to 31.6 days. Whilst this rightly remains an area of continuing focus for the Board, it is important to acknowledge how much progress we have made together with our local authority partners over the last five years.

1.3.2 Extended Opening Hours – Board members will recall the considerable publicity around the Scottish Government’s decision to seek extended opening hours on the part of GP practices. When progress on this scheme was first reported to the Scottish Government in June 2008, the uptake across Lothian GP practices was
32%. The latest report submitted in November 2010 showed the level of uptake has reached 70% and this reflects well on the commitment and enthusiasm of local General Practitioner colleagues.

1.4 Visits and Events – On November 26, I visited a range of surgical services in Royal Infirmary of Edinburgh, including the vascular service, the transplantation department and saw an operation for the correction of an aortic aneurism. In particular, we are now seeing a welcome upsurge in transplant activity in the light of local and national initiatives. Whilst this is extremely welcome and of positive benefit for patients, it is important that we and our partners in National Support Services make plans for this increased demand in activity.

James Barbour
Chief Executive
18 January 2011
1. Purpose of the Report

1.1. The purpose of this report is to provide the Board with an overview of the financial position for the 8 month period ended 30 November 2010, including a detailed update on the formal Mid Year Review.

2. Recommendation

2.1. The Board is invited to:
- note the financial position for the period ended 30 November 2010
- note the forecast year end outturn of break even, confirmed through the Mid Year Financial Review.

3. Summary Financial Position to 30 November 2010

3.1. NHS Lothian is reporting an over spend of £5.36m for the first eight months of financial year 2010/11, an adverse movement in the month of £0.17m. The position at the end of November reflects progress behind trajectory of the efficiency target of £3.22m and £2.13m of overspends on other budgets. The position largely reflects the Mid Year Review reported to the EMT on 1 December 2010.

Table 1 – Financial Position to 30 November 2010

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Outstanding Efficiency Savings</th>
<th>Net of Efficiency Savings</th>
<th>Movement in Month</th>
</tr>
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<tr>
<td>University Hospital Division</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>CH(C)Ps/REAS</td>
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<td>(1,367)</td>
<td>(1,307)</td>
<td>2,431</td>
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<td>Strategic Budgets</td>
<td>(925)</td>
<td>(570)</td>
<td>(355)</td>
<td>882</td>
</tr>
<tr>
<td>Corporate Budgets</td>
<td>(346)</td>
<td>(346)</td>
<td>(100)</td>
<td></td>
</tr>
<tr>
<td>Q1 review flexibility</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(2,901)</td>
</tr>
<tr>
<td>Under/ (Over)spend</td>
<td>(5,356)</td>
<td>(3,221)</td>
<td>(2,135)</td>
<td>(172)</td>
</tr>
</tbody>
</table>
4. Mid Year Review

4.1. The Mid Year Review commenced following the results to September 2010. This work encompassed a critical review of:

- operational budget performance;
- new and emerging cost pressures;
- delivery of recurring savings;
- approved commitments from the financial plan;
- new allocations;
- prior year accruals and provisions;
- other technical accounting adjustments.

4.2. Whilst the Mid Year Review confirmed a break-even position, this will be extremely challenging and a number of remedial actions has been agreed as an imperative. To ensure break-even is achieved any additional allocations are being managed centrally.

4.3. Operational Budget Performance

4.3.1. There are a number of overspends across the organisation affecting in year performance. The net impact of these overspends if they were not managed, and the current shortfall in delivery of savings has been quantified at £7.9m. Operational managers have been advised that there will be no non-recurring support for these and a range of management actions have been agreed to rectify the position. These are a key aspect of performance management between now and the year end and managers have been advised that there is a requirement to deliver balance on operational performance.

4.3.2. Within UHD these specific management actions include a review of AICD activity within the Cardiothoracic service; drugs savings from Healthcare at Home; vacancy management controls within the Surgical Directorate of UHD; improved clinical supplies management across every Directorate, and a variety of discretionary spend controls.

4.3.3. Whilst these measures are targeted at reducing in year overspend on budgets, there remains a significant challenge in delivering the LRP targets for the year. Assurance has been received from each Director/General Manager that non-recurring support will be identified if schemes cannot be delivered in full this year. This is predicated on the requirement to deliver schemes in full by the year end. An analysis of the operational budget forecast position is set out in Appendix 1.

4.4. Financial Plan Issues

4.4.1. The approved Local Delivery Plan, signed off by the NHS Board and Scottish Government Health Directorates, set out the financial plan for the year, with a planned breakeven position against the revenue
4.4.2. Rates (£5.4m) - the issue regarding the rates revaluation across Scotland has been highlighted to SGHD. There is scope for us to challenge the level set by the Local Authorities, which we have appealed. We have assumed a worst case scenario at present.

4.4.3. Nursing Budget Review (£8.1m) – while Nursing budgets have been reviewed over recent years, there remains inconsistencies in budget setting across the organisation. A further “single system” review has been undertaken by Finance, which has identified a number of drivers for the level of overspend. These include the drop in turnover of staff and the subsequent impact on incremental drift, as well as the impact of AfC enhancements. These are estimated at c. £10m on a full year basis. The recognition of this in the Financial Plan on a recurring basis will be dependent on the outcome of the Nursing Review and delivery of the sickness absence targets set at 3.5%.

4.4.4. Waiting Times (£4m) – waiting times funding is an ongoing concern. The current costs of meeting the additional activity required as a result of reduced Waiting Time targets and increased referral rates is c. £4m more than the funding available from the National Waiting Times allocation. There may be some further funding available from SGHD but this is unlikely to be a material sum. Following agreement at the Executive Management Team meeting on 1 December, the release of non recurring budget to support this shortfall has been held at £2m and the University Hospitals Division management team are looking at all options available to address any additional actual costs for waiting times activity.

4.4.5. Voluntary Severance (£1m) – in order to support workforce rationalisation and secure planned reductions in a number of areas, a provisional sum has been identified to meet the cost of voluntary severance packages. This will be taken forward in conjunction with the Director of Human Resources and the Employee Director.

4.4.6. Department of Clinical Neurosciences (£0.6m) – as highlighted in the Quarter 1 Review, costs associated with expenditure on the Department of Clinical Neurosciences may be required to be ‘written off’ in the current financial year. These relate to design work and other costs which were previously capitalised. Following the change in funding model for the DCN project, there may to scope to retain these as an ‘asset under construction’ in the balance sheet but will need to be tested with our external auditors.
4.4.7. VAT (£1.4m) – the increase in the VAT rate from 1 January 2011 is expected to add £1.4m to the cost of supplies for the current year. This will add pressure to the overall financial envelope for supplies uplift across the system.

4.4.8. Harvard (£0.3m) – The final costs of this were not finalised at the time of the Financial Plan and although some provision has been identified, there is a balance to be found for this year. Many of the projects supported by this development are Invest to Save and these will form a key contribution to future financial balance.

4.4.9. HEI (£0.3m) – a total of £1.5m was invested this year at the Western General and St John’s Hospitals. These costs were funded from a variety of sources including capital (£0.6m) and existing revenue budgets (£0.5m), leaving a balance of £0.3m.

4.5. Offsetting Benefits

4.5.1. In order to offset the movements from the financial plan and to manage the risks which will affect delivery of the balanced position, a number of offsetting benefits have been identified and will need to be maintained as the year progresses; these total £21m:

4.5.2. Prior Year allocations (£4.2m) - it has been assumed that a number of prior year allocations which were received but not spent during 2009/10 will not be reinstated. Any costs already in the system have been funded. In moving forward to the increasing challenging financial climate, we need to ‘draw a line under’ this matter, and address any future funding requirements through the financial planning process.

4.5.3. Financial Plan commitments (£4.1m) – approved investments from the financial plan have been reviewed and natural slippage in a number of areas has been identified. This funding has been held on a non recurring basis and will not be allocated to budgets in the current financial year.

4.5.4. Balance Sheet Management (£12m) – a rigorous review of year end assumptions has been undertaken in terms of balance sheet management, specifically to address “external factors” such as rates, waiting times and VAT. This has identified scope to release £12m, although it must be noted that this has considerably reduced the level of non recurring benefit available to manage the in year operational position and would have been better utilised through “invest to save” projects.

4.5.5. New allocations (£0.7m) – in line with the agreed position in 2009/10, an assumption has also been made that at least 10% of all new allocations will be held corporately. It is highly likely that we will need to centrally manage a number of new allocations as we move through the second half of the year; the extent to which this will be required will
be determined by the success of operational recovery plans and the level of additional non recurring savings.

4.6. The table attached at Appendix 2 provides a summary of the Mid Year Review. There are a number of specific actions required in order to secure delivery of the balanced financial position. These are absolutely critical management performance issues and must be prioritised across all areas.

- LRP and delivery of budgets
- Tight controls on vacancy management continue to be implemented across the organisation. This matter is being progressed by the Director of Human Resources
- Further restrictions on discretionary spend are required, including agency and locum costs, travel, hospitality, taxi usage and this is being monitored.

4.7. Notwithstanding the various actions being put in place to address the difficult financial position, there remain a number of other areas of risk, which may further impact as we move through the year. These include:

- the extent to which the Scottish Government Health Directorates manage the distribution of anticipated allocations, particularly those for Public Health projects;
- the continuing upward trend in prescribing volumes;
- any unquantified impact of technical accounting changes.

4.8. A further key area of risk is the impact of winter. During November / December period we have incurred a range of additional costs resulting from the adverse weather, particularly within Estates and Facilities. Initial work to quantify the impact to mid December has identified additional spend of c. £0.3m. This does not take account of replacing displaced activity. These costs are not reflected in the position reported to 30 November and the full extent of these additional costs will not be known until the December results are reported. A verbal update will be provided at the NHS Board meeting on 26 January. The additional commitments to date include:

- switch from gas supply to oil and then restocking our storage tanks
- additional vehicle fuelling
- additional linen to support laundry production which was diminished because of staff difficulties in getting to St John's Hospital
- staff overtime in maintaining services and supporting other areas not normally provided by Facilities directorate:
  - discharge lounge at SJH, WGH & RIE
  - transportation of in key staff
  - transportation of key LUCS staff
  - assisting continence service supply to vulnerable patients
  - assisting GP’s and other primary care colleagues access vulnerable patients
  - snow clearance and gritting.
- engaging contractors to assist in snow clearance and gritting to enable sites to function.
5. Operational Budget Performance

5.1. Following the Mid Year review allocations for the impact of the nursing review have been devolved to divisional budgets and these substantially impact the monthly movements in the financial position. Directors and managers have given assurance that LRP targets will be met recurrently (in full) by the year end.

5.2. Appendix 3 sets out the financial performance by management area. Further commentary on Divisional issues for the year to date results is detailed in sections 6-9 below.

5.3. Activity patterns show little change from previous months and do not yet reflect the impact of the severe weather patterns which commenced at the end of November 2010.

6. University Hospitals Divisions

6.1. The Divisional underspend in the month reflects a £2.8m benefit from additional nursing funding, offset by £0.6m of the estimated effect of current Waiting Times’ unfunded costs. A timing difference on funding for MS drugs in Neuroscience and income recoveries in cancer services contributed to a further £0.2m improvement.

6.2. There remain overspends against drugs and clinical supplies budgets.

6.3. The LRP position stabilised during the month with delivery almost in line with the month’s phased target. Current performance is in line with the management projection of year end delivery in 2010/11. A total of £7.04m of the annual target of £13.5m has been delivered. However, this leaves almost half of the original target to be delivered in the remaining four months.

7. CHPs / CHCP / REAS

7.1. As with UHD, a major factor in the monthly improvement is the nursing funding. Excluding this adjustment, the monthly performance is broadly breakeven, although there are notable improvements in PCCO, REAS and the West Lothian CHCP.

7.2. There is a continuing pressure on prescribing in line with Mid Year Review estimates; although this is offset by a corresponding benefit within GMS. Underlying increases in volumes continue to cause concern.

7.3. Whilst £0.57m of the £0.92m variance relates to LRP, the Division anticipates meeting its full year target of £11.5m and achieving recurrent delivery by 1 April 2011. Additional expenditure pressures identified in the month relate to Joint Equipment Store and non-recurrent increases in administrative, medical and unscheduled care costs.
8. **Corporate Budgets**

8.1. Corporate budget areas are £1.4m over spent for the 8 months ended 30 November; an adverse movement of £0.48m in the month. LRP accounted for £0.33m of the adverse movement. The balance was largely represented by the pressures in Human Resources including the Harvard programme.

8.2. The year to date position is represented by unmet LRP of £1.3m; principally in Facilities management (£1.1m) and HR (£0.2m). There are other operational overspends in HR (£0.5m) and Facilities Management (£0.2m), compensated by underspends in Planning (£0.2m) and Pharmacy (£0.3m). Facilities Management have been impacted by unbudgeted HEI compliance costs and pressures within logistics. Vacancies are the principal drivers of the Planning and Pharmacy variances.

9. **Strategic Budgets**

9.1. Strategic budgets (excluding the internal devolution of Mid Year Review Nursing pressures’ funding) are £0.35m over budget at the end of month 8; this is an adverse movement in the month of £0.1m, represented by SLA/UNPACS pressures.

10. **LRP**

10.1. The summarised position at 30 November is set out in Table 2 below:

<table>
<thead>
<tr>
<th>Division</th>
<th>2010/11 Target £’000</th>
<th>YTD Target £’000</th>
<th>YTD Actual £’000</th>
<th>Slippage £’000</th>
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<tbody>
<tr>
<td>UHD</td>
<td>18,977</td>
<td>8,408</td>
<td>7,041</td>
<td>(1,367)</td>
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<tr>
<td>CH(C)Ps/PCCO/REAS</td>
<td>11,538</td>
<td>7,209</td>
<td>6,639</td>
<td>(570)</td>
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<tr>
<td>Corporate Budgets</td>
<td>8,260</td>
<td>4,744</td>
<td>3,460</td>
<td>(1,284)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38,775</strong></td>
<td><strong>20,361</strong></td>
<td><strong>17,140</strong></td>
<td><strong>(3,221)</strong></td>
</tr>
</tbody>
</table>

11. **Capital Position**

11.1. Inclusive of PFI and capital grants, £58m (55%) of the anticipated capital expenditure for the year has been incurred. Further details on the capital programme are presented under separate cover.

12. **Payment Performance**

12.1. The purchase to pay cycle continue to improve, with average credit taken reduced to 28 days by end November; this is an improvement of 3 days since the beginning of the year. A total of 83% of invoices by volume are being settled within 30 days and over 50% within 10 days.
13. **Conclusion**

13.1. The Mid Year Review maintains the forecast year end revenue position at a breakeven; however, this brings significant challenges for the organisation. The actions required must be delivered and it is essential that tight financial control is maintained.

13.2. It is of continuing importance that the message of financial austerity is reinforced across the organisation, with ongoing delivery of savings, cost containment and a strict management of any additional investment. This will need to be maintained into the new financial year and beyond.

Susan Goldsmith  
Director of Finance  
19 January 2011

**List of Appendices**

Appendix 1: Functional Forecast Outturn  
Appendix 2: Summary Forecast Outturn  
Appendix 3: Summary Financial Outturn to 30 November 2010
## MID YEAR REVIEW: FUNCTIONAL OUTTURND FORECAST 2010/11

<table>
<thead>
<tr>
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<th>Forecast Variance</th>
<th>Outstanding LRP</th>
<th>Net Position</th>
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<tr>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
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<tr>
<td><strong>University Hospital Division</strong></td>
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<tr>
<td>Women &amp; Children</td>
<td>(1.911)</td>
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<tr>
<td>General Medicine</td>
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<td>(0.697)</td>
<td>(4.570)</td>
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<tr>
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<td>Interpretation Services</td>
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<td>Other</td>
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<td></td>
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<td><strong>Corporate</strong></td>
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<td>(1.291)</td>
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<td>(0.077)</td>
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<td>(0.480)</td>
<td>(0.671)</td>
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<td>0.033</td>
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<td>(0.003)</td>
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<td>0.111</td>
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<tr>
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<td>0</td>
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<td>Other</td>
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<td></td>
<td>0.258</td>
<td>(1.716)</td>
<td>(1.458)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>(2.273)</td>
<td>(5.594)</td>
<td>(7.867)</td>
</tr>
</tbody>
</table>
### Forecasted Operational Outturn

<table>
<thead>
<tr>
<th></th>
<th>Forecast Variance £m</th>
<th>Outstanding LRP £m</th>
<th>Net Position £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHD</td>
<td>(2.167)</td>
<td>(3.878)</td>
<td>(6.045)</td>
</tr>
<tr>
<td>CORPORATE</td>
<td>0.258</td>
<td>(1.716)</td>
<td>(1.458)</td>
</tr>
<tr>
<td>CHPS/CHCP/PCO/REAS</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>STRATEGIC</td>
<td>(0.364)</td>
<td>0.000</td>
<td>(0.364)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2.273)</td>
<td>(5.594)</td>
<td>(7.867)</td>
</tr>
</tbody>
</table>

To be Managed 7.867

0.000

### Movements from Financial Plan

<table>
<thead>
<tr>
<th>Movement</th>
<th>Forecast Variance £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates</td>
<td>(5.400)</td>
</tr>
<tr>
<td>Nursing Review</td>
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</tr>
<tr>
<td>Waiting Times</td>
<td>(4.000)</td>
</tr>
<tr>
<td>Voluntary Severance</td>
<td>(1.000)</td>
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<tr>
<td>DCN Write Off Costs</td>
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<td>VAT change</td>
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<td>Harvard</td>
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<tr>
<td>HEI</td>
<td>(0.346)</td>
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<td></td>
<td>(21.153)</td>
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</table>

Total (21.153)

### Non Recurring Benefits Identified

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Forecast Variance £m</th>
</tr>
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<tbody>
<tr>
<td>No further Reinstatement of Deferrals</td>
<td>4.247</td>
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<tr>
<td>10% on 2010/11 SGHD Allocations</td>
<td>0.222</td>
</tr>
<tr>
<td>Financial plan Investments</td>
<td>4.157</td>
</tr>
<tr>
<td>Balance Sheet Management</td>
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<td>[Total]</td>
<td><strong>20.626</strong></td>
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</table>

To be Managed (0.527)

### Forecasted Year End Position

0.000
### APPENDIX 3

**SUMMARY FINANCIAL OUTTURN TO 30 NOVEMBER 2010**

<table>
<thead>
<tr>
<th></th>
<th>Annual Budget 2010-11 £k</th>
<th>YTD Budget £k</th>
<th>YTD Actuals £k</th>
<th>Variance £k</th>
<th>Prior Yr Variance £k</th>
</tr>
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<tr>
<td><strong>UNIVERSITY HOSPITAL DIVISION</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Medical</td>
<td>160,575</td>
<td>108,313</td>
<td>110,288</td>
<td>(1,975)</td>
<td>(1,996)</td>
</tr>
<tr>
<td>Surgical</td>
<td>135,568</td>
<td>92,569</td>
<td>95,826</td>
<td>(3,257)</td>
<td>(2,329)</td>
</tr>
<tr>
<td>Women &amp; Children &amp; Neuroscience</td>
<td>90,776</td>
<td>59,575</td>
<td>60,508</td>
<td>(933)</td>
<td>(1,036)</td>
</tr>
<tr>
<td>Cancer, Clinical Support, Head &amp; Neck</td>
<td>123,436</td>
<td>83,053</td>
<td>84,454</td>
<td>(1,401)</td>
<td>(748)</td>
</tr>
<tr>
<td>Corporate</td>
<td>27,622</td>
<td>9,779</td>
<td>4,887</td>
<td>4,892</td>
<td>4,553</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>537,977</strong></td>
<td><strong>353,289</strong></td>
<td><strong>355,963</strong></td>
<td><strong>(2,674)</strong></td>
<td><strong>(1,556)</strong></td>
</tr>
<tr>
<td><strong>CHCP/CHPs/REAS/PCCO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Lothian CHP</td>
<td>61,469</td>
<td>42,813</td>
<td>43,011</td>
<td>(198)</td>
<td>(637)</td>
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<tr>
<td>Edinburgh CHP</td>
<td>235,345</td>
<td>156,220</td>
<td>156,855</td>
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<td>(786)</td>
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<tr>
<td>Midlothian CHP</td>
<td>62,886</td>
<td>43,417</td>
<td>43,540</td>
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<td>21</td>
</tr>
<tr>
<td>West Lothian CHP</td>
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<td>61,582</td>
<td>61,576</td>
<td>6</td>
<td>(102)</td>
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<tr>
<td>PCCO</td>
<td>8,768</td>
<td>(2,104)</td>
<td>(2,156)</td>
<td>52</td>
<td>57</td>
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<tr>
<td>REAS</td>
<td>42,298</td>
<td>27,783</td>
<td>27,809</td>
<td>(26)</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>504,136</strong></td>
<td><strong>329,710</strong></td>
<td><strong>330,634</strong></td>
<td><strong>(925)</strong></td>
<td><strong>(1,389)</strong></td>
</tr>
<tr>
<td><strong>STRATEGIC BUDGETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLAs/UNPACs/Non Contract Activity</td>
<td>9,920</td>
<td>6,691</td>
<td>7,759</td>
<td>(1,068)</td>
<td>(406)</td>
</tr>
<tr>
<td>Capital charges and Asset Impairments</td>
<td>31,536</td>
<td>24,624</td>
<td>24,624</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Provisions for Pension Costs and Claims</td>
<td>8,350</td>
<td>1,920</td>
<td>1,328</td>
<td>592</td>
<td>0</td>
</tr>
<tr>
<td>Commissioning from 3rd Sector</td>
<td>10,588</td>
<td>8,391</td>
<td>8,350</td>
<td>41</td>
<td>(168)</td>
</tr>
<tr>
<td>Reserves and Uncommitted Allocations</td>
<td>17,977</td>
<td>(2,383)</td>
<td>(2,473)</td>
<td>90</td>
<td>(1,019)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>78,371</strong></td>
<td><strong>39,242</strong></td>
<td><strong>39,588</strong></td>
<td><strong>(346)</strong></td>
<td><strong>(1,593)</strong></td>
</tr>
<tr>
<td><strong>CORPORATE BUDGETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive's Department</td>
<td>524</td>
<td>347</td>
<td>343</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Medical Director</td>
<td>898</td>
<td>577</td>
<td>565</td>
<td>12</td>
<td>66</td>
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<tr>
<td>Consortium</td>
<td>41,631</td>
<td>27,627</td>
<td>27,643</td>
<td>(16)</td>
<td>(77)</td>
</tr>
<tr>
<td>Communications</td>
<td>624</td>
<td>415</td>
<td>416</td>
<td>(1)</td>
<td>(1)</td>
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<tr>
<td>Ehealth</td>
<td>20,374</td>
<td>13,245</td>
<td>13,305</td>
<td>(60)</td>
<td>(341)</td>
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<td>Facilities Management</td>
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<td>51,980</td>
<td>53,316</td>
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<td>(1,740)</td>
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<td>Finance</td>
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<td>6,106</td>
<td>6,122</td>
<td>(17)</td>
<td>245</td>
</tr>
<tr>
<td>Human Resources &amp; OH&amp;S</td>
<td>11,301</td>
<td>7,444</td>
<td>8,156</td>
<td>(712)</td>
<td>(223)</td>
</tr>
<tr>
<td>Nursing</td>
<td>4,251</td>
<td>2,125</td>
<td>2,087</td>
<td>38</td>
<td>80</td>
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<tr>
<td>Pharmacy **</td>
<td>12,463</td>
<td>8,158</td>
<td>7,927</td>
<td>231</td>
<td>69</td>
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<tr>
<td>Planning</td>
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<td>2,204</td>
<td>1,925</td>
<td>279</td>
<td>63</td>
</tr>
<tr>
<td>Public Health</td>
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<td>2,371</td>
<td>2,238</td>
<td>134</td>
<td>155</td>
</tr>
<tr>
<td>Other</td>
<td>65</td>
<td>(753)</td>
<td>(786)</td>
<td>33</td>
<td>(2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>187,642</strong></td>
<td><strong>121,847</strong></td>
<td><strong>123,257</strong></td>
<td><strong>(1,411)</strong></td>
<td><strong>(1,690)</strong></td>
</tr>
<tr>
<td>MYR Flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>1,308,176</strong></td>
<td><strong>844,121</strong></td>
<td><strong>849,476</strong></td>
<td><strong>(5,355)</strong></td>
<td><strong>(5,162)</strong></td>
</tr>
</tbody>
</table>
CAPITAL UPDATE

1 Purpose of the Report
1.1 The purpose of this report is to update the Board on progress with:

- The 2010/11 capital investment programme; and
- Individual capital projects.

2 Recommendations
2.1 The Board is asked to:

- Note that NHS Lothian is forecasting to achieve the Capital Resource Limit (CRL) of £86.5m and return in line with the Scottish Government’s expectations for Boards, c£6m of “Project” funds to the Scottish Government Health Department (SGHD); to recognise cash flows over 2010/11 and 2011/12.

- Approve the proposed changes to capital budgets for 2010/11;

- Note the expenditure to November 2010 on the agreed capital programme; and

- Note the current position with each of the major projects.

3 Sources of Funding
3.1 The Capital Plan for 2010/11 assumed a funding level of £95m, as formally approved by the NHS Board in May 2010, having been confirmed by the SGHD in April 2010. The current capital programme assumes two further allocation reductions during the remainder of this financial year; one being the deduction of the contribution for the RHSC infrastructure works (£2.4m) and the other being the claw back of the projected underspend (£6.1m). These adjustments would give a projected CRL of £86.5m.

3.2 This will be supplemented by receipts (10 Craiglea Place - £0.25m) and donations (for the breast theatre from Walk the Walk - £1.5m); bringing the total capital available for the year to £88.3m as shown in table 1 below;
Table 1: Forecast capital funds for 2010/11

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGHD Allocations</td>
<td>95.0</td>
</tr>
<tr>
<td><strong>Anticipated Adjustments:</strong></td>
<td></td>
</tr>
<tr>
<td>Bioquarter</td>
<td>(2.4)</td>
</tr>
<tr>
<td>Forecast Underspend</td>
<td>(6.1)</td>
</tr>
<tr>
<td><strong>Projected Capital Resource Limit (CRL)</strong></td>
<td><strong>86.5</strong></td>
</tr>
<tr>
<td>Receipts</td>
<td>0.25</td>
</tr>
<tr>
<td>Donations</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Forecast capital funding</strong></td>
<td><strong>88.3</strong></td>
</tr>
</tbody>
</table>

4 Commitments

4.1 In October 2010, the Finance and Performance Review Committee agreed capital budgets totalling £91.9m. At this point, potential slippage of c£4.8m was highlighted against the capital funding of £96.75m available (£95m SGHD allocation plus £0.25m receipts plus £4.5m donation). A number of potential schemes to address this were presented. These were largely the acceleration of projects planned for 2011/12 onwards and the Committee agreed to delegate approval of individual schemes to the Lothian Capital Investment Group (LCIG).

4.2 Since then, the mid year review of the capital programme has been completed, confirming further slippage of £10.3m. The main drivers of this are two of the major projects; the Royal Victoria Building where the cash flow has been revised with no impact on the projected delivery date; and the Royal Hospital for Sick Children where a change in the method of financing the project was announced in the November Draft Scottish Budget.

4.3 LCIG has agreed a detailed programme, totalling £6.4 to partly address this slippage. This includes further work on Statutory Compliance, bringing forward the medical equipment programme, and the traffic management work. In addition there are other changes (£0.3m) related to additional costs of Supplemental Agreements required in order for Consort to progress work on the Royal Infirmary site. A framework approach is planned for any future work of a similar nature which should avoid costs being incurred at this level.

4.4 Taking these costs into account, as well as the allocation deducted for the RHSC infrastructure works contribution (£2.4m); this would leave NHS Lothian with a projected underspend of £6.1m which will be returned to the Scottish Government and returned next year as part of the specific project funding.

4.5 The net impact of these proposed changes would result in budgets totalling £88.3m. The details are shown in Appendix 1.
4.6 Project teams are focussed on delivering individual schemes to the targets set out in the mid year review. Any additional slippage on schemes (due to the recent adverse weather) under £5m will require to be funded from the NHS Lothian formula allocation in 2011/12. For the projects above £5m, which will be funded centrally, we are liaising closely with SGHD colleagues to ensure the correct level of budget provision is made nationally.

4.7 One key risk to this is obviously the recent adverse weather which has impacted, to different extents, on each of the projects. Sites have maintained a level of work despite the extreme cold weather and snow, but combined with the traditional Christmas shut down period, this has extended the period of reduced activity. Steps are being taken to mitigate any detrimental effect on individual projects, and discussions are taking place with SGHD who are planning how to manage capital over 2010/11 and 2011/12.

5 Expenditure to date

5.1 Expenditure of £40.1m has been incurred to the end of November against the programme of £88.3m for the year. The detail relating to individual schemes is included in Appendix 1 and the current position for each of the projects is outlined in Section 6 below.

6 Update on Major Schemes

6.1 The update for individual projects is as follows:

6.2 **RHSC** - Since the recent Scottish Government Draft Budget announcement officers of the Board have been meeting with the Scottish Futures Trust and SGHD to explore how the best clinical option of a joint RHSC and DCN build is developed through the NPD route as announced as part of the Draft Scottish Budget.

6.3 **Car Park F (at Little France)** – Work commenced on site by the contractor in December and preliminary work was undertaken. A Letter of Authorisation, to undertake the enabling works for the car park has been agreed with Consort and we are currently awaiting approval of this from Consort’s lenders to progress this part of the work.

6.4 **RIE A&E Observation ward** - As with all significant construction developments at RIE, Supplemental Agreements have now to be agreed with Consort and their lenders before construction work commences. The development of such agreements is at significant cost to the Board with legal involvement required. The Supplemental Agreement for this work has been agreed with Consort but is with their lenders for approval. Work is expected to commence in January 2011, which will be at the Board’s own risk if lender approval has still not been granted. We are also reviewing with Consort how the use of these agreements can be simplified for the future.

6.5 **RIE Birthing Centre** – The Supplemental Agreement for this work has also been agreed with Consort and is again with their lenders for approval. Contractors for this work have been appointed by Consort and work is again planned to commence in January; at the Board’s own risk as above.
6.6 **RIE Renal Expansion** – The Supplemental Agreement for this work had previously been divided into two parts for a) the hub expansion and b) the water plant. It is now probable that Consort is looking to agree only one Supplemental Agreement with the Board for this work. The design for the extension has been completed and is to go out to tender in January 2011.

6.7 **Royal Victoria Building** – the construction phase of the project is progressing on programme for completion by spring 2012. The contractor is addressing installation issues with some of the pre-cast panels to meet the Board’s requirements. Work has now commenced on the installation of a lift in the new car park to improve accessibility and will be completed early in the New Year.

6.8 **Midlothian Community Hospital** – this facility is now completed and fully operational whilst work continues on minor snagging issues which are due to be completed in January.

6.9 **St John’s Hospital Short Stay Elective Surgery Centre** – practical completion of this unit was achieved in mid December. Work is now underway to deal with identified snagging issues.

6.10 **Musselburgh Primary Care Centre** – The main archaeological works are completed. However the unusual discovery of mesolithic flint has caused additional work and expenditure, although these costs have been contained within the approved expenditure for the project. The finds will not disrupt the building programme which has commenced and the contractor is currently reporting that they are four weeks ahead of schedule.

6.11 **Chalmers Sexual Health Centre** – owing to a successful claim by the contractor for an extension of time, a six week extension has been awarded. A revised programme is awaited from the contractor and every effort is being made to achieve a Spring 2011 completion and occupation date.

6.12 **Fauldhouse Partnership Centre** - This joint development between NHS Lothian and West Lothian Council was completed in October 2010. The NHS element which incorporates a Health Centre and General Dental Practice became operational in October 2010. The council services included in the new centre include a swimming pool, library, games hall, police base, pharmacy and cafe.

6.13 **Wester Hailes Healthy Living Centre** - This is a joint development between NHS Lothian and the City of Edinburgh Council which is being delivered by South East Scotland hubCo. HubCo are on programme to provide their tender costs at the end of February 2011, initial costing received from hubCo indicate that the project remains within budget. Start on site is anticipated to be Summer 2011 with completion in early 2013.

6.14 **Gullane Surgery** - This is a joint development between NHS Lothian and East Lothian Council which will be delivered by South East Scotland hubCo. The project will replace the existing Gullane surgery and council Day Centre. The Initial Agreement (IA), for the NHS element, was approved by LCIG in December 2010 and will be submitted to the Finance and Performance
Review Committee in February 2011. Approval of the IA will allow hubCo to be officially appointed, and will give an anticipated start on site in 2012.

6.15 **West End Surgery** - The replacement of this surgery is a development being procured in partnership with St Mary's Cathedral. It is proposed that the new surgery is built within the grounds of the cathedral. The design team has been appointed and it is anticipated that the planning application will be submitted in March 2011. Due to the location and sensitive issues attached to the site a period of 12 months has been programmed to achieve planning approval. Assuming planning approval is achieved it is anticipated that work will begin on site towards the end of 2012 with completion in 2014.

6.16 **Dalkeith Health Centre** - The former health centre has been demolished with the users decanting to an adjacent temporary health centre. Work began on the construction on the replacement health centre in summer 2010 and is on programme to be completed in summer 2011.

7 **2011/12 Capital Programme**

7.1 As reported to the Board’s Finance and Performance Review Committee in October 2010, the method for capital funding distribution will change from April 2011. For NHS Lothian this means that schemes above £5m will be funded nationally whilst, those below £5m will be funded from our formula allocation and prioritised locally. Formula allocations will not be confirmed until at least February 2011, although all indications are that the level of funding will be significantly below that required to sustain the current capital programme. Given this, it is unlikely that funding will be available in 2011/12 for any major schemes not currently committed.

7.2 For schemes above the £5m delegated limit, SGHD is in the process of assessing current commitments, and have indicated that no new business cases should be submitted in advance of the Scottish Budget approval next month.

8 **Impact on Health Inequalities**

8.1 None

9 **Resource Implications**

9.1 None

Susan Goldsmith  
**Director of Finance**  
20 January 2011

**List of Appendices**

Appendix 1: NHSiL Capital Investment Programme 2010/11
### APPENDIX 1

**NHS Lothian Capital Investment Programme 2010/11**

#### Schemes over delegated limit

<table>
<thead>
<tr>
<th>Scheme Description</th>
<th>Committed £m</th>
<th>Identifed slippage £m</th>
<th>Other budget changes £m</th>
<th>Agreed Programme £m</th>
<th>Expenditure as at 10/11 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Victoria Hospital</td>
<td>12.914</td>
<td>(2.487)</td>
<td></td>
<td>10.427</td>
<td>6.227</td>
</tr>
<tr>
<td>Royal Hospital for Sick Children</td>
<td>12.461</td>
<td>(4.362)</td>
<td></td>
<td>8.098</td>
<td>4.280</td>
</tr>
<tr>
<td>RHSC Enabling Works</td>
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<td>1.090</td>
<td></td>
<td>6.090</td>
<td>2.362</td>
</tr>
<tr>
<td>Musselburgh Primary Care Centre (land purchase)</td>
<td>3.230</td>
<td>(0.105)</td>
<td></td>
<td>3.125</td>
<td>1.037</td>
</tr>
<tr>
<td>Musselburgh Primary Care Centre (land purchase)</td>
<td>1.647</td>
<td>(0.117)</td>
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<td>1.531</td>
<td>1.531</td>
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<tr>
<td>Midlothian Community Hospital</td>
<td>1.092</td>
<td>0.335</td>
<td></td>
<td>1.427</td>
<td>0.786</td>
</tr>
<tr>
<td>St John's Elective Surgical Centre</td>
<td>4.702</td>
<td>(0.047)</td>
<td></td>
<td>4.654</td>
<td>3.638</td>
</tr>
<tr>
<td>Chalmers Hospital</td>
<td>5.876</td>
<td>0.087</td>
<td></td>
<td>5.963</td>
<td>3.689</td>
</tr>
<tr>
<td><strong>Total - SCHEMES OVER DELEGATED LIMIT</strong></td>
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<td><strong>(5.606)</strong></td>
<td>-</td>
<td><strong>41.315</strong></td>
<td><strong>23.548</strong></td>
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</table>

#### Approved, not committed

<table>
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<tr>
<th>Scheme Description</th>
<th>Committed £m</th>
<th>Identifed slippage £m</th>
<th>Other budget changes £m</th>
<th>Agreed Programme £m</th>
<th>Expenditure as at 10/11 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wester Hailes (NHS Component Only)</td>
<td>0.792</td>
<td>(0.307)</td>
<td></td>
<td>0.485</td>
<td>(0.000)</td>
</tr>
<tr>
<td><strong>Total - SCHEMES OVER DELEGATED LIMIT</strong></td>
<td><strong>0.792</strong></td>
<td><strong>(0.307)</strong></td>
<td>-</td>
<td><strong>0.485</strong></td>
<td><em>(0.000)</em></td>
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</table>

#### Schemes under delegated limit

<table>
<thead>
<tr>
<th>Rolling Programmes</th>
<th>Committed £m</th>
<th>Identified slippage £m</th>
<th>Other budget changes £m</th>
<th>Agreed Programme £m</th>
<th>Expenditure as at 10/11 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory Compliance</td>
<td>5.500</td>
<td>1.454</td>
<td></td>
<td>6.954</td>
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<tr>
<td>Medical Equipment</td>
<td>4.456</td>
<td>4.131</td>
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<tr>
<td>Imaging Strategy</td>
<td>1.000</td>
<td>0.000</td>
<td></td>
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<td>0.000</td>
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<tr>
<td>E-Health Strategic Priorities</td>
<td>3.600</td>
<td>0.000</td>
<td></td>
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<td>1.964</td>
</tr>
<tr>
<td>RIE Lifecycle Costs</td>
<td>3.827</td>
<td>0.000</td>
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<td>3.827</td>
<td>2.551</td>
</tr>
<tr>
<td>RIE Additional Lifecycle Costs</td>
<td>0.521</td>
<td>(0.011)</td>
<td></td>
<td>0.510</td>
<td>0.340</td>
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<tr>
<td>National PACS Refresh 2007-17</td>
<td>0.115</td>
<td>0.013</td>
<td></td>
<td>0.128</td>
<td>0.001</td>
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<tr>
<td>Specific Allocations</td>
<td>0.152</td>
<td>0.000</td>
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<td>0.108</td>
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<td><strong>Total - ROLLING PROGRAMMES</strong></td>
<td><strong>19.170</strong></td>
<td><strong>0.002</strong></td>
<td><strong>5.585</strong></td>
<td><strong>24.757</strong></td>
<td><strong>8.550</strong></td>
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</table>

#### Committed

<table>
<thead>
<tr>
<th>Scheme Description</th>
<th>Committed £m</th>
<th>Identified slippage £m</th>
<th>Other budget changes £m</th>
<th>Agreed Programme £m</th>
<th>Expenditure as at 10/11 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Accommodation Release Strategy (CARS)</td>
<td>3.038</td>
<td>(0.078)</td>
<td></td>
<td>2.960</td>
<td>2.813</td>
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<tr>
<td>Traffic management</td>
<td>2.000</td>
<td>0.600</td>
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<td>1.008</td>
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<td>Dalkeith Medical Centre</td>
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<td>0.369</td>
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<td>Unscheduled Care Collaborative ARAU</td>
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<td>0.090</td>
<td>0.079</td>
</tr>
<tr>
<td>Expansion of renal capacity RIE</td>
<td>0.978</td>
<td>(0.700)</td>
<td></td>
<td>0.278</td>
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<tr>
<td>Muirhouse Modular Accommodation</td>
<td>0.023</td>
<td>0.000</td>
<td></td>
<td>0.023</td>
<td>0.005</td>
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<tr>
<td>CePAS</td>
<td>0.192</td>
<td>(0.002)</td>
<td></td>
<td>0.190</td>
<td>0.049</td>
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7
<table>
<thead>
<tr>
<th>Project Description</th>
<th>SCHEMES UNDER DELEGATED LIMIT</th>
<th>NATIONAL SCHEMES</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WGH Edinburgh Cancer Centre Phase 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Equipment</td>
<td>0.020 (0.020)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved, not committed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Breast Theatre Unit WGH</td>
<td>1.746 (0.323)</td>
<td>1.423</td>
<td>0.145</td>
</tr>
<tr>
<td>West End Medical Practice</td>
<td>0.200 0.000</td>
<td>0.200</td>
<td>0.010</td>
</tr>
<tr>
<td>Observation ward RIE</td>
<td>0.958 0.190</td>
<td>1.148 (0.000)</td>
<td></td>
</tr>
<tr>
<td>Birthing suite (SJH)</td>
<td>0.045 0.045</td>
<td>0.045</td>
<td>0.004</td>
</tr>
<tr>
<td>Birthing suite (RIE)</td>
<td>2.438 0.119</td>
<td>2.557</td>
<td>0.000</td>
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<tr>
<td>Management of Finance Leases</td>
<td></td>
<td>0.250</td>
<td>0.000</td>
</tr>
<tr>
<td>Unapproved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy Efficiency</td>
<td>0.900 0.000</td>
<td>0.900</td>
<td>0.000</td>
</tr>
<tr>
<td>Speech Recognition</td>
<td>0.480 0.270</td>
<td>0.750</td>
<td>0.467</td>
</tr>
<tr>
<td>Total - SCHEMES UNDER DELEGATED LIMIT</td>
<td>34.863 (0.448)</td>
<td>6.435</td>
<td>41.159</td>
</tr>
<tr>
<td>National schemes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centrally Funded Schemes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiotherapy - Phase 6</td>
<td>3.210 (0.030)</td>
<td>3.180</td>
<td>3.020</td>
</tr>
<tr>
<td>Radiotherapy - Phase 7</td>
<td>2.045 (2.029)</td>
<td>0.016</td>
<td>0.001</td>
</tr>
<tr>
<td>Brachytherapy</td>
<td>0.050 (0.012)</td>
<td>0.038</td>
<td>0.000</td>
</tr>
<tr>
<td>GDP dental premises</td>
<td>3.964 (1.876)</td>
<td>2.088</td>
<td>0.258</td>
</tr>
<tr>
<td>Pharmacy Modernisation</td>
<td>0.070 0.000</td>
<td>0.070</td>
<td>0.036</td>
</tr>
<tr>
<td>Total - NATIONAL SCHEMES</td>
<td>9.339 (3.948)</td>
<td></td>
<td>5.391</td>
</tr>
<tr>
<td>Total - Grand Total</td>
<td>91.915 (10.308)</td>
<td>6.435</td>
<td>88.350</td>
</tr>
</tbody>
</table>

Note: The numbers in parentheses represent the variance or standard deviation.
DELIVERING WAITING TIMES

1 Purpose of the Report

The purpose of this report is to update Board members on performance within NHS Lothian against a range of waiting times standards as at the end of November 2010.

2 Recommendations

Board members are asked to:

- Receive this report outlining NHS Lothian’s performance against national and local waiting time commitments; and
- Agree to the change in reporting arrangements for future Board meetings.

3 Summary

During the latest period available, NHS Lothian:

- Met inpatient and outpatient standards with the exception of patients under the care of the scoliosis service and three patients cancelled due to severe weather;
- Met condition specific standards for CHD, cataract and fractured neck of femur;
- Met diagnostic waiting times for radiology but not for endoscopy;
- Met cancer standards for 62 and 31 day treatment;
- Attained 97.8% performance in the four-hour target in A&E performance
- Continued progress (currently 98%) against 18 week mental health target

4 Reporting Performance Information

An assessment of reporting arrangements on performance identified that some issues were covered more than once in different papers in the same meeting, as well as different board committees.
It is proposed that the current arrangements are rationalised, with the Finance and Performance Review Committee undertaking the detailed governance required for aspects such as waiting times and delayed discharges within an overarching performance management paper.

In order to ensure that the Board itself remains sighted on these important issues, a summary of overall performance would also be made available at future Board meetings.

Board members are asked to support this change in reporting.

5 Impact of Severe Weather

This report is prepared in advance of finalised figures for December. It is however clear that elective work was significantly disrupted during the month due to severe weather.

The weather prevented many patients from attending hospital and, understandably, they cancelled their arrangements. Furthermore hospitals also cancelled a smaller number of appointments, with some areas being particularly affected - operating was disrupted in orthopaedics due to the need to accommodate trauma patients, which increased markedly; 130 patients were reported with fractured necks of femur in December - almost 60% higher than the previous month.

The Scottish Government Health Department’s Director of Delivery has asked for a recovery plan for inpatient and outpatient waiting times, recognising that standards would be breached in December and in early 2011.

Four-hour performance in A&E, which had improved significantly, was also impeded due to weather and high levels of activity towards the end of December. Board members will be aware that the Scottish Ambulance Service was unable to support the discharge and transfer of patients during the period. These difficulties at the “back door” translated to delays in admission.

Fuller detail of issues and recovery will be covered in the report covering December.

6 Performance against Existing National Waiting Time Standards

For the period of November, NHS Lothian successfully met a number of waiting time standards for those patients covered by cataract, CHD, fractured neck of femur.

All Clinical Management Teams succeeded in sustaining the maximum 9 week waiting time for all inpatients/day cases and 12 weeks for outpatients at the end of November 2010 with the exception of scoliosis patients and three orthopaedic
operations scheduled for the final days of the month which were cancelled with the onset of severe weather.

7 Diagnostic Standards

Waiting times for routine endoscopy referrals have increased beyond the four week standard as additional capacity is being used to accommodate more clinically urgent cases.

The General Surgery Clinical Management Team has put a recovery plan in place to ensure that future tests will be undertaken sustainably within the required four weeks.

8 Cancer

Last month, ISD highlighted the strong performance NHS Lothian with respect to Cancer in the quarter ending September 2010.

This trend has continued, and in November both of the following targets were successfully achieved.

- 62 days to treatment for all patients referred urgently with a suspicion of cancer
- 31 days from decision to treat to treatment for all patients diagnosed with cancer irrespective of their route of referral.

Performance by area is outlined below.

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>62 day target</th>
<th>31 day target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cervical</td>
<td>n/a</td>
<td>100%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>100%</td>
<td>96.4%</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>Lung</td>
<td>95.7%</td>
<td>98.4%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>83.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>n/a</td>
<td>100%</td>
</tr>
<tr>
<td>Ovarian</td>
<td>n/a</td>
<td>66.7%</td>
</tr>
<tr>
<td>Upper GI</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Urology</td>
<td>95.7%</td>
<td>98.4%</td>
</tr>
<tr>
<td>All cancers</td>
<td><strong>97.9%</strong></td>
<td><strong>98.2%</strong></td>
</tr>
</tbody>
</table>

9 4 hour target

For the month of November, the Division attained 97.8% compliance with the four-hour emergency access target in Accident and Emergency.
10 Mental Health Waits

Performance on mental health waits was sustained during November with 98% of outpatients seen within 18 weeks.

Andrew Jackson
Associate Director, Strategic Planning
19 January 2011

Niall Downie
Waiting List Facilitator
1 Purpose of the Report

The purpose of this report is to update the Board on the performance of NHS Lothian and Local Authority partners in ensuring patients are not delayed in hospital longer than necessary.

2 Recommendations

2.1 The Board is invited to:

- Note the performance at November and December 2010 census in relation to the local targets and the national 6 week standard
- Note the ongoing actions underway by health and social care to reduce delayed discharges and the good progress made in discharging patients experiencing extended periods of delay

3 Background

3.1 Scottish Government set the national delayed discharge standard stating that partnerships are to have no patients delayed for more than six weeks from their date ready for discharge. There is a further local target of no patients being delayed within short-stay settings.

3.2 These national and local standards remain challenging, and this report advises the Board of NHS Lothian on the performance against these measures, and the actions being taken to drive improvements to ensure patients are not delayed unnecessarily in a hospital setting.

4 Summary of the Issues

4.1 The table gives a summary of headline figures from the recent census:
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>ISD Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Edinburgh</td>
<td>11A</td>
<td>Awaiting commencement of social care assessment</td>
</tr>
<tr>
<td>East Lothian</td>
<td>11B</td>
<td>Awaiting completion of social care assessment</td>
</tr>
<tr>
<td>Midlothian</td>
<td>23C</td>
<td>Non-availability of LA funding to purchase care home place</td>
</tr>
<tr>
<td>West Lothian</td>
<td>24A</td>
<td>Awaiting place in LA residential home</td>
</tr>
<tr>
<td>Argyll &amp; Bute</td>
<td>24C</td>
<td>Awaiting place in nursing home (not NHS funded)</td>
</tr>
<tr>
<td>Scottish Borders</td>
<td>24F</td>
<td>Awaiting place availability in care home (EMI/Dementia bed req’d)</td>
</tr>
<tr>
<td>Total</td>
<td>25D</td>
<td>Living in own home – awaiting social support</td>
</tr>
<tr>
<td></td>
<td>25F</td>
<td>Specialist housing provision</td>
</tr>
<tr>
<td></td>
<td>42C</td>
<td>Awaiting bed availability in NHS continuing care</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Delays over six weeks</td>
</tr>
<tr>
<td></td>
<td>Delays in short-stay setting</td>
<td></td>
</tr>
</tbody>
</table>

5. Reported delays and reasons

5.1 NHS Lothian is reporting a significantly higher number of patients delayed this December than at December 2009, up from 51 to 88. This increase is across all delays, including overall, 6 weeks+, short-stay settings and complex codes. In the lead up to the time of year at which there is most demand on acute beds, this increase will have a direct impact on patient flow, reducing the availability of beds across the system, with corresponding pressures on the front door.

5.2 The following table provides further detail on the number of delays by reason and partnership area across Lothian for December 2010.

<table>
<thead>
<tr>
<th>ISD Code</th>
<th>Local Authority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11A</td>
<td>City of Edinburgh</td>
<td>Awaiting commencement of social care assessment</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>West Lothian</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
</tr>
<tr>
<td>11B</td>
<td>City of Edinburgh</td>
<td>Awaiting completion of social care assessment</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
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</tr>
<tr>
<td></td>
<td>Midlothian</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>West Lothian</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
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<tr>
<td></td>
<td>Scottish Borders</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>14</td>
</tr>
<tr>
<td>23C</td>
<td>City of Edinburgh</td>
<td>Non-availability of LA funding to purchase care home place</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
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</tr>
<tr>
<td></td>
<td>Midlothian</td>
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<tr>
<td></td>
<td>West Lothian</td>
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<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>35</td>
</tr>
<tr>
<td>24A</td>
<td>City of Edinburgh</td>
<td>Awaiting place in LA residential home</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
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<tr>
<td></td>
<td>West Lothian</td>
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</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
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<tr>
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<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>10</td>
</tr>
<tr>
<td>24C</td>
<td>City of Edinburgh</td>
<td>Awaiting place in nursing home (not NHS funded)</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>West Lothian</td>
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</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>35</td>
</tr>
<tr>
<td>24F</td>
<td>City of Edinburgh</td>
<td>Awaiting place availability in care home (EMI/Dementia bed req’d)</td>
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<tr>
<td></td>
<td>East Lothian</td>
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</tr>
<tr>
<td></td>
<td>Midlothian</td>
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</tr>
<tr>
<td></td>
<td>West Lothian</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4</td>
</tr>
<tr>
<td>25D</td>
<td>City of Edinburgh</td>
<td>Living in own home – awaiting social support</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
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</tr>
<tr>
<td></td>
<td>West Lothian</td>
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</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
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</tr>
<tr>
<td>25F</td>
<td>City of Edinburgh</td>
<td>Specialist housing provision</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
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</tr>
<tr>
<td></td>
<td>West Lothian</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3</td>
</tr>
<tr>
<td>42C</td>
<td>City of Edinburgh</td>
<td>Awaiting bed availability in NHS continuing care</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>West Lothian</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>City of Edinburgh</td>
<td>Delays over six weeks</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>West Lothian</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>16</td>
</tr>
<tr>
<td>Delays in short-stay setting</td>
<td>City of Edinburgh</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>East Lothian</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Midlothian</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>West Lothian</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>7</td>
</tr>
</tbody>
</table>

1 Further information on x-codes is provided in section 6 of the report.
5.3 The number of delays reported in December is also an increase on the previous three months and whilst every effort was made to mitigate the impact of the severe weather, including providing care at home services using 4x4 vehicles, it did impact on the local authority ability to ensure patients were discharged. In Edinburgh, 6 patients due to be discharged to care homes were delayed and 7 patients were delayed awaiting commencement of their care package, though all 13 patients have now been discharged.

5.4 In light of the adverse weather, Midlothian Council has worked with care home providers to ensure services remained accessible and have provided additional support to older people living in their own homes. The Red Cross provided transport for individuals who were ready for discharge from hospital.

5.5 East Lothian Council has developed a delayed discharge action plan designed to reduce delayed discharges and sustain the reductions. Amongst the measures being put in place the Council will increase intermediate care bed provision, increase the speed at which social work assessments are completed and roll out a new reablement service in February 2011.

5.6 The main reason for delay within Edinburgh, East Lothian and West Lothian continues to be awaiting place in a nursing/ care home and in December this accounted for 55% of all delays. In October 2005, NHS Lothian had 100 patients waiting for a care home, 56 of whom were delayed more than 6 weeks. In October 2010, NHS Lothian had 48 patients waiting for a care home and only 8 of whom were delayed more than 6 weeks. This demonstrates considerable progress in reducing the number of patients delayed over the previous 5 years, though more work is still required to reduce this number further as it still accounts for more than half of all delays.

6 Delays excluded from reporting for complex reasons

6.1 Patients whose discharge is delayed because they require complex solutions to meet their needs are coded according to ISD guidelines as ‘X-codes’ and are not counted against the national standards. The table below sets out the council area, hospital and delay code for complex patients at December census.
Key to above table:
09  Complex needs
24DX  Awaiting place availability in specialist residential facility for younger age groups (<65) when no facilities exist in the NHS Board area
51X  Awaiting completion of requirements of the Adults with Incapacity act
71X  Patients exercising statutory right of choice where an interim placement is not possible or reasonable

6.2 There has been an increase in the number of patients who are coded as complex, increasing from 40 in November to 47 in December, though efforts are made to ensure patients move through the system. In December, the average length of stay for complex coded patients was 187 days, which is the lowest reported average length of stay and has come down from a high of 305 days in April 06.

6.3 At the Board meeting in November the report included information on the 15 longest delays within NHS Lothian as at 1 November 2010. Through a range of actions and interventions, 8 patients from this list have since been discharged to a more appropriate care setting. This has resulted in a decrease in the length of stay and reduction in occupied bed days. There continues to be progress made on the other 7 patients, some of whom require more complex, long-term solutions and a full update on these patients will be provided at the Board meeting in March.

6.4 By way of interim update, a potential solution has been identified for 3 of the patients who require specialist accommodation, though this may not be in place until later this year. There has been initial progress on the patient from outwith Lothian in identifying a possible discharge solution within their home Board area. Further work has been progressed in liaising with the relevant solicitors involved with patients who are delayed through guardianship cases.
7 Strategic Developments

7.1 The Scottish Government has established a Change Fund of £70m for 2011/12 to enable health and social care partners to implement local plans for making better use of their combined resources for older people’s services. The Change Fund will provide bridging finance to facilitate shifts in the balance of care from institutional to primary and community settings, and should also influence decisions taken with respect to the totality of Partnership spend on older people’s care.

7.2 The fund, which will be held by NHS Boards, is intended to enable the redesign of services through the development of a Local Transformation Plan and will be overseen by partnership governance arrangements locally, involving councils, NHS and the voluntary sector. In Lothian, £9.747m has been allocated across the four partnerships, comprising £1.256m for East Lothian; £6.013m for Edinburgh; £0.976m for Midlothian; and £1.501m for West Lothian. Whilst the funding is for 2011/12 in the first instance, the intention by Scottish Government is for the fund to be available until 2014/15 and for local partnerships to plan accordingly.

7.3 Key measures of success are being seen as outcomes such as:
- Reduction in unplanned acute bed-days in the over 75 population;
- Reduction in bed-days lost to delayed discharge;
- Remodelled care home use;
- Increase in proportion of older people living at home;
- Improved support for unpaid carers;
- Increased personalisation/SDS care; and
- Increases in housing related support.

7.4 NHS Lothian, through CH(C)Ps, is working with council colleagues and other community planning partners to develop their local transformation plans for submission to Scottish Government by the end of February. It is intended that specific actions in the successful application of these funds are developed and agreed in partnership with local authorities. A full report on the local plans will be provided to the NHS Lothian Board meeting in March 2011.

Peter Gabbitas      David Small      Tim Montgomery      Jackie Sansbury
Alex McMahon      Marion Christie      Robert Aitken
17 January 2011
1 Purpose of the Report
1.1 The purpose of this report is to update the Board on progress and actions to manage and reduce Healthcare Associated Infection across NHS Lothian. The Director of Public Health and Health Policy can assure the Board that everything possible is being done.

2 Recommendations
2.1 The Board is recommended to support the following activities under the overall direction of the Director of Public Health and Health Policy in delivering the agenda to reduce and manage Healthcare Associated Infection:
- Maintain enhanced weekly surveillance of Meticillin Resistant Staphylococcus aureus and Meticillin Sensitive Staphylococcus aureus Bacteraemia to target resources for a sustained reduction and continue the roll-out of the of the Meticillin Resistant Staphylococcus aureus screening programme.
- Continuing communications to staff, patients and the public about the importance of hand hygiene. Increasing the focus on visual communication as advised by Healthcare Environment Inspectorate.
- Increased compliance with best practice, as recommended by the Antimicrobial Management Team.
- Recognise the need for ongoing work to prepare hospitals for announced Healthcare Environment Inspectorate visits and maintain standards in anticipation of unannounced visits.
- Continued provision of detailed reports to the public as required by Scottish Government and as outlined in Section 2 and Appendix 1.

3 Summary of the Issues
3.1 Staphylococcus aureus Bacteraemia
In December 2010, there were 33 episodes of Staphylococcus aureus Bacteraemia (9 Meticillin Resistant Staphylococcus aureus, 24 Meticillin Sensitive Staphylococcus aureus), compared to 26 in November 2010 (3 Meticillin Resistant Staphylococcus aureus, 23 Meticillin Sensitive Staphylococcus aureus). As of December 2010, there have been 250 episodes of Staphylococcus aureus Bacteraemia recorded. NHS Lothian is not on target to reach the Health, Efficiency, Access and Treatment Target of 254
episodes by March 2011. Current trajectories estimate the number of Staphylococcus aureus Bacteraemias, will be 335 (81 over target). Although the target will not be met, this still equates to a 33% reduction from the baseline figure of 498.

3.1.1 Action plan for Staphylococcus aureus Bacteraemia reduction

Enhanced support from Health Protection Scotland has been offered and welcomed. It is anticipated that a representative from Health Protection Scotland will be working with the both the Infection Control Team and Clinical Teams, led by the lead divisional Associate Medical Director to help address NHS Lothian’s Staphylococcus aureus Bacteraemia rate.

Reducing false positive blood cultures:
- A Standard Operating Procedure for obtaining blood culture has been written in conjunction with initial users and shared with the Scottish Patient Safety Programme.
- The Accident and Emergency Department are adjusting criteria prior to commencing.
- Liberton Hospital is arranging an education roll-out with the assistance of the Infection Control Nurses.
- The Hospital at Night Team has been consulted on the best method to commence roll-out.
- Accident and emergency, acute assessment area and Liberton’s blood culture data for last year were produced as a baseline measure prior to roll out.

Improvements to Root Cause Analysis of Staphylococcus aureus Bacteraemia
– the current approach had not produced the improvements expected in all parts of the system so the following addition work is currently underway:
- Health Protection Scotland’s form is being used by all clinicians.
- Root Cause Analysis on all Royal Infirmary of Edinburgh’s Staphylococcus aureus Bacteraemias is being performed for one month to a prescribed standard and data compared: this includes direct discussion with clinical staff as to possible causes.
- A month trial to improve the data collection form for clinicians: a first draft is in progress.

The next phase of the Patient Safety Programme to minimise device related Staphylococcus aureus Bacteraemia is being implemented:
- Continued support for the bundles implementation and compliance across NHS Lothian.
- Feed back device-related Root Cause Analysis figures, linking them to bundle compliance rates to clinical areas.
- There are audits on a minimum of five devices on five wards to check the devices are required.

3.2 Clostridium difficile Infection

In December 2010, there were 19 episodes of Clostridium difficile Infection in patients aged 65 or over, compared to 28 in November 2010. As of December 2010, there have been 286 episodes of Clostridium difficile Infection in
patients aged 65 or over. NHS Lothian is on target to achieve the Health, Efficiency, Access and Treatment Target of 557 Clostridium difficile Infections by March 2011.

3.3 Trajectory for 2011-2013
As of April 2011, NHS Lothian will have new Health Efficiency Access Treatment Targets for Staphylococcus aureus Bacteraemia and Clostridium difficile Infection. The new targets are based on the best performing Health Board as measured in the year ending in March 2010. NHS Lothian’s target for Staphylococcus aureus Bacteraemia is to achieve a rate of 0.26 cases or fewer per 1000 acute occupied bed days by March 2013. For Clostridium difficile Infection, NHS Lothian is expected to achieve a rate of 0.39 cases per 1000 acute occupied bed days or lower by the year ending March 2013. While we are on trajectory for Clostridium difficile Infection, this is not yet the case for Staphylococcus aureus Bacteraemia. NHS Lothian achieved a rate of 0.66 per 1000 acute occupied bed days for Clostridium difficile Infection and 0.44 cases per 1000 acute occupied bed days for Staphylococcus aureus Bacteraemia. The rates of both infections, however, are continuing to fall. For the period of April to December 2010, the rates are as below:

<table>
<thead>
<tr>
<th>Health care Associated Infections</th>
<th>Year ending March 2010</th>
<th>This is where we are (Apr-Dec 2010)</th>
<th>Target by March 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clostridium difficile Infection</td>
<td>0.66</td>
<td>0.46</td>
<td>0.39</td>
</tr>
<tr>
<td>Staphylococcus aureus Bacteraemia</td>
<td>0.44</td>
<td>0.41</td>
<td>0.26</td>
</tr>
</tbody>
</table>

The target for Staphylococcus aureus Bacteraemia by March 2013 in real numbers is 213. This will represent a 57.2% reduction from the 2005/06 figure of 498. The target for Clostridium difficile Infection by March 2013 in real numbers is 325. This will represent a 70.8% reduction from the 2006/7 figure of 1,114.

3.4 Hand Hygiene
Hand hygiene compliance in NHS Lothian continues to improve, with most staff groups exceeding the national minimum target of 90% compliance with hand hygiene. The bi-monthly national hand hygiene audit results have shown a steady increase in compliance, with NHS Lothian presently achieving 95% compliance. Local hand hygiene audits continue to be monitored closely, with hand hygiene training and education focusing on less compliant staff groups and areas. There are ongoing educational sessions to reinforce the message.

3.5 Meticillin Resistant Staphylococcus aureus National Screening Programme
NHS Lothian has screened over 14,500 patients via the national screening project. The current compliance rate is 95%, with a prevalence rate of 3.6%.
The focus of the team over the final months is to make the process as efficient, effective and sustainable as possible.

3.6 Cleaning
An updated cleaning matrix is in the process of being rolled-out throughout NHS Lothian. During the winter period there has been a higher demand on the service, with an increase in the number of terminal cleans due to the high number of cases of Norovirus. Domestic Services continue to give priority to ensure that beds are available at the earliest opportunity.

3.7 Antimicrobial Management:
A programme for involvement of the Antimicrobial Management Team in provision of teaching sessions for junior medical staff at induction has been established and current provision of antimicrobial prescribing training for non-medical prescribers has been recorded. Attendance of medical and non-medical prescribers at the antimicrobial teaching sessions is recorded on a continuous basis. Senior clinicians receive a monthly report detailing their prescribing indicator results, highlighting existing levels of competence and areas for improvement. Quarterly reports (last published October 2010) are also widely disseminated to medical and non-medical staff and placed on the intranet. The Primary Care Pharmacy team continue to discuss General Practitioner practice regarding antibiotic prescribing patterns with the appropriate General Practitioners. A practice level report of antibiotic prescribing has been devised and will be disseminated via Primary Care Pharmacist routes early in January 2011. The Lothian Prescribing Bulleting delivers updates to prescribers in primary and secondary care.

3.8 Healthcare Environment Inspectorate
The 16 week updated action plan for St Johns Hospital’s Healthcare Environment Inspectorate announced visit was returned to the Healthcare Environment Inspectorate by the required deadline. To date, there has been no notice of an announced visit to the Royal Hospital for Sick Children; fortnightly meetings continue to be held. An unannounced visit to our hospitals is expected at any time.

3.9 Norovirus
A point prevalence report is submitted weekly to Health Protection Scotland and published on their website. Within NHS Lothian the first case of Norovirus outbreak for season 2010-2011 was recorded in the community in September 2010. To date, there have been 55 incidents of gastro-enteritis investigated in NHS Lothian. Of these, Norovirus has been confirmed in 33 (60%) of the incidents by the virology laboratory. In the remaining 22 (40%) the cause was not identified. This was due to Norovirus not being detected, no samples being received from affected patients or samples not yet being tested by the laboratory.

3.10 H1N1 Surveillance
Lothian’s first case of Influenza A H1N1 for season 2010/11 was recorded in October 2010. From 1 October 2010 to 9 January, 1,479 patient samples were tested for Influenza A H1N1; 379 patients (26%) were confirmed positive.
Influenza A H1N1 numbers peaked in the last week of December 2010, where 179 patient samples were confirmed positive. There have been 5 deaths in NHS Lothian associated with Influenza A H1N1. During the same period in 2009/10 there were 757 patients that were confirmed positive, with 7 deaths in NHS Lothian associated with Influenza A H1N1. Please see Appendix 1 for a breakdown of current H1N1 statistics.

4 Impact on Health Inequalities
4.1 Infection with the organisms used as markers for Healthcare Associated Infection is more common in patients with co-morbidities, diabetes and alcohol problems. As these are socio-economically patterned, reducing the burden of Healthcare Associated Infection will reduce the excess burden of avoidable disease in patients from these groups.

5 Resource Implications
5.1 The excess cost of each episode of Staphylococcus aureus Bacteraemia and Clostridium difficile is variable but estimated to be between £4k and £15k. This is contributed to by increased length of stay and addition treatment required.

Fiona Cameron
Head of Service, Infection Control
19 January 2011

List of Appendices

Appendix 1: NHS Lothian’s H1N1 Statistics
Appendix 2: Healthcare Associated Infection Reporting Template (HAIRT)
NHS Lothian’s H1N1 Statistics

Table 1: NHS Lothian Flu cases – updated to week 01 (2011)

<table>
<thead>
<tr>
<th>Week Ending</th>
<th>Week Number</th>
<th>Influenza A H1N1</th>
<th>Influenza B</th>
<th>Total Cases</th>
<th>Flu Cases in Total (Treated in Lothian ITU/HDU)</th>
<th>Deaths in Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Oct</td>
<td>43</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-Nov</td>
<td>46</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-Dec</td>
<td>48</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-Dec</td>
<td>49</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>18-Dec</td>
<td>50</td>
<td>14</td>
<td></td>
<td>14</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>25-Dec</td>
<td>51</td>
<td>55</td>
<td>3</td>
<td>58</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>01-Jan</td>
<td>52</td>
<td>179</td>
<td>9</td>
<td>188</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>08-Jan</td>
<td>1</td>
<td>121</td>
<td>2</td>
<td>123</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>379</strong></td>
<td><strong>17</strong></td>
<td></td>
<td><strong>395</strong></td>
<td><strong>35</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

Figure 1: H1N1 activity within NHS Lothian

NHS Lothian Flu cases from 1 Oct 2010 to 09 Jan 2011
Source: ECOSS system and RIE Virology database

- **Influenza A H1N1**
- **Influenza B**
- **Total Cases**
This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the ‘Healthcare Associated Infection Report Cards’ in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for December 2010 Report

NHS Lothian achieved a 69% reduction in Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia by March 2010. The overall *S. aureus* bacteraemia (SAB) reduction was 28%. During December 2010 there were 33 episodes of SAB recorded in NHS Lothian (9 MRSA, 24 MSSA).

NHS Lothian achieved a 51% reduction in *Clostridium difficile* Infection (CDI) which was 31% above the set target by March 2010. There were 19 episodes of CDI in patients aged 65 or over in December 2010, compared to 28 episodes in November 2010 in patients aged 65 or over. December 2010 numbers are the lowest recorded since the start of surveillance.

*Staphylococcus aureus* (including MRSA)

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *S. aureus* (MSSA), but the more well known is Meticillin Resistant *S. aureus* (MRSA), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be obtained from:

[S. aureus](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

[MRSA](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252)

NHS Boards carry out surveillance of *S. aureus* isolated from a Patients blood sample. These infections are referred to as a *S. aureus* Bacteraemia (SAB). These are a serious form of infection and there is a national target to reduce them. The number of patients with SAB caused by MSSA and MRSA for the Board can be found at the end of Section 1 and for each hospital in Section 2. Information on the national surveillance programme for SAB can be obtained from:


There were 33 episodes of SAB (9 MRSA, 24 MSSA) recorded in December 2010 compared to 26 episodes (3 MRSA, 23 MSSA) in November 2010.

NHS Lothian’s HEAT target for SAB was a 40% reduction from 498 episodes in 2005/06 to 299 episodes by March 2010. NHS Lothian’s actual figure was 360 episodes. This represents a 28% reduction which was 12% short of the target. MRSA was reduced from 244 episodes to 75 episodes, a reduction of 69%. MSSA remains the challenge for NHS Lothian. NHS Lothian’s new HEAT target is a 15% reduction based on the 2009/10 figure of 299. Thus the new target to achieve by March 2011 is 254 episodes.
As of December 2010 there have been 250 episodes of *Staphylococcus aureus* bacteraemia recorded. It is evident that NHS Lothian will not achieve this HEAT target. Whilst this is disappointing, the trend shows that SAB have decreased over the last 5-year period.

**Action plan for *Staphylococcus aureus* Bacteraemia reduction**

Enhanced support from Health Protection Scotland has been offered and welcomed. It is anticipated that a representative from Health Protection Scotland will be working with the both the Infection Control Team and Clinical Teams to help address NHS Lothian’s *Staphylococcus aureus* Bacteraemia rate.

Reducing false positive blood cultures:
- Standard Operating Procedure for obtaining blood culture has been written in conjunction with initial users and shared with the Scottish Patient Safety Programme.
- Accident and Emergency Department are adjusting criteria prior to commencing.
- Liberton Hospital are arranging an education roll out with the assistance of the Infection Control Nurses.
- The Hospital at Night Team have been consulted on best method to commence roll out.
- Front door and Liberton’s blood culture figures for last year were produced as a baseline measure prior to roll out.

Improve root cause analysis of *Staphylococcus aureus* Bacteraemia:
- Health Protection Scotland’s form is being used by clinicians; there is minimal increase in data collected.
- Performing Root Cause Analysis on all Royal Infirmary of Edinburgh’s *Staphylococcus aureus* Bacteraemias for one month and comparing data: this includes direct discussion with clinical staff as to possible causes.
- A month trial to improve data collection form for clinicians: a first draft is in progress.

Minimised device related *Staphylococcus aureus* Bacteraemia:
- Continued support for bundles implementation and compliance across NHS Lothian.
- Priority areas for central line bundles include renal: implementation is in the planning stages.
- Feedback device-related Root Cause Analysis figures, linking them to bundle compliance rates to clinical areas.

**Clostridium difficile**

*Clostridium difficile* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be obtained from:

[www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx)

NHS Boards carry out surveillance of *C. difficile* Infection (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for CDI can be obtained from:


Lothian initial HEAT target for CDI was a minimum 30% reduction by March 2011. At the end of year two, the final figure recorded was 550 episodes, a reduction of 51%. NHS Lothian’s new HEAT target is a 50% reduction based on the 2007/08 figure of 1114. Thus the new target to be achieved by March 2011 is 557 episodes.

There were 19 episodes of CDI in patients aged 65 or over in December 2010, compared to 28 episodes in November 2010 in patients aged 65 or over. As of December 2010 NHS Lothian has recorded 286 episodes of CDI in patients aged 65 or over.
The annual incidence rate in Scotland is 0.71 cases of CDI per 1000 total Occupied Bed Days (OCBDs). NHS Lothian annual incidence is reported by HPS as just above the national average at 0.74.

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be obtained from: www.washyourhandsofthem.com/

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be obtained from: www.hps.scot.nhs.uk/haiic/ic/nationalhandhygienecampaign.aspx

Hand hygiene compliance in NHS Lothian continues to improve, with most staff groups exceeding the national minimum target of 90% compliance with hand hygiene. The bi-monthly national hand hygiene audit results have shown a steady increase in compliance, with NHS Lothian presently achieving 95% compliance.

Local hand hygiene audits continue to be monitored closely, with hand hygiene training and education focusing on less compliant staff groups and areas.

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be obtained from: www.hfs.scot.nhs.uk/online-services/publications/hai/

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be obtained from: www.nhshealthquality.org/nhsqis/6710.140.1366.html

An updated cleaning matrix is in the process of being rolled-out throughout NHS Lothian.

During the winter period there has been a higher demand on the service with an increase in the number of terminal cleans due to the high number of cases of norovirus. Domestic Services continue to give priority to ensure that beds are available at the earliest opportunity.
Outbreaks

Norovirus

A point prevalence report is submitted weekly to Health Protection Scotland and published on their website. Within NHS Lothian the first case of Norovirus outbreak for season 2010-2011 was recorded in the community during September 2010.

To date there have been 55 incidents of gastro-enteritis investigated in NHS Lothian. Of these, Norovirus has been confirmed in 33 (60%) of the incidents by the Virology laboratory. In the remaining 22 (40%) the cause was not identified. This was due to Norovirus not being detected or no samples received from affected patients or samples not yet tested by the laboratory.

H1N1 Surveillance

Within NHS Lothian the first case of Influenza A H1N1 for season 2010/11 was recorded in October 2010. For the period of 1st of October 2010 to 9th of January 2011, a total of 1,479 patient samples were tested for Influenza A H1N1 and 379 patients (26%) were confirmed positive by Polymerase Chain Reaction (PCR) at the Virology Laboratory, Royal Infirmary of Edinburgh. Influenza A H1N1 numbers peaked in the last week of December 2010, where 179 patient samples were confirmed positive. Between 13/12/2010 and 09/01/2011, 35 patients (5 of whom non-Lothian residents) were diagnosed with influenza A H1N1 whilst in Lothian hospital ITU or HDU units (24 in RIE, 6 in RHSC, 5 in SJH, and 4 at WGH). There have been 5 deaths associated with H1N1, all in RIE.

Table 1: NHS Lothian Flu cases – updated to week 01 (2011)

<table>
<thead>
<tr>
<th>2010/11</th>
<th>Flu Type</th>
<th>Total Cases</th>
<th>Flu Cases in Total (Treated in Lothian ITU/HDU)</th>
<th>Deaths in Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Week Ending</td>
<td>Influenza A H1N1</td>
<td>Influenza B</td>
<td></td>
</tr>
<tr>
<td>31-Oct</td>
<td>43</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>20-Nov</td>
<td>46</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>04-Dec</td>
<td>48</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>11-Dec</td>
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<tr>
<td>18-Dec</td>
<td>50</td>
<td>14</td>
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<td>2</td>
</tr>
<tr>
<td>25-Dec</td>
<td>51</td>
<td>55</td>
<td>3</td>
<td>58</td>
</tr>
<tr>
<td>01-Jan</td>
<td>52</td>
<td>179</td>
<td>9</td>
<td>188</td>
</tr>
<tr>
<td>08-Jan</td>
<td>1</td>
<td>121</td>
<td>2</td>
<td>123</td>
</tr>
<tr>
<td>Grand Total</td>
<td>379</td>
<td>17</td>
<td>395</td>
<td>35</td>
</tr>
</tbody>
</table>

4
Other HAI Activity

Education

The Infection Control Team continues to implement lessons learned from attending the NHS QIS Infection Improvement and Implementation Programme (iiiP) improvement sessions and tailored support meetings for SAB.

The Mandatory Update Programme has been reviewed and delivered via e-learning. Specific face to face training courses are available as required or on request.

Antimicrobial Management Team (AMT)

Production and implementation of prescribing policies/guidelines:

A programme for involvement of the AMT in provision of teaching sessions for junior medical staff at induction has been established and current provision of antimicrobial prescribing training for non-medical prescribers has been recorded.

Attendance of medical and non-medical prescribers at the antimicrobial teaching sessions is recorded on a continuous basis.

Senior clinicians receive a monthly report detailing their prescribing indicator results, highlighting existing levels of competence and areas for improvement. Quarterly reports (last published October 2010) are also widely disseminated to medical and non-medical staff and placed on the intranet.

The Primary Care Pharmacy team continue to discuss GP practice antibiotic prescribing patterns with the appropriate GP’s. A practice level report of antibiotic prescribing has been devised and will be disseminated via Primary Care Pharmacist routes early in Jan 2011.
The Lothian Prescribing Bulletin delivers updates to prescribers in primary and secondary care.

**MRSA National Screening Programme**

Since January 2010 NHS Lothian has successfully completed the roll-out of the national screening program to all wards and departments that admit within its remit. The remit covers all elective admissions within Lothian and emergency admissions to the four key areas: Dermatology, Renal, Vascular and Medicine of the Elderly.

Screening activity: to date, NHS Lothian has screened over 14,500 patients via the national screening project, in addition to the patients that are screened via established screening practice in departments such as Orthopaedics, Vascular, Renal Burns and Respiratory. The current compliance rate is 95%, with a MRSA prevalence rate of 3.6%.

The final government policy on the long term approach to screening for MRSA has yet to be determined and no date has been set for publication. The focus of the team over the final months is to make the process as efficient, effective and sustainable.
NHS Lothian

**CDI** Twenty-six episodes (19 in ≥65 Y) recorded in December 2010.

**SAB** Thirty-three episodes (9 MRSA & 24 MSSA) recorded in December 2010.

**CDI HEAT Target** NHS Lothians target is 557 episodes in patients ≥65 years by March 2011. This represents a 50% reduction from 2007-2008 figures. As of December 2010 NHS Lothians has recorded a total of 286 episodes.

**SAB HEAT Target** NHS Lothians target is 254 episodes by March 2011. This represents a 49% reduction from 2005-2006 figures. As of December 2010 NHS Lothian has recorded a total of 250 episodes.

**MSSA Bacteraemia**

**MRSA Bacteraemia**

**Hand Hygiene Compliance**

**Cleaning Compliance**
Quarterly rolling year *Clostridium difficile* Infection Cases in patients aged 65 and over per 1000 total occupied bed days for HEAT Target

![Graph showing actual performance and target for *Clostridium difficile* infection cases.]

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Actual Performance</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>A07 - J08</td>
<td>1.34</td>
<td>0.68</td>
</tr>
<tr>
<td>J07 - O08</td>
<td>1.31</td>
<td>0.68</td>
</tr>
<tr>
<td>J08 - D08</td>
<td>1.30</td>
<td>0.68</td>
</tr>
<tr>
<td>J09 - A09</td>
<td>1.17</td>
<td>0.68</td>
</tr>
<tr>
<td>J08 - J09</td>
<td>0.89</td>
<td>0.68</td>
</tr>
<tr>
<td>J09 - O09</td>
<td>0.74</td>
<td>0.68</td>
</tr>
<tr>
<td>J09 - D10</td>
<td>0.66</td>
<td>0.68</td>
</tr>
<tr>
<td>J09 - J10</td>
<td>0.57</td>
<td>0.68</td>
</tr>
<tr>
<td>O09 - S10</td>
<td>0.53</td>
<td>0.68</td>
</tr>
<tr>
<td>J10 - A10</td>
<td>0.49</td>
<td>0.68</td>
</tr>
</tbody>
</table>

Quarterly Rolling Year *Staphylococcus aureus* Bacteraemia Cases for HEAT Target Measurement

![Graph showing actual performance and target for *Staphylococcus aureus* bacteraemia cases.]

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Actual Performance</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>A06 - M07</td>
<td>438</td>
<td>299</td>
</tr>
<tr>
<td>J06 - J07</td>
<td>432</td>
<td>299</td>
</tr>
<tr>
<td>O06 - J06</td>
<td>447</td>
<td>299</td>
</tr>
<tr>
<td>J07 - O07</td>
<td>447</td>
<td>299</td>
</tr>
<tr>
<td>J07 - D07</td>
<td>444</td>
<td>299</td>
</tr>
<tr>
<td>J07 - D08</td>
<td>444</td>
<td>299</td>
</tr>
<tr>
<td>J07 - J09</td>
<td>424</td>
<td>299</td>
</tr>
<tr>
<td>J08 - O08</td>
<td>408</td>
<td>299</td>
</tr>
<tr>
<td>J08 - J09</td>
<td>416</td>
<td>299</td>
</tr>
<tr>
<td>J08 - D09</td>
<td>393</td>
<td>299</td>
</tr>
<tr>
<td>J08 - J10</td>
<td>382</td>
<td>299</td>
</tr>
<tr>
<td>O08 - S10</td>
<td>371</td>
<td>299</td>
</tr>
<tr>
<td>J09 - S10</td>
<td>350</td>
<td>299</td>
</tr>
<tr>
<td>J09 - J10</td>
<td>360</td>
<td>299</td>
</tr>
<tr>
<td>J09 - D10</td>
<td>347</td>
<td>299</td>
</tr>
<tr>
<td>J09 - J11</td>
<td>338</td>
<td>254</td>
</tr>
<tr>
<td>O09 - S11</td>
<td>345</td>
<td>254</td>
</tr>
<tr>
<td>J10 - A10</td>
<td>345</td>
<td>254</td>
</tr>
<tr>
<td>A10 - M11</td>
<td>345</td>
<td>254</td>
</tr>
</tbody>
</table>
Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of ‘Report Cards’ for the Royal Infirmary of Edinburgh, Western General Hospital, St Johns Hospital, Liberton Hospital, Royal Hospital for Sick Children and the Royal Victoria Hospital. In addition, information is provided for the Community Hospitals in NHS Lothian.

The ‘Report Cards’ report on the number of cases of Clostridium difficile Infection (CDI) and Staphylococcus aureus Bacteraemia (SAB) together with the cleaning compliance.

The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

CDI and SAB cases are presented for each hospital, broken down by month. Cases of SAB are further broken down into Meticillin Sensitive S. aureus (MSSA) and Meticillin Resistant S. aureus (MRSA). Data are presented as both a graph and a table giving case numbers. More information on these organisms can be found on the NHS24 website:

C. difficile  [www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1]

S. aureus  [www.nhs24.com/content/default.asp?page=s5_4&articleID=346]

MRSA  [www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1]

For each acute hospital, the cases per month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

Understanding the Report Cards – Hand Hygiene Compliance

NHS Lothian does not have data Hand Hygiene Compliance data for individual hospitals. Please see the NHS Lothian summary in Section 1 – Board Wide Issues.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website  [www.hfs.scot.nhs.uk/online-services/publications/hai/]. The first page of each hospital Report Card gives the hospitals cleaning compliance percentage in both graph and table form.

Understanding the Report Cards – ‘Out of Hospital Infections’

CDI and SAB cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries, hospices and care homes.

The final ‘Report Card’ report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital. Given the complex variety of sources for these infections it is not possible to break this data down in any more detail.
CDI During December 2010 there were five episodes recorded, a decrease of seven compared to November.

SAB There were eleven episodes (>48 h after admission) recorded during December (3 MRSA & 8 MSSA), which is an increase of six compared to November 2010.
Western General Hospital

CDI During December 2010 there were four episodes recorded, a decrease of two compared to November.

SAB There were six episodes (>48 h after admission) recorded during December (3 MRSA & 3 MSSA), which is an increase of one compared to November 2010.

Clostridium difficile Infection

MSSA Bacteraemia

MRSA Bacteraemia

Hand Hygiene Compliance

Cleaning Compliance
**St Johns Hospital**

**CDI** During December 2010 there were four episodes recorded, a decrease of four compared to November.

**SAB** There were two episodes (>48h after admission) recorded in December 2010 (1 MRSA & 1 MSSA), this is an increase of one compared to November.

**Clostridium difficile Infection**

**MSSA Bacteraemia**

**MRSA Bacteraemia**

**Hand Hygiene Compliance**

**Cleaning Compliance**
Liberton Hospital

CDI During December 2010 there were two episodes recorded, an increase of one compared to November.

SAB There were no episodes (>48 h after admission) recorded in December 2010 (0 MRSA & 0 MSSA), this is a decrease of one compared to November.

Clostridium difficile Infection

MSSA Bacteraemia

MRSA Bacteraemia

Hand Hygiene Compliance

Cleaning Compliance
CDI During December 2010 there were no episodes recorded.

SAB There were no episodes (>48 h after admission) recorded in December 2010 (0 MRSA & 0 MSSA), same as November.
CDI During December 2010 there were no episodes recorded, a decrease of two compared to November.

SAB There was one episode (>48 h after admission) recorded in December 2010 (0 MRSA & 1 MSSA), an increase of one compared to November.
Community Hospitals

CDI During December 2010 there were two episodes recorded, same as November.

SAB There was one episode recorded in December 2010 (1 MRSA & 0 MSSA), an increase of one compared to November.

Clostridium difficile Infection

MSSA Bacteraemia

MRSA Bacteraemia
Out of Hospital Infections

**CDI** During December 2010 there were nine episodes recorded, a decrease of two compared to November.

**SAB** There were 12 episodes (>48 h after admission) recorded in December 2010 (1 MRSA & 11 MSSA), same as November.

**Clostridium difficile Infection**

**MSSA Bacteraemia**

**MRSA Bacteraemia**
QUALITY IMPROVEMENT REPORT

1 Purpose of the Report

1.1 This report presents the updated Quality Report for January 2011 including the measures introduced to date.

2 Recommendations

The Board is asked to:

2.1 Review the quality measures presented.

2.2 Review and comment on this quality improvement report.

3 Introduction

3.1 The Quality Dashboard was introduced to the Healthcare Governance & Risk Management Committee in February 2010 and to the Board in March 2010 as the Quality Matrix. The title has been changed to Quality Improvement Report to reflect the terminology set out in the Quality Strategy (2010) launched on 10th May 2010.

3.1.1 The quality improvement report includes a suite of measures which, at a system level, will allow monitoring of the quality of care provided by NHS Lothian.

3.1.2 This paper presents the updated quality improvement report for January 2011. Table 1 shows each of the individual measures reported quarterly, their data source, and what questions they answer about the care we deliver and summary of results.
### Table 1

<table>
<thead>
<tr>
<th>Measure</th>
<th>How good is our care?</th>
<th>Is our care getting better?</th>
<th>How do we compare?</th>
<th>Data Source</th>
<th>Summary Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSMR*</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>ISD</td>
<td>• HSMR remains stable at less than one with no observed reductions</td>
</tr>
<tr>
<td>Adverse Events</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>IHI Global Trigger Tool Review</td>
<td>• Baseline not stable so no conclusions can be drawn</td>
</tr>
</tbody>
</table>
| Hospital Acquired Infection  | ✓                     | ✓                           | ✓                  | Infection Control Team         | • S.aureus Bacteraemia – Not meeting HEAT target  
| (HAI)                        |                       |                             |                    |                                | • C.difficile Infection – Met and exceeded HEAT target  
|                              |                       |                             |                    |                                | • Hand Hygiene – Met HEAT target and on trajectory to meet local stretch target    |
| Incidents                    | ✓                     | ✓                           |                    | Datix System                   | • The reporting of incidents and associated harm remains stable                   |
| Complaints                   | ✓                     | ✓                           |                    | Datix System                   | • There has been a significant reduction in formal complaints.  
|                              |                       |                             |                    |                                | • National 3-day response target and local 20-day response targets not met        |

*HSMR: Hospital Standardised Mortality Ratio

3.2 **Links to the Quality Strategy**

3.2.1 The NHSScotland Healthcare Quality Strategy launched in May 2010 included a three level Quality Measurement Framework (QMF). Level 1 is national reporting towards the quality ambitions, level 2 contains HEAT targets and level 3 is for other local or national measures required for quality improvement. The ‘core’ measures Healthcare Associated Infection (HAI), adverse events and Hospital Standardised Mortality Rate (HSMR) presented in the NHS Lothian Quality Improvement Report are already aligned with the Quality Strategy level 1 measures.

3.3 **Quality of Care Measures**

**Hospital Standardised Mortality Rate (HSMR)**

Hospital Standardised Mortality Ratio (HSMR) is calculated by Information Services Division and used by the Scottish Patient Safety Programme (SPSP). There is an SPSP target reduction in HSMR of 15% by December 2012 against a baseline of October 2006 to September 2007. The baseline HSMR figures and the last two quarters up to June 2010 and corresponding 15% reduction are set out in Table 2 below.

HSMR is the ratio of observed deaths to expected deaths within 30 days of admission to hospital. If the HSMR for a hospital is less than 1, then fewer hospital deaths within 30 days of admission are occurring than expected. HSMRs have therefore been used as system level ‘warnings’ for areas for further investigation. It must be emphasised that the quarter to quarter changes should be interpreted with
caution. HSMRs cannot be compared between hospitals or boards; the comparison should only be against the expected number of deaths. There is some controversy about their use, but they remain widely used in this way.

The SPSP target is ambitious as it equates to 15% of current deaths being avoidable. Health Boards who have seen a reduction in HSMR have had a baseline that exceeded NHS Lothian’s and was in some cases more than 1. The Scottish HSMR for April to June 2010 was 0.92.

Table 2

<table>
<thead>
<tr>
<th>HSMR</th>
<th>Baseline (Oct 2006-Sept 2007)</th>
<th>Oct to Dec 2009</th>
<th>Jan to March 2010*</th>
<th>Apr to June 2010*</th>
<th>15% reduction from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIE</td>
<td>0.88</td>
<td>0.93</td>
<td>0.84</td>
<td>0.81</td>
<td>0.75</td>
</tr>
<tr>
<td>WGH</td>
<td>0.73</td>
<td>1</td>
<td>0.78</td>
<td>0.72</td>
<td>0.62</td>
</tr>
<tr>
<td>SJH</td>
<td>0.89</td>
<td>0.72</td>
<td>0.85</td>
<td>0.81</td>
<td>0.76</td>
</tr>
</tbody>
</table>

*(released in Nov)

Figures 1a-c show the number of observed and expected deaths at Royal Infirmary Edinburgh (RIE), St. John’s and Western General Hospital (WGH). These are all less than 1, indicating that the number of observed deaths is fewer than the expected number.

Figure 1a
Quarterly Hospital Standardised Mortality Ratios in Royal Infirmary of Edinburgh
Number of observed and expected deaths; October 2006 – June 2010

![Graph showing observed and predicted deaths]
3.4 **Adverse Events**

Adverse events are currently measured at the three main acute sites using retrospective case note review using the ‘Global Trigger Tool’. At present, the baseline has not stabilised, as illustrated by Figure 2. This is because the review process is subject to constant improvement (of both the sampling procedure and the review itself). This applies to all boards across Scotland. At present therefore, no comparison with other Boards is possible.

The Institute of Health Improvement (IHI), who are advisors to the Scottish Patient Safety Programme, advise that in a health care system of NHS Lothian’s size and complexity an expected baseline would be approximately 89/90 adverse events per 1000 patient days. NHS Lothian is now starting to achieve this. If this rate is
sustained, NHS Lothian will be expected to achieve a 30% reduction against this by the end of 2011.

IHI have advised that it is unlikely that there will be a significant reduction in adverse event rate until the majority of the clinical areas have reliably implemented the SPSP interventions and in particular the interventions that will have the biggest impact on mortality, such as the identification and response to deteriorating patients. Of note, the Deteriorating Patient SPSP Workstream has only just commenced in NHS Lothian and would not expect to see improvements for some time.

Figure 2
Rate of Adverse Events per 1000 patient days
Sept 2007 to Feb 2010

RIE, WGH & SJH

3.5 **Healthcare Associated Infections**

3.5.1 *S. aureus* Bacteraemia (SAB)
NHS Lothian’s HEAT target for SAB reduction is 40% by March 2011. In the quarter to October 2010, there has been an increase in the SAB rate as illustrated by Figure 3a. Infection Control within NHS Lothian is working closely with the Scottish Patient Safety Programme in Lothian, Health Protection Scotland and Quality Improvement Scotland to address the issue of SABs.
3.5.1.1 NHS Quality Improvement Scotland organised a *Staphylococcus aureus* Bacteraemia Health Efficiency Access Treatment Target Support Initiative - Tailored Improvement Support Meeting on 26/10/2010 to look at two key themes emerging from the diagnostic visits: (i) the reduction of contaminated blood cultures from Accident & Emergency and Acute Medical Receiving Wards; optimising invasive device use, particularly the insertion procedure for Peripheral Vascular Cannulaes and (ii) reducing the overall number of Peripheral Vascular Cannulaes, again focussing on Accident & Emergency and Acute Receiving Wards. The Infection Control Team is addressing these themes by working with teams in high-risk areas including the Hospital at Night team.

3.5.2 *C. difficile* Infection (CDI)
In June 2010 the Scottish Government Health Department (SGHD) issued a new HEAT Target for CDI to all NHS Boards, increasing the target from a 30% to a 50% reduction by March 2011.

NHS Lothian has put in place an extensive CDI programme which is fully integrated with the Patient Safety Programme. This has resulted in an improved sustained performance that has outstripped the HEAT target requirements. This is illustrated in Figure 3b.
3.5.3 Hand Hygiene

There has been a significant and sustained improvement in compliance since October 2007. NHS Lothian continues to exceed the national target of 90% compliance and is currently achieving 94% as of July 2010. NHS Lothian has set a local target of 95% compliance and improvement plans are in place to achieve this.

3.6 Reported Incidents

Incidents are reported using the DATIX system recording incidents that affect patients and staff. The category and degree of harm associated with each incident is also recorded. There are improvements to be made in the degree of standardisation in this process and actions to improve standardisation are being led by the Risk Management Team in conjunction with clinical management teams.

Figures 4a, 4b and 4c show a sustained increase in the number of incident reporting, which is now stabilising up to September 2010. The increase is considered a positive indicator of an organisation’s safety culture.
Figures 4b, 4c, 4d, 4e and 4f show levelling of incidents reported associated with major or moderate harm. Incidents associated with major harm are reported on a weekly basis to SMT and to the Nurse and Medical Director.
Figure 4d: Number of incidents associated with moderate or major harm or death reported per month in NHS Lothian (Oct 2008-Sept 2010)

Figure 4e: Number of incidents associated with moderate or major harm or death reported per month in Community and Primary Care including Hosted Services and Royal Edinburgh & Associated Services in NHS Lothian (Oct 2008-Sept 2010)
3.7 Complaints

NHS Lothian received a total of 224 formal complaints during the period April to June 2010 and Figure 5a illustrates a sustained decrease in formal complaints from 374 in quarter 1 to 224 in quarter 4 2009/10 which equates to a 40% reduction.

Figure 5a – Formal Complaints per quarter across NHS Lothian (April 2009-September 2010)

3.7.1 NHS Lothian has achieved an average 20 day response time of 79% in respect of local target of 85% and remains fairly stable, as illustrated in figure 5b.  The Scottish average is 76% in 2009/10 (ISD).

3.7.2 NHS Lothian’s performance in quarter 2 is 98% compliant with the national target to respond to all formal complaints within 3 working days. The Scottish average for 2009/10 is 97%. Improvement in the accuracy of reporting of complaints has seen a decrease in the number of formal complaints recorded. The centralisation of the
3.7.3 During this quarter the Scottish Public Services Ombudsman (SPSO) has published draft principles on good complaints handling. As part of this consultation process the organisation has participated in this process and agrees in principle with what is being proposed.

During quarter 3 the Scottish Public Services Ombudsman has published three reports in his monthly commentary. The table below provides further details.

Table 3

<table>
<thead>
<tr>
<th>SPSO Commentary</th>
<th>SPSO Number</th>
<th>Brief Summary</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>200901871</td>
<td>Waiting time for surgery, failure to adhere to the date, issues on referrals.</td>
<td>Letter of apology sent to patient. Training programme for staff in referrals and communications between hospital staff.</td>
</tr>
<tr>
<td>August</td>
<td>200900395</td>
<td>Pain management, documentation and communication.</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>200901459</td>
<td>Diagnosis, clinical treatment</td>
<td></td>
</tr>
</tbody>
</table>

The main issues in recommendations to the Board relate to record keeping, communication and complaints handling. These issues are all now being addressed.
3.8 Effectiveness Measures

3.8.1 In the July board paper, the rationale for including a small number of system-level measures of the effectiveness of care in the Quality Improvement Report was explained. Since this time, work has taken place to agree the timetable of these measures. This is included in Appendix 1. This timetable aims to synchronise as far as possible with data releases that already occur; it may be subject to some change over the year if there are changes to these releases or if additional local analyses or work is required to better inform reporting to the Board. The clinical effectiveness measures for this report are Cancer and Sexual Health.

3.8.2 Cancer Measures

The measures selected to reflect the effectiveness of the cancer care NHS Lothian provides are as follows:

- Smoking cessation rates
- Screening uptake
- Mortality rates

These measures reflect the central role of cancer prevention and early detection. Mortality rates reflect the timeliness and effectiveness of the health care received, but are also influenced by other factors such as stage of the cancer at presentation.

Cancer incidence (the number of new cases of cancer in a given time period) and cancer survival have not been included in the current set of measures. Cancer incidence is influenced by multiple factors, such as demographic and socio-economic factors. Cancer survival data also reflect a complex mixture of changes in cancer diagnosis and treatment over time, alongside changes in the lifestyle and behaviours of the underlying population. These data are not routinely produced at NHS Board level in light of the complexity of the analyses and the small numbers for some tumour groups.

3.8.2.1 Smoking Cessation

In Lothian in 2009 there were 9,234 quit attempts. There were 3,985 successful outcomes from these quit attempts (43% success rate). The HEAT Target for smoking cessation is 11,218 successful quits by 31 March 2011, equivalent to 8% of total estimated smokers (from the 2007/2008 Scottish Health Survey). NHS Lothian have achieved 9,061 successful outcomes at end of September 2010 and is on track to achieve the target by continuing to provide brief intervention training to encourage referrals to the service and by exploring other innovative approaches.

3.8.2.2 Screening measures

3.8.2.2.1 Breast Screening

Data shows that during three years 2006/07-2008/09 overall uptake in NHS Lothian was 72% (Table 4). All data presented in this section reflect these most recently available figures.
Table 4: % Uptake by NHS Board (three year rolling average), females aged 50-70 years

<table>
<thead>
<tr>
<th>Age Band</th>
<th>NHS Lothian 2006-09 (2005-08)</th>
<th>Scotland 2006-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-70</td>
<td>71.9 (72.8)</td>
<td>74.9</td>
</tr>
</tbody>
</table>

Source SBSP/ISD Data 2006-09. Number in bracket indicates comparative 2006-09 percentage uptake

This figure is above the QIS standard of 70% and below the Scottish average of 75%. Figures are similar for NHS Lothian, NHS Lanarkshire and NHS Glasgow & Clyde where the majority of appointments are offered at a static centre. Uptake tends to be higher in Boards where the majority of screening is undertaken by mobile units.

The lowest uptake groups are:

- Women new to screening (first invitation), 72% uptake (compared to 74% Scottish average)
- Women who are invited outwith 5 years of last attendance – 50% uptake (compared to 43% Scottish average)

In order to address these target groups multi-agency work is ongoing to promote the benefits of screening and to provide staff with training and information to ensure a higher, positive profile of the programme at primary care level.

In Lothian, uptake levels vary across deprivation categories from 79% (least deprived) to 58% (most deprived). This pattern is reflected across Scotland. An ‘Immediate Action’ pilot has been established with the agreement of some practices to evaluate whether additional targeted primary care efforts can improve uptake at practice level.

For breast cancer detection rates in NHS Lothian data shows our programme detects more invasive cancer compared to other programmes in Scotland and more than would be expected in the 50-70 age group.

- NHS Lothian detection rate for small invasive incident cancers was 3.7 per 1000 women screened (compared to the Scottish average 3.2 per 1000).
- NHS Lothian standardised detection ratio was 1.56 (compared to Scottish average 1.46).

These outcomes reflect the initiatives undertaken in recent years to improve the quality of our screening programme for example one stop assessment clinics, recall programme for suspicious lesions and quality assurance of mammograms and results.

3.8.2.2.2 Cervical Screening

Table 5 shows the cervical screening uptake rates by age group compared with the overall Scottish rates. Uptake rates in women over 35 years are consistently higher than the QIS minimum standard of 80% and are similar, or higher, than Scottish rates.
Table 5: Percentage uptake by NHS Board females aged 20-60 who had a smear taken within previous 5.5 years

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>52.6 (53.9)</td>
<td>57.5</td>
</tr>
<tr>
<td>25-29</td>
<td>69.0 (70.7)</td>
<td>74.7</td>
</tr>
<tr>
<td>30-34</td>
<td>78.2 (78.8)</td>
<td>80.6</td>
</tr>
<tr>
<td>35-39</td>
<td>84.3 (84.7)</td>
<td>84.1</td>
</tr>
<tr>
<td>40-44</td>
<td>87.7 (87.7)</td>
<td>85.8</td>
</tr>
<tr>
<td>45-49</td>
<td>87.9 (88.4)</td>
<td>86.1</td>
</tr>
<tr>
<td>50-54</td>
<td>87.4 (88.1)</td>
<td>84.7</td>
</tr>
<tr>
<td>55-59</td>
<td>86.0 (86.9)</td>
<td>82.8</td>
</tr>
<tr>
<td>Overall</td>
<td>78.1 (78.9)</td>
<td>79.5</td>
</tr>
</tbody>
</table>

Source: SCCRS/ISD Data for 2009-10
Numbers in brackets indicate comparative 2008/09 percentage uptake
Minimum standard 80% *currently subject to national review

Women aged less than 35 years have lower uptake rates for a range of reasons including confusion about the overall health message in relation to cervical screening. The Scottish Cervical Call Recall System (SCCRS) mailers and supporting health promotion materials have been recently revised in part to address this. There is also a review of the national screening programme by the Scottish Government in light of the growing medical debate concerning the age range for screening and the frequency of screening in women over the age of 50.

Overall the cervical screening programme has been very successful in reducing the incidence of cervical cancer. Age standardised incidence rates for Lothian have declined from 13.8 per 100,000 persons at risk in 1997 to 10.3 per 100,000 persons at risk in 2007. These rates correspond to a decline in annual registrations of 23% (62 to 48). An anonymised local audit of all invasive cancers takes place to support this work.

3.8.2.2.3 Colorectal cancer screening

The data in Table 6 shows the uptake rates for colorectal cancer screening. These data must be interpreted with caution as the programme reports data cumulatively (making year to year comparisons difficult to interpret) and there is currently a mix of screening for the first time and re-screening taking place across Scotland. Figure 6 shows that the uptake pattern nationally is also reflected in NHS Lothian, with lower uptake in the most deprived groups.

Table 6: Bowel screening uptake rates for NHS Lothian and Scotland 1 November 2007 – 31 October 2009

<table>
<thead>
<tr>
<th></th>
<th>Number of eligible people invited for screening* Lothian</th>
<th>% uptake Lothian</th>
<th>% uptake Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>57,615</td>
<td>44.8</td>
<td>49.3</td>
</tr>
<tr>
<td>Female</td>
<td>60,325</td>
<td>53.4</td>
<td>56.6</td>
</tr>
<tr>
<td>All</td>
<td>117,940</td>
<td>49.2</td>
<td>53.0</td>
</tr>
</tbody>
</table>

Source: ISD, NHS National Services Scotland - Bowel Screening Programme: Key performance indicators May 2010 Data submission

*Ineligible people include those who have had previous surgery to remove their colon
3.8.2.3  Mortality rates

Table 7 shows the mortality in Lothian and in Scotland over the period 2005-2009 for all cancers (excluding non-melanoma skin cancer) and for the four most common cancers lung, colorectal, breast and prostate cancer.

In each case the rate of deaths standardised to the European population (to take account of differences in the populations) are presented, as are the Standardised Mortality Ratios (SMRs). The SMRs show the rate of deaths in relation to the Scottish mortality rate; if the SMR is less than 100, then the mortality rate is less than the Scottish rate; if it is more than 100 it is greater than the Scottish rate.

Table 7: Mortality rates for all cancers (excluding non-melanoma skin cancer) and for lung, colorectal, breast and prostate cancer for 2005-2009

<table>
<thead>
<tr>
<th>Rate</th>
<th>All excluding non melanoma skin cancer</th>
<th>Lung Cancer and Mesothelioma</th>
<th>Colorectal cancer</th>
<th>Breast cancer</th>
<th>Prostate cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lothian</td>
<td>Scotland</td>
<td>Lothian</td>
<td>Scotland</td>
<td>Lothian</td>
</tr>
<tr>
<td>EASR</td>
<td>202.5</td>
<td>209.8</td>
<td>56.7</td>
<td>57.3</td>
<td>20.3</td>
</tr>
<tr>
<td>- Lower 95% CI</td>
<td>198.5</td>
<td>208.2</td>
<td>54.5</td>
<td>56.5</td>
<td>19.0</td>
</tr>
<tr>
<td>- Upper 95% CI</td>
<td>206.5</td>
<td>211.4</td>
<td>58.8</td>
<td>58.1</td>
<td>21.6</td>
</tr>
<tr>
<td>SMR</td>
<td>96.7</td>
<td>100.0</td>
<td>98.7</td>
<td>100.0</td>
<td>94.8</td>
</tr>
<tr>
<td>- Lower 95% CI</td>
<td>94.9</td>
<td>95.2</td>
<td>89.2</td>
<td>84.2</td>
<td>84.2</td>
</tr>
<tr>
<td>- Upper 95% CI</td>
<td>98.6</td>
<td>102.4</td>
<td>100.7</td>
<td>94.5</td>
<td>94.5</td>
</tr>
</tbody>
</table>

Source: ISD Scotland. EASR: age-standardised mortality rate per 100 000 person-years at risk (European standard population). SMR: standardised mortality ratio
For all cancers, the mortality rate in Lothian is lower than in Scotland. For lung, colorectal, breast and prostate cancer, the mortality rate is lower than the Scottish rate in each case, however this is statistically significant only for breast cancer. Mortality rates are also presented by Scottish Index of Multiple Deprivation (SIMD) (Figure 7).

Figure 7: European Age Standardised Mortality Rate (EASR) for all cancers excluding non-melanoma skin cancers by SIMD (2009) for Lothian data with 95% confidence interval

<table>
<thead>
<tr>
<th>SIMD Deprivation Quintile</th>
<th>EASR (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Most deprived)</td>
<td>250</td>
</tr>
<tr>
<td>2</td>
<td>180</td>
</tr>
<tr>
<td>3</td>
<td>220</td>
</tr>
<tr>
<td>4</td>
<td>150</td>
</tr>
<tr>
<td>5 (Least deprived)</td>
<td>100</td>
</tr>
</tbody>
</table>

**Notes**
1 Directly standardised against Standard European Population. 2. Rates per 100,000 population. 3. SIMD 2009 deprivation quintile. 4. 2009 data is provisional. 5. EASR: age-standardised mortality rate per 100,000 person-years at risk (European standard population)

These data reflect the national pattern which is that mortality rates for all cancers combined are approximately 68% higher in the most deprived than the least deprived areas, although there are variations when looking at specific types of cancer. 1

It is well recognised that cancers associated with smoking tend to be strongly correlated with deprivation by having the highest incidence and mortality rates in the most deprived areas; these include cancers of the trachea, bronchus and lung, oral cavity and larynx. Similarly, mortality from cervical cancer tends to be higher in more deprived women, reflecting socio-economic differences in exposure to risk factors, and lower attendance for cervical screening.

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1 Source: ISD Scotland Statistical Publication Notice, Cancer Mortality, October 2010.
In contrast, the incidence of breast cancer tends to be higher in less deprived areas although these women have a lower mortality from breast cancer. Again, this is likely to reflect differences in exposure to risk factors, and higher rates of attendance at breast screening as breast screening aims to diagnose the disease as early as possible, when treatment is more likely to be effective.

These data emphasise the importance of targeting preventive health care; for example targeting smoking cessation to the most deprived communities. Initiatives such as Keep Well (which is focused on cardiovascular disease prevention in deprived communities) contribute to this, for example by prompting attendance for screening.

3.8.3 Sexual Health Measures

There are a number of measures and clinical indicators that exist for sexual health in Scotland. Key Clinical Indicator reports are published annually by ISD, however, many of these indicators are recognised process indicators that assist in the assessment of each NHS Boards delivery of the QIS Standards for Sexual Health. NHS Lothian will receive a visit from QIS on 4 May 2011.

The draft NHS Lothian Sexual Health and HIV Strategy 2011-2016 is currently out for consultation and during this time outcome measures for the strategy are being defined. One of the most reliable measures and area that is receiving additional attention is that of termination of pregnancy. Current data are provided below (Figure 8).

Figure 8

![NHS Lothian Rates of Abortion among Women aged 15-44, 1991 to 2009](image)

Rates of abortion in 15-44 year old women in Lothian (Figure 8) have been stable for over a decade. Although historically the Lothian rate has tended to exceed the Scottish rate by around three abortions per thousand women, the most recent five years have seen an increase in the Scottish rate.
From Figure 9 the last three to four years have shown a gradual increase to the position at 2009 of just over 60% of abortions carried out at less than nine weeks in Lothian and Scotland. This is a positive clinical outcome for the women accessing the service due to the reduced risk involved with an early termination. This rate is still below the QIS standard which states that 70% of women seeking termination of pregnancy undergo the procedure at 9 weeks gestation or earlier. Total terminations remain consistently higher in deprived areas and data for 2009 show that deprivation may have had an influence in whether women accessed services rapidly – this is an area that will be targeted through the new Sexual health and HIV Strategy.

Figure 10

NHS Lothian Uptake Rates of all very long acting Methods of Contraception
(Contraceptive implants (Implanon), IUD ("the coil") and IUS (Mirena))
Source: ISD Scotland Key Clinical Indicators
There is strong evidence of effectiveness and cost effectiveness of Long Acting Reversible Contraception (LARC). Substantial increases can be seen from Figure 10 in the uptake of very long acting methods of contraception in Lothian since 2003. The 49.6% rate in 2009/2010 equates to an uptake of 10765. The increased uptake rate can be attributed to increased public awareness of these methods due to recent social marketing campaigns, a greater emphasis on provision of this method via specialist sexual health services and the introduction of QOF points and Locally Enhanced Services in Primary Care. There is much room for improvement in provision of these methods through Primary Care.

4 Impact on Health Inequalities

4.1 The work set out by this paper, which incorporates existing data and the development and monitoring of new indicators, will have a positive impact on inequality.

5 Resource Implications

5.1 There are no resource implications associated with this report.

Professor Charles Swainson/ Jo Bennett / Dr Elizabeth Bream
Medical Director/ Clinical Governance Manager / Public Health Consultant
18 January 2011

List of Appendices

Appendix 1: Proposed Effectiveness Measures Timetable
Proposed timetable for reporting effectiveness measures to the NHS Board

This is an indicative timetable and additional areas may be included and the schedule may change in light of additional analyses and/or local work being required. The timetable will also be adapted as additional national data become available. For example medicine, which is covered across many of the topics already listed, may have an additional report as a medical profile is scheduled to be released by QIS at the end of 2011.

<table>
<thead>
<tr>
<th>Board Meeting</th>
<th>Proposed effectiveness measure report on</th>
<th>Example of measure to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 2010</td>
<td>Mental Health</td>
<td>Number of people recorded on Dementia Registers</td>
</tr>
<tr>
<td></td>
<td>Respiratory</td>
<td>Re-admission rates (7 and 28 days) for Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>Jan 2011</td>
<td>Cancer</td>
<td>Breast screening percentage uptake for women aged 50-70</td>
</tr>
<tr>
<td></td>
<td>Sexual health</td>
<td>Proportion of women of reproductive age using Long Acting Reversible Contraception (LARC)</td>
</tr>
<tr>
<td>Mar</td>
<td>Coronary Heart Disease</td>
<td>Proportion of Coronary Heart Disease patients on register having an annual review</td>
</tr>
<tr>
<td>May</td>
<td>Renal</td>
<td>Survival (from given time period when renal replacement therapy first started)</td>
</tr>
<tr>
<td>July</td>
<td>Diabetes</td>
<td>Diabetes mortality</td>
</tr>
<tr>
<td></td>
<td>Child &amp; maternal health</td>
<td>Percentage of pregnancies correctly identified by Down’s Syndrome screening test</td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
<td>Surgical mortality</td>
</tr>
<tr>
<td>Sep</td>
<td>Stroke</td>
<td>Percentage of patients admitted to a stroke unit on the day of admission</td>
</tr>
<tr>
<td></td>
<td>Substance Misuse</td>
<td>In development</td>
</tr>
<tr>
<td></td>
<td>Blood Borne Viruses</td>
<td>Percentage of patients who complete treatment for Hepatitis C infection</td>
</tr>
<tr>
<td>Nov</td>
<td>Palliative care</td>
<td>In development</td>
</tr>
<tr>
<td></td>
<td>Learning Disabilities</td>
<td>In development</td>
</tr>
<tr>
<td></td>
<td>Older People</td>
<td>In development</td>
</tr>
</tbody>
</table>
1. Purpose of the Report

1.1. The purpose of this report is to provide the Board with an overview of the progress made over recent weeks to review the Royal Hospital for Sick Children (RHSC) and Department of Clinical Neurosciences (DCN) reprovision projects, following the Scottish Government announcement on 17 November 2010 that these projects would be funded under the Non Profit Distributing (NPD) model.

2. Recommendation

2.1. The Board is invited to:

Note the progress made to date with developing a procurement approach for delivering RHSC and DCN, with Scottish Futures Trust, taking account of the new funding route.

2.2. Note that the preferred option will be brought to the Board in March for approval.

3. Summary of the Issues

3.1. The Scottish Government Draft Budget published on 17 November 2010 set out proposals to take forward a number of capital infrastructure developments across Scotland using a ‘revenue funded’ model. This is largely indicative of the significant reduction in the level of public capital available across Scotland.

3.2. The RHSC/DCN project was specifically highlighted as a project to be procured under the revised funding model, of a Non Profit Distributing (NPD) organisation.

“The new pipeline of NPD investment will help support key projects across core public services, including:

- “the Royal Sick Children’s Hospital and Department of Clinical Neurosciences in Edinburgh (c£250m)”
3.3 This has brought a number of significant challenges, as well as complex legal, technical and procurement issues, given the existing relationships with our key commercial partners: BAM, as Principal Supply Chain Partner under Frameworks Scotland; and Consort Healthcare, as the PFI provider on the Little France site.

3.4 The Scottish Futures Trust (SFT) is to take a central role in the capital infrastructure programme across Scotland, and will provide advice and guidance on all NPD projects, of which a pipeline of projects is now anticipated. One of the key matters to be clarified is the explicit roles and responsibilities of SFT and the distinct Board appointed technical, legal and/or financial advisors.

4. Progress to Date

4.1. Immediately following the Budget announcement contact was made with SFT by the Director of Finance and a meeting took place with the Chief Executive of SFT on the 23 November 2010.

4.2. Since then a number of meetings have been held with representatives from the Scottish Government Health Finance Directorate and SFT, as well as ongoing dialogue with our current legal advisors MacRoberts and Health Facilities Scotland (HFS) as managers of Framework Scotland.

4.3 We are also in discussion with SGHD regarding the appropriate business case governance and the funding of Advisors.

4.4 Work has now started on the approved new car park on the BioQuarter Plots 14-16 (designated now as car park F) and Consort have been engaged to deliver the enabling works at Car Park B and F. Although separately appointed, both are being constructed by Balfour Beatty Construction. The weather had delayed the physical start on site for car park F. The programme and scope of enabling works in and around car park B will also be amended to accommodate an anticipated revision to the footprint and services for a combined building.

4.5 The land transaction remains to be concluded but is agreed in principle with Consort. The legal teams are currently agreeing the terms of a “like for like” swap, and the definition of the site (for a combined build) is being agreed with Consort. We have advised Consort that we require an exchange of missives by the end of March with the conclusion of sale taking place following independent valuation of Car Park F once construction is complete. In parallel Consort are in discussion with their funders to secure their sign off.

5. Procurement Options

5.1 We have an objective to minimise both the delay to the programme in line with the Cabinet Secretary’s stated requirement and any abortive and on-going costs; to ensure operational effectiveness going forward, and also to manage the overall site consistent with the aims of the BioQuarter development.
5.2. To achieve this, we have explored the procurement options with both SFT and SGHD, for a NPD model to deliver the combined RHSC and DCN project with our ideal being to have utilised the existing design work completed to date, build on the market testing of packages already undertaken and construct the new building.

5.3 A range of options has been explored with our legal and technical teams. The conclusion of this will form part of the recommendation on the preferred option for delivery of RHSC and DCN to the Board in March.

6. Timetable implications

6.1 Early advice indicates that there requires to be a re-assessment of the programme. We are doing all we can to ensure that any delay is minimised, and believe that the project can be completed by 2015. A key target is to conclude the agreed way forward with the Board in March.

7 Governance Arrangements

7.1 SGHD and SFT have confirmed their willingness to work with the Board’s team on developing the business case requirements to minimise the programme but retain the appropriate governance. This will necessitate significantly more ongoing engagement than might normally be the case.

Susan Goldsmith
Director of Finance

Jackie Sansbury
Chief Operating Officer

18 January 2010
DELIVERING PUBLIC VALUE - SUPPORTING DIFFICULT DECISIONS

1 Purpose of the Report

1.1 The purpose of this report is to advise the Board of the application of the concept of public value in NHS Lothian, and set out steps to ensure public value principles will support future prioritisation and decision making.

2 Recommendations

The Board is invited to:

2.1 Recognise that generating public value continues to be a core principle underlying NHS Lothian’s actions and core service provision

2.2 Acknowledge the existing workstreams which demonstrate the wide application of a public value approach

2.3 Support the actions underway to deliver outcomes identified at the Board away day on 27 October 2010

2.4 Agree the proposed approach to further involve and engage public representatives as part of strategic decision making processes.

3 Summary of the Issues

3.1 What is meant by Public Value?

The concept of Public Value was developed by Professor Mark Moore in 1995 to describe the return expected by citizens from their investment in public services. According to the Work Foundation public value poses three central questions to public sector managers:

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2 The Work Foundation (2008), Public Value: The Next Steps in Public Service Reform
• What is this organisation for? What forms of service delivery will meet public expectations and allow for continuous improvement?

• To whom are we accountable? How are decisions authorised and legitimised?

• How do we know if we have been successful? How can we measure and demonstrate this?

3.2 Public value theory indicates that public sector decision making can be improved by engaging with service users and the wider public in a continuous dialogue. Through this engagement with citizens public organisations can increase democratic legitimacy, promote greater trust and meet the challenge of rising public expectations through transparency on the rationale and evidence base for decisions.

3.3 Demonstrating public value is a key requirement in ensuring legitimacy for the difficult decisions required to manage within our financial allocations while delivering the high quality services needed and valued by the population of Lothian over the next 5 years and beyond.

3.4 Public, patient and professional perspectives on value can be different, for example, when considering health issues which may be associated with anti-social behaviour or public risk e.g. substance misuse, HIV, sexual health, mental illness. The public perspective is also dependent on geography and specific interest groups, so there is not a single public view of the value of services. However engaging with the public to discuss plans and involving public representatives prior to decision making will help to:

• Support more robust decision making
• Ensure the credibility of decisions under challenge
• Demonstrate Board commitment to achieving value for public resources
• Demonstrate integrity - doing what we say we will do.
• Safeguard trust in the organisation and its leadership.

3.5 How are we already using this approach?

The principle of public value is of course not new and indeed “public service” is a strong motivator of staff at all levels within the NHS. While the value of NHS Lothian’s services may seem well recognised and self evident, in times of financial constraint, there is an even greater need to ensure that the public value generated from NHS spend is maximised, and that cost reductions as part of local reinvestment plans preserve valued outcomes while focusing on processes and services which add little or no value.

3.6 The NHS Scotland Quality Strategy supports the focus on safe, effective and patient centred services, driven by patient and public views which confirm these as core values. NHS Lothian is applying models of continuous improvement, redesigning processes and services, and increasing reliability to meet standards which address rising expectations including the Lean in Lothian older people’s pathways work, the Scottish Patient Safety Programme, Releasing Time to Care in hospital and community teams, and 18 week, mental health and long term...
conditions collaborative actions. Lothian’s quality improvement strategy is based on delivering the right services to patients in the right place at the right time, and the improvement programmes are based on understanding and improving the patient’s experience of our services.

3.7 There is a statutory requirement for all NHS Boards to involve people in the planning and development of services. NHS Lothian has a strong record of involving the public in major service change in recent years, for example, in the redesign of older people’s services, planning of major capital projects e.g. Royal Victoria Building and new RHSC, and the significant redesign of mental health services across Lothian.

3.8 Non-executive Board members are appointed to provide good governance on behalf of the public. In order to widen the scope of public engagement in its governance NHS Lothian is taking forward an alternative pilot to direct elections to Health Boards and has successfully recruited two new non executive board members, one from a Public Patient Forum and the other as a patient representative. In addition public representatives have now been appointed to the Service Redesign Committee and to the Healthcare Governance and Risk Management Committee.

3.9 The Board’s Mutuality and Equality governance committee has been set up to scrutinise and monitor Lothian’s performance on key issues of equality, human rights, involving people and mutuality, Our policy of ensuring that equality and diversity impacts are considered in advance of policy or service changes is intended to ensure that the needs of our diverse population are fully addressed.

3.10 Many of NHS Lothian’s activities contribute more widely to public value within the local community. For example through the move to Waverley Gate our overall carbon footprint has reduced, while some of our procurement strategies require contractors to source local products such as foodstuffs and use local workforce where possible.

3.11 Performance management and benchmarking against peers is important to provide evidence of clinical and cost effectiveness. There is ongoing work to develop and promote the use of MIDAS (Management Information Dissemination Action System) internally, while benchmarking on a Scottish, UK (Civil Eyes) and international (Health Tracker) basis will ensure our ability to demonstrate achievement of top 25 performance.

3.12 Many public health programmes are focused on delivering services which both benefit individual patients and address wider social concerns: Lothian and Edinburgh Abstinence Programme undertaken in partnership with local authority and voluntary sector services is supporting people dependent on substances to become drug and alcohol free; the Family Nurse Partnership pilot (FNP) within Edinburgh CHP aims to improve child health and development and break the cycle of poverty in vulnerable families.

3.13 The innovative 5x5x5 initiative is focused on themes which challenge us to increase the effectiveness of key service areas, understand and act on patient experience and make optimum use of resources.
3.14 The workforce development agenda is also focused on delivering public value through increasing capacity and capability of staff to improve patient safety, deliver more compassionate care, and identify and implement actions to deliver more patient centred services. Leadership development is crucial and the Harvard Masters in Management Practice Programme for NHS Lothian senior leads has been established to equip current and future leaders with the skills to lead complex change and deliver public value.

3.15 Feedback from Board Development Day

NHS Lothian Board Development day on 27 October 2010 was focused on Public Value and developing the Board’s role in stimulating and supporting a culture that encourages transformation and innovation in our services. Board members debated the concept of public value and confirmed that they supported this as a framework to ensure the rigour of our decisions, optimise service delivery and make best use of resources. The key themes for development identified below have been linked to existing or planned actions which will achieve the above objectives:

<table>
<thead>
<tr>
<th>Themes</th>
<th>Existing or Planned Actions</th>
</tr>
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<tbody>
<tr>
<td>better and wider understanding of</td>
<td>Board Lean review of committee roles and processes</td>
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<tr>
<td>the performance of services,</td>
<td>Implementation Governance through Leadership</td>
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<td>systems and processes</td>
<td>Review in UHD</td>
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<td></td>
<td>Whole system review of local reinvestment opportunities with public involvement</td>
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<tr>
<td>seeking out, sharing and</td>
<td>Scottish Patient Safety Programme</td>
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<tr>
<td>applying best practice</td>
<td>5x5x5 programme</td>
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<td></td>
<td>Horizon Scanning Outcomes and actions</td>
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<td>Leading Better Care</td>
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<td></td>
<td>Compassionate Care</td>
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<tr>
<td>robust management of variation</td>
<td>Performance management systems</td>
</tr>
<tr>
<td>where it does not add value, but</td>
<td>Clinical Governance and Patient Safety programmes</td>
</tr>
<tr>
<td>recognition and spread of</td>
<td>Service Improvement Plans including Lean in Lothian programme</td>
</tr>
<tr>
<td>innovation which improves outcomes</td>
<td>Executive Director sponsorship of new work streams, focused on priorities and adding value</td>
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<tr>
<td>regular internal and external</td>
<td>Refreshed HR &amp; OD Strategy including proposals around a “psychological contract” with staff</td>
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<tr>
<td>communication which continues to</td>
<td>Communication plans include engagement around public value budgeting</td>
</tr>
<tr>
<td>listen and act, as well as tell</td>
<td>Continue communication of successes and positive achievements</td>
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<tr>
<td></td>
<td>Connections</td>
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<tr>
<td></td>
<td>HealthLink including comments/feedback facility</td>
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<tr>
<td></td>
<td>New website launch by March 2011-01-13 Use of social media (Twitter and Facebook)</td>
</tr>
<tr>
<td>developing routes for</td>
<td>Public Value Budgeting Discussions</td>
</tr>
<tr>
<td>meaningful dialogue with the</td>
<td>Alternative to Direct Elections Pilot</td>
</tr>
<tr>
<td>public as citizens on choices to</td>
<td>Development of database of patient/public email addresses to enable targeted electronic</td>
</tr>
<tr>
<td>be made</td>
<td>consultation</td>
</tr>
</tbody>
</table>


Wider public engagement in outcomes from Horizon Scanning
Involvement of public in recruitment as in FNP
“Suggestions box” on internet site
Smart Moves e-zine for staff

3.16 Following on from a previous board away day an ethical framework for decision making was developed involving the Medical Director, non exec directors and Professor Boyd from Edinburgh University. This was presented last year to the health care governance and risk management committee and was highly praised. It is currently being considered by the mutuality and equality governance committee and this framework may have some additional benefits when aligned to public value considerations.

3.17 Public Value Budgeting – Action to Date
An initial meeting involving NHS Lothian’s Finance Director, Nurse Director, and Director of Communications took place on Tuesday 20 July 2010 with an invited group including the Chairs and Vice-Chairs of the Public Partnership Forums (PPFs) and representatives from the hospitals’ patient councils, forum and networks. The meeting focused on providing the financial context and the priorities and challenges faced by NHS Lothian, and was followed by an extensive question and answer session.

3.18 The relatively sophisticated level of questioning and discussion at the meeting indicated that engagement with this relatively well informed group could assist in our deliberations on how best to use resources and which areas might be more appropriate for spending reductions.

3.19 Following on from the Scottish Government budget announcement on 19 November 2010, an NHS Lothian horizon scanning event took place on 10 December 2010, and Lothian’s financial allocation for 2011/12 is expected to be known by February 2011. These events provide more detailed information on the opportunities, challenges and potential implications for the future.

3.20 Public Value Budgeting – Next Steps
A further session will be held with the public representatives group in February 2011, at which they will receive brief presentations based on those at the Horizon Scanning event held with senior clinicians and other staff. The key areas from the event which will be shared with the public representatives as factors in health care decision making will be:

- Public health challenges
- Financial projections in light of the Scottish Government budget position
- Evidence based practice opportunities
- Potential areas for service redesign.

3.21 The meeting will provide an opportunity to discuss within groups the priorities that NHS Lothian needs to consider and the value perceptions of the public representatives in the light of what those present have heard in terms of
constraints and possible options. Following this a further report will be made to the Executive Management Team on the outcome and the implications to be considered in finalising the Board’s plans for 2011/12 and beyond.

3.22 The lean review of board governance processes will give consideration to processes which encourage the public value of strategic plans and policies to be identified and explained more explicitly. The NHS Institute framework “Tackling Tough Choices: Creating Public Value”\(^3\) provides a toolkit to support managers with this.

4 Impact on Health Inequalities

4.1 The approach proposed will develop greater engagement with the public, and plans will include consideration of how to make contact with harder to reach communities to ensure the diversity of public dialogue.

5 Resource Implications

5.1 There are no direct resource implications from this report.

Libby Tait
Associate Director, Service Modernisation
18 January 2011

\(^3\) http://www.institute.nhs.uk/world_class_commissioning/tackling_tough_choices
COMMITTEE MEMBERSHIPS

1 Purpose of the Report

1.1 The purpose of this report is to invite the Board to agree:

- the appointment of Shulah Allan as a member of the Healthcare Governance & Risk Management Committee
- the appointment of Richard Williams as a member of the Organ Donation Committee.
- the appointment of Richard Williams as Chair of the Organ Donation Committee from 1 October 2011.

2 Recommendations

The Board is invited to agree:

2.1 the appointment of Shulah Allan as a member of the Healthcare Governance & Risk Management Committee;
2.2 the appointment of Richard Williams as a member of the Organ Donation Committee
2.3 the appointment of Richard Williams as Chair of the Organ Donation Committee from 1 October 2011

3. Background

3.1 Alison Tierney, current Chair of the Organ Donation Committee, demits office as a non-Executive Board member at the end of September 2011. It is proposed that Richard Williams joins the Organ Donation Committee for a few months prior to taking the Chair from 1 October 2011.
4. **Impact on Health Inequalities**

4.1 This report is a matter of procedural business rather than policy and has no direct impact on health inequalities.

Peter Reith  
Secretariat Manager  
10 January 2011
Summary for Boards of SEAT meeting held on Friday 5th November, 2010

1. Trans-catheter Aortic Valve Implantation (TAVI)
SEAT noted that 3 meetings of the TAVI Sub-group of the National Planning Forum had now taken place. A draft report on findings will be presented to the National Planning Forum in December.

2. Abdominal Aortic Anuerysm (AAA) Screening
SEAT noted the correspondence received from the chair of the AAA Screening Implementation Group and the financial assumptions based by NHS Lanarkshire. SEAT expressed continuing concern that not all costs had been identified and included in the financial modelling. It was agreed that the issue will be discussed again at a forthcoming Board Chief Executives meeting.

3. SEAT Away Day
SEAT received an Action Plan following the recent Away Day event on 12th October, noting the proposed timescales for progressing the 5 themes agreed at the event. The 5 themes include:
   • Rebalancing services, using orthopaedics as a worked example
   • Performance standards, with a view to minimising variation
   • Use of Technology
   • Complex care packages, commencing with the complex care needs of people with learning disabilities
   • Corporate/shared services, identifying further efficiencies across Boards.
SEAT agreed the nominated Leads for each of the work streams and noted the methodology and project management arrangements which will apply.

4. Regional Managed Clinical Network for Neonatal Services
SEAT received an update on progress with establishing the regional Managed Clinical Network (MCN) for Neonatal Services, noting that the recruitment processes for a Clinical Lead and Network Manager were being concluded. A Steering Group will be established to oversee and direct the work of the Network. National work is continuing on the development of standards for neonatal services in Scotland with draft standards being presented to the National Planning Forum in January.
5. National Delivery Plan (NDP) for Specialist Children’s Services
SEAT was advised that Scottish Government Health Directorate (SGHD) had reclaimed £2m from the Year 3 NDP allocations, noting that there was no material effect to Boards as the money had already been retained by SGHD in anticipation of slippage being accrued. SGHD continue to closely monitor recruitment to posts, financial spend and the demonstration of additionality on a quarterly basis through agreed reporting mechanisms. It has been confirmed that Boards may spend any remaining slippage monies on NDP objectives.

6. Managed Service Network for Children’s Cancer Services
SEAT noted the progress being made in establishing the Managed Service Network (MSN) for Children’s Cancer Services through the MSN Implementation Group. It is anticipated that the Network will be in place by April 2011, with a Chair appointed and membership agreed.

7. SEAT Annual Report
SEAT received the final version of the 2009 Annual Report, agreeing the distribution to Boards and other relevant organisations.

8. Royal Hospital for Sick Children, Edinburgh Update
SEAT received an update on progress with the re-provision of the Royal Hospital for Sick Children in Edinburgh (RHSCE), noting that timescales had slipped with an expected completion date now of 2014 or beyond. The Full Business Case is awaited by partner Boards to allow consideration at relevant committees as part of Board’s governance arrangements.

9. Tele-Stroke
SEAT agreed to support a 12 month tele-stroke pilot project in the south and east of Scotland, with the understanding that an evaluation will be undertaken after 6 months. The pilot will be funded by NHS24 in Year 1, with Boards to give consideration to the 6 month evaluation results and costing model to determine whether the initiative will be supported in Year 2 and beyond.

SEAT noted the update on from the recent National Services Advisory Group (NSAG) including the decision to de-designate CATSCAN, the Children’s Cancer MCN, from April 2011 when the Children’s Cancer Managed Service Network is established; de-designation of the MCN for Children with Complex Mental Health Care Needs; approval of a paediatric epilepsy surgical service based in NHS Lothian; and agreement to consider options for providing Proton Therapy in the future.

SEAT discussed a recent approach by an independent sector provider of hyperbaric oxygen therapy to NHS Borders, agreeing that National Services Division (NSD) would issue a guidance note on the use of approved providers in Scotland.

SEAT considered a paper circulated by NSD entitled Geographical Uptake of National Services noting the variations across Scotland, and requested that
Directors of Finance consider the content in greater detail and report back at a future meeting.

11. National Review of Breast Screening Services
SEAT noted the proposal to review Breast Screening services in Scotland, including future configuration of the service and replacement of outdated analogue screening equipment with digital technology. The service currently costs £12m per annum, with 80% of screening delivered from mobile screening units. The review is being commissioned through the National Planning Forum (NPF), with a detailed proposal and Review Group membership expected to be agreed at the next NPF meeting in December.

12. Resource Transfer and Winter Challenges
SEAT discussed the challenges currently facing Boards in discharging patients from hospital who require ongoing social care support. All Boards are currently experiencing delays in discharging patients which is impacting on elective activity. It was noted that the issue has been raised with the Cabinet Secretary for Health and Wellbeing but there are challenges in finding an early solution to the problem.

J McClean
Regional Healthcare Planner
15th November 2010
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Chair’s Foreword

I write this foreword having taken up chairmanship of the South East and Tayside Regional Planning Group in January 2010. Much of the work presented here was done under the chairmanship of John Glennie, former Chief Executive of NHS Borders, who was the previous chair of SEAT and retired in December 2009. I would like to thank John for his stewardship of SEAT during 2009 and his significant contribution to the regional planning agenda over the years.

This Annual Report reflects the many achievements gained through regional collaboration in 2009/10. Some notable examples are highlighted:

• In planning specialist children’s services, a regional approach has been adopted with the appointment of specialist clinical staff who work across the SEAT Board areas, providing care closer to home for children and their families and making the best use of their specialist knowledge and expertise.

• The new regional in-patient unit for adults with learning disabilities requiring low secure care was opened in Dunfermline by the Cabinet Secretary for Health and Wellbeing in early 2010. This is an example of how the SEAT Boards worked together to provide a much needed service which no one Board could have delivered on its own.

• Building on the success of the regional consultant post for eating disorder services, planning is now well underway to establish an in-patient eating disorder unit at St John’s Hospital, Livingston. This regional unit for the South and East of Scotland will reduce the need to use private sector providers for adults with serious eating disorders such as anorexia nervosa.

• The agreement to share staff and equipment in a crisis is reflected through our development of a framework for mutual support in situations such as pandemic flu. This is a testament to the maturity of the working relationships across SEAT Boards.

Over the next year SEAT Regional Planning Group will continue to focus on delivering added value across the South East of Scotland by promoting efficiency and productivity across Health Boards, by sharing best practice and by development of sustainable services for the benefit of the patients and communities we serve.

Professor James Barbour OBE
Chair of SEAT Regional Planning Group
NHS Lothian Chief Executive
Cancer Services (South East Cancer Network)
Improving cancer services remains a priority. During 2009/10 new arrangements were put in place to improve cancer planning, while work has continued to plan implementation of the Chemotherapy Electronic Prescribing and Administration System (CEPAS). A review of surgical gynaecology oncology was complete and a review of non-surgical cancer services was started. Patient and carer engagement continued to be very active with a number of events held throughout the year.

Children and Young People’s Health Services
SEAT Children and Young People’s Health Services Planning Group continued work to implement the national delivery plan for specialist children’s services. This ensures that children across the region have access to a range of specialist services which it would not be feasible for each health board to deliver alone. The SEAT group is using a networked approach and is appointing specialists to work at a regional level. Also in 2009/10, redesign of the most specialist (tier 4 level) Child and Adolescent Mental Health Services began.

Eating Disorder Services
The health boards in SEAT are working together to improve specialist services for people with eating disorders. A business case has been developed for an in-patient eating disorder unit at St John’s Hospital, while care pathways are being developed across the region. A website has been developed for use by patients, carers and health professionals.

Regional Forensic Unit for Adults with Learning Disabilities
A purpose-built regional unit for adults with learning disabilities who need secure care has been developed in Fife. Called Daleview, this was completed in late 2009 and became fully operational in Spring 2010. This provides a level of care not previously available in south east Scotland for this vulnerable group.

Learning Disabilities Managed Care Network
The network has been funded by the Scottish Government to take forward work on models of care for patients with complex care needs. The project involves multi-agency working across health and social care. A range of educational activities and initiatives took place in 2009/10 and continue this year.
Pandemic Influenza Planning
SEAT has developed a Framework for Mutual Aid to support pandemic flu planning across the region. This identifies key areas for collaboration and a set of guiding principles should any health board need additional support of assistance during a pandemic.

Workforce Planning
Workforce planning remains a priority for the SEAT health boards and we are working together to respond to the challenges in a collaborative way. Work in 2009/10 focused on three main areas: medical workforce planning and the challenges of responding to changes in training and European Working Time regulations; collaborative education and development working with key stakeholders in the region and making a contribution to national workforce planning including the National Nursing and Midwifery Workload and Workforce Planning Programme and Allied Health Professional Workload and Workforce Planning Programme.

Perinatal Mental Health Unit
This unit, based at St John’s Hospital, for new mothers with severe mental health problems, was evaluated in 2009/10 and achieved positive feedback from patients, families and peer reviewers. Local areas are now supported by perinatal mental health workers, who provide a valuable point of contact for the unit.

Cardiac Services
The Regional Cardiac Planning Group has continued work to ensure that patients across the region get access to the best and most modern treatments. Throughout 2009/10 the group continued to develop the business case for optimal reperfusion therapy services (different ways of restoring blood supply, for example by opening blocked arteries) and to consider electrophysiology services (looking at the electrical activity of the heart to detect and deal with problems) in the region.

Scottish Pathology Network
A review of cervical cytology laboratory services has been undertaken and will report in 2010. This included evaluation of imaging technology. The network has been heavily involved in the development of a strategy for molecular pathology services and a report has been submitted to Scottish Government for consideration.
SEAT, the South East and Tayside Regional Planning Group, is a way of bringing together the NHS boards in the region to plan services which span more than one health board area. SEAT partners are NHS Borders, Fife, Forth Valley, Lothian and Tayside. Sometimes regional planning includes collaboration with other boards too. For example, NHS Dumfries and Galloway participates in regional planning of cancer services with SEAT boards.

This is the fourth SEAT annual report and spans the period April 2009 to March 2010. It details the priorities agreed in SEAT and the achievements made in improving patient care in that time and takes a look at priorities for the years ahead.

During 2009 SEAT undertook a review of regional planning. Recommendations from the review have been accepted and will be implemented during 2010. They include:

- a more focused work plan that shows the added benefit for patients and sustainability of services by cross board collaboration (see section 7 for details);
- development of criteria against which potential workstreams will be assessed to ensure there is added value in a regional approach;
- better integration of workforce and service planning through a Director of Regional Planning with joint responsibility for service and workforce planning.
SEAT focuses on the planning and delivery of services for populations which span more than one NHS Board area. This might be through shared provision of services, deployment of professional staff beyond their NHS Board of employment or a financial risk share arrangement.

SEAT agrees to commission work where it considers that there will be benefits to patients in working together in the areas of:

- Access to healthcare
- Quality of healthcare
- Investment in healthcare
- Efficiency in healthcare

The following sections detail some of the achievements made in 2009/10.

### 4.1 Cancer Services - SCAN (South East Scotland Cancer Network)

SCAN is the regional network for cancer services in the south east of Scotland, with involvement from NHS Borders, Fife, Lothian and Dumfries and Galloway. During 2009, SEAT approved revised arrangements for the planning of cancer services designed to improve decision making and better inform the planning of cancer services.

As part of ongoing improvements to patient care, SCAN is implementing a Chemotherapy Electronic Prescribing and Administration System (CEPAS) which can offer improved patient safety and support sustaining care closer to home. It will also allow staff to manage increasing numbers of patients efficiently and effectively. By the end of 2010, both the Edinburgh Cancer Centre and St John’s Hospital will have implemented the system with full regional implementation scheduled for autumn 2011.

During 2009, SCAN began several service reviews. These include non-surgical cancer...
services and specialist surgical services for gynaecological cancer. The aim of the reviews was to identify areas for improvement and efficiency. It has been agreed that there will be a redesign of non-surgical cancer services over the forthcoming year supported by a modernisation manager. It has also been agreed that surgical gynaecological services will be augmented with additional resources from within boards.

Improving access to high-quality patient information has been integral to SCAN’s work since the network’s inception. The Roadmap to Recovery project aims to use the new clinical record system, which is being piloted in the region’s breast cancer services, to assist staff in delivering the right information to patients at the right time. After a year of development work, the Roadmap to Recovery project started in the Edinburgh Breast Unit in August 2009. The system will be implemented in Borders and Dumfries & Galloway in 2010, with NHS Fife keen to embed the Roadmap within its intranet site. The Breast Roadmap will be evaluated by the University of Stirling’s Cancer Care Research Centre.

SCAN continues to engage patients and carers in the planning and delivery of cancer services. Patients and health professionals have collaborated to develop terms of reference for patient involvement and review of patient literature.

Macmillan Cancer Support is currently working with SCAN through funding a two-year project to pilot a model of decision-support for newly-diagnosed patients. Patients in the intervention group are accompanied to their clinic appointment by a decision navigator who writes a concise summary of the consultation which is given to the patient, the hospital consultant and the patient’s GP. The patient also receives a CD recording of the consultation, to supplement the written summary. The project is supported for two years and will report its findings in October 2010.

The Cancer Information Network website continues to evolve and develop and receives over 100,000 hits per month on average. The pages on specific types of cancer and practical support are particularly popular.

SCAN is actively involved in the Scottish Cancer Taskforce (SCT) and its sub-groups. SCAN’s Network Manager and Clinical Lead are members of the SCT and the National Cancer Quality Steering Group.

Further information on SCAN project work can be found at www.scan.scot.nhs.uk.
4.2 Cardiac Services

A refreshed cardiac plan was approved by SEAT in June 2009 and throughout the year the Regional Cardiac Planning Group (RCPG) and its sub groups continued to make progress on the areas of work previously agreed. In addition, the following developments further influenced the direction of travel within the cardiac work plan:

- Better Heart Disease and Stroke Care Action Plan (2009)
- NHS Quality Improvement Scotland Standards for Cardiac Services (2009)
- the milestones and developments within the 18 weeks Referral To Treatment (RTT) programme

The main areas of attention during the year include Optimal Reperfusion Therapy (ORT) services and Transcatheter Aortic Valve Implantation (TAVI).

With ORT, a regional business case is being concluded which will see this treatment available to patients within the south and east of Scotland in line with SIGN Guideline 93 (Scottish Intercollegiate Guideline Network) and the Better Heart Disease and Stroke Care Action Plan.

TAVI is an emerging technology which may be an alternative treatment option for some patients for whom conventional surgery is not appropriate. SEAT have requested that a national discussion is brokered on the potential of TAVI, and this will now be taken forward through the National Planning Forum, with the leads from the SEAT Cardiac Planning Group playing a key role in these discussions.

The Protocols and Pathways Group has produced a number of documents including referral guidelines and clinical pathways for patients being admitted into the tertiary centre for cardiac surgery or cardiac interventions. These will be subject of wider consultation in 2010 before launch in the same year.

The non-invasive cardiac imaging techniques, Cardiac CT Angiography and MRI Angiography are emerging as new technologies in the treatment of cardiac conditions. The Cardiac Planning Group will give early consideration to these as part of an overall imaging strategy within the region.
4.3 Children and Young People’s Health Services

The main focus of activity for the SEAT Children and Young People’s Health Services Planning Group has been the planning of specialist children’s services. This includes development of a regional Implementation Plan for 2010/11 to take forward the National Delivery Plan for Specialist Children’s Services. The 2010/11 Implementation Plan builds on investments made in the two previous years and seeks to ensure sustainable and equitable specialist services for children in the south east of Scotland. This will be achieved through a networked approach and regional appointments.

Investments in services in 2009 included:

- Children’s Cancer
- Gastroenterology
- Cystic Fibrosis
- Psychology
- Lead Clinician and Network Manager for Regional Managed Clinical Network for Child Sexual Abuse
- Supporting specialist children’s services in District General Hospitals

SEAT isn’t about centralising services – where possible, it encourages treating people as close to home as appropriate. For example, 2009, saw the start of repatriation of non-complex paediatric day surgery from the Royal Hospital for Sick Children, Edinburgh, to NHS Borders and NHS Fife. Funded through the National Delivery Plan, investment in additional medical and nursing staff, has meant more children receive treatment closer to home and frees up valuable resources at the specialist children’s hospital.

A Managed Clinical Network for Child Sexual Abuse has been established in the region with both Lead Clinician and Network Manager appointed. The focus of work will be on ensuring a sustainable and equitable service throughout the region.

4.4 Child and Adolescent Mental Health Services

Regional work on Child and Adolescent Mental Health Services (CAMHS) has focused on developing a shared vision and strategy for specialist Tier 4 CAMHS services, driven by an intensive community treatment model of care. This is in line with priorities for CAMHS as set out
in Better Health, Better Care Action Plan. The model of care has been developed as an alternative to investing in additional beds in the regional Tier 4 adolescent inpatient unit in Edinburgh.

The model of care aims to:

- meet the needs of young people with severe mental health problems more effectively through intensive community treatment and support;
- support the inpatient unit as a part of the pathway through treatment to recovery for a minority of seriously ill patients;
- reduce the length of stay of potentially longer-stay inpatients and increase the number of admissions and discharges through the existing 12 inpatient beds;
- reduce the number of young people under 18 with mental health disorders being admitted to adult psychiatric beds and other inappropriate inpatient accommodation;
- increase access to the inpatient unit for CAMHS in Fife and Borders;
- support the additional needs arising from the increase in the upper age limit for CAMHS from 16 to 18 years.

Scottish Government recurrent funding, which has been matched by the SEAT boards of NHS Borders, Fife and Lothian, has supported recruitment of specialist CAMHS clinicians including psychiatrists, clinical psychologists, child psychotherapists, community psychiatric nurses, occupational therapists and dieticians across the region. The emerging model of care is the product of joint work between CAMHS clinicians, managers and planners from Borders, Fife and Lothian to develop a coherent approach to young people with serious mental health problems, tailored to the differing circumstances and needs of the three areas.

Alongside this, redesign work has been ongoing in the inpatient unit, which has seen a reduction in average lengths of stay from 119 days in 2007 to 67 days in 2009. A regional project manager has been in post since September and is working across the Tier 4 services to support this collaborative approach to redesigning CAMHS. In addition, work is underway to support a network of CAMHS clinicians and managers in the region.
Mental Health Services

4.5 Services for People with Eating Disorders

NHS Borders, Fife, Forth Valley and Lothian have worked collaboratively to develop an integrated model of care for patients with eating disorders. This includes enhanced community services with the development of intensive treatment teams in Lothian and Fife to support patients and families close to their own homes.

There is clear recognition that people who require admission to a specialist unit for these disorders will be both seriously and mentally unwell. Hence the agreement to develop a new unit providing NHS specialist inpatient beds within St John’s Hospital in Livingston is extremely welcome. It will allow close proximity for psychiatric and acute medical care and transferability of clinical skills across these settings. An additional benefit is the anticipated increase in quality of care for patients as well as providing a more cost-effective alternative to the current inpatient care provision provided by the private sector.

The new unit will be a 12-bedded facility for males and females over 18, with 16 to 18 year olds being assessed on a case by case basis. The ethos of the unit is to provide a therapeutic, safe and creative environment within which the person with eating disorders can work alongside the multi-professional team to allow medical and psychiatric stabilisation, weight stabilisation or partial restoration, working on practical and emotional and inter-personal skills to aid progress towards recovery.

A recent development within SEAT, in recognition of the need for more public information for patients and carers of people with eating disorders, is the introduction of a new website www.ednses.com. It also provides a forum for professional discussion and dissemination of guidelines for staff involved in caring for these patients.

A working party has been set up between NHS Forth Valley and NHS Lothian to review and update the existing Care Pathway for Anorexia Nervosa and to develop a consistent Care Pathway for Eating Disorders across the region which will support delivery of high quality, equitable services.

The post of regional consultant psychiatrist continues to be funded by SEAT and provides a role in supporting people with complex care needs and updating the region on new research, development and guidelines.

All staff are supported through the South East Scotland Eating Disorders Clinical Network which continues to meet bi-monthly, providing education, supervision and support for cross cover working across the four NHS Boards.
During 2009, the network delivered training on eating disorders to staff working in general hospital settings to raise awareness of care needs and ensure specialist intervention if required. The network also received training on psychotherapy methods and SEDIG (Certificate in Eating Disorders).

4.6 Perinatal Mental Health In-patient Unit

The Perinatal Mental Health Mother and Baby Unit based at St John’s Hospital in Livingston, opened in February 2007. It gives women living in NHS Borders, Fife, Lothian, Tayside and Highland access to specialist in-patient care for mental health issues following childbirth, such as severe post-natal depression and post partum psychosis. The service was set up to enable women to keep their babies with them in a safe and supportive environment while they undergo treatment.

During 2009 two separate evaluations of the unit were carried out by different organisations, with a focus on the quality of care and on mothers’ experiences of using the mother and baby unit:

- The Scottish Development Centre for Mental Health assessed the extent to which the Perinatal Mental Health Service’s Mother and Baby Unit is meeting its objectives from the perspectives of service users and their significant others.

- The national Quality Network for Perinatal Mental Health Services peer reviews Perinatal Units across the UK, applying a clinical audit methodology against agreed standards of care.

Both evaluations provided very positive feedback with demonstrable progress and improvements recognised since the unit opened. Women and their families who have used the unit, reported favourably on the experience of being admitted to, and cared for at the unit.

Staff from the Perinatal Mental Health Unit meet regularly with Perinatal Mental Health Link Workers from partner boards to improve communication and support good practice. A formal event was held at St John’s Hospital in March 2010 with the aim of developing greater awareness of women at risk of developing mental illness or those who are suffering a mental illness in the perinatal period. The service expects these link workers to cascade this information to local colleagues and become a point of contact in their area for both staff and the Perinatal Mental Health Unit.
Forensic Services

4.7 Regional Forensic Unit for Adults with Learning Disabilities

A new state of the art regional unit for adults with learning disabilities became operational in February 2010. Situated on the Lynebank Hospital site in Dunfermline, the unit, now named “Daleview”, provides a level of secure care not previously available in the south and east of Scotland.

The unit will care for up to 10 male patients from across four health board areas of NHS Fife, Lothian, Borders and Forth Valley, who have been assessed by healthcare staff as requiring high quality specialist forensic learning disability care within a setting that affords an appropriate level of security.

As the number of patients who require this type of specialist care is small, this is an example of where regional planning demonstrates clear economic and clinical benefit as it would not have been practicable for boards to establish individual units.

The unit is managed by Dunfermline and West Fife Community Health Partnership on behalf of the Regional Learning Disabilities Managed Care Network.

4.8 SEAT Small Forensic Team

The SEAT Forensic Small Team was established in December 2006 to support the work of the ministerial Forensic Way Forward Group and to facilitate regional service development and delivery of forensic mental health services where appropriate.

During the calendar year 2009, the team worked co-operatively with the other two Forensic Regional Planning Groups in the North and West of Scotland.

The team has taken forward work both regionally and nationally in developing a regional system to manage and monitor the flow of patients from the State Hospital to less secure forensic settings. The SEAT Small Forensic Team has a robust process in place and the regional forensic leads across Scotland meet on a quarterly basis to ensure that the flow of patient through forensic settings is equitable across Scotland. This process enabled the ministerial Forensic Way Forward Group to be disbanded.
The team has worked collaboratively with regional leads across Scotland to develop a national approach to the provision of medium secure learning disability services. A national approach has been agreed and will be taken forward in 2010 with discussion on the establishment of a national unit.

The Small Forensic Team has led on work to develop a more formalised regional in-patient unit at the Orchard Clinic in Edinburgh where currently patients are referred to on an ad hoc basis. This work will now be taken forward through the directors of finance.

Both NHS Lothian and NHS Fife are considering options for the development of a low secure service. NHS Forth Valley currently has a service and will use its experience in developing any local processes.

### 4.9 Learning Disabilities Managed Care Network

During 2009 the Managed Care Network for Learning Disabilities developed a number of training and education initiatives including:

- Development of a training package for use by all disciplines that is being used in each health board area to support the use of the MCN guidelines Making Information Easier to Understand.

- Development of resources for the new Learning Disability Managed Care Network website which includes training materials for primary care. Links and other information are posted on the site to support all services seeking to improve their work with those who have a learning disability ([http://www.nhsforthvalley.com/LDMCN/LDMCN_homehtml](http://www.nhsforthvalley.com/LDMCN/LDMCN_homehtml))

- Hosting a seminar to present and share good practice in the involvement of users in the planning and delivery of services. The information and material presented by staff and users is being used to produce a publication in 2010 that will enable the sharing of this good practice more widely.

The network developed an outline plan for a two-year project (2010 / 2012) to develop models of care for people with a learning disability who have complex care needs. Based on work already in progress in many local partnerships, the project aims to bring together work on needs assessment, development of a spectrum of care and identification of workforce issues including staff skill sets, and education and training. Funded by the Scottish Government, the project will provide a basis for long term service planning. It will involve partnership working with the Scottish Government Joint Improvement Team and Co-
morbidity Group and NHS Education Scotland, as well as the four SEAT NHS Boards and nine councils involved in the MCN.

The network has been involved in active discussion with partners on the most appropriate way to approach the development of accommodation for women offenders who have a learning disability. This will result in recommendations to SEAT in 2010.

The MCN provided a lead role in developing the Care Pathway for ‘Daleview’, the low secure forensic unit for adults with learning disabilities based in NHS Fife, which involved discussions with all the boards and councils in the catchment area.

4.10 Pandemic Influenza Planning

As part of pandemic influenza preparations NHS Boards are required to have robust individual plans in place to manage activity and the impact of a pandemic. In 2009, after extensive efforts to develop local Plans, SEAT Boards agreed to further develop planning arrangements through a regional Framework of Mutual Aid. This identified potential areas for co-operation during a pandemic, such as sharing of workforce, transfer of equipment and support with key services. The framework assumes that each of the boards will have in place the necessary arrangements for meeting the demands of a pandemic, but sets out a range of guiding principles in the event that additional support is required. The Framework for Mutual Aid was developed and agreed by all SEAT constituent Boards and adopted as a basis for ensuring equitable healthcare provision during a pandemic.

4.11 Scottish Pathology Network

During 2009 SPAN, the national pathology network hosted by SEAT, has worked to ensure appropriate delivery and sharing of information to inform improved patient care.

The network has instigated a review of Cervical Cytology Laboratory Services. This links directly with Better Health, Better Care in reviewing the provision of laboratory services. It looks at novel ways of delivery, the potential of new technology and collaborative working across boards to benefit patients and achieve value for money.

The drivers for change are the impact of the Human Papilloma Virus vaccination programme, fears that fewer women are coming forward for screening and the effects of new imaging technology.
The outcome and recommendations will be available in 2010 after the completion of the options appraisal but are likely to recommend network models of laboratory delivery across a number of boards and the adoption of image-directed screening where it can prove cost effective. It is highly likely that the recommendations will provide cost benefits and improved quality of service to women within the screening programme which would have been difficult for boards, in particular the smaller boards, to achieve individually.

SPAN has been integrally involved in the development of the strategy for molecular pathology in Scotland. The Molecular Pathology Review Group has recently submitted a consensus report involving representation from NHS Boards delivering molecular services, Government Health Directorate, NSD, academia, haematology, pathology and genetics. The main recommendations are:

- Molecular pathology should be organised and commissioned as a National Service, forming a molecular pathology consortium model similar to the Scottish Genetics Laboratory Consortium.
- A formally constituted national management structure to include both users and providers of the Service should be established as a priority.

The view of the group was that this would bring more coordinated national strategic planning, reduced risk, prioritisation and standardisation of testing to provide high quality services with equity of access for all patients in Scotland.

In addition, SPAN has been involved in:

- Support of coordinated clinical responses to developing scenarios in gastrointestinal, respiratory and sarcoma pathology
- Benchmarking and statistical analysis.
- Coordinated development of new imaging technologies including (in conjunction with SANON) remote brain tumour diagnosis between NHS Lothian and NHS Tayside

### 4.12 Regional Workforce Planning

SEAT continues to support the workforce planning and development agenda across the region. This includes providing workforce planning support and expertise to SEAT service planning activity and providing leadership and a focus for nationally-driven workforce planning projects. Examples of both are found below.
Medical Workforce Planning

A major focus for 2009 was the ongoing implementation of Modernising Medical Careers – the new way of training junior doctors – which has now been subsumed within the wider Reshaping the Medical Workforce Programme. At the same time, SEAT ensured that health boards were supported in meeting European Working Time Regulations (EWTR), which came into force on 1st August 2009. SEAT facilitated and supported collaborative working across all the boards, the Deanery and the SGHD. Although there have been difficult issues to resolve, key stakeholders across the region have worked together in ensuring that services across the regional are sustainable and that EWTR requirements are met.

Work within paediatrics across the region, under the auspices of the SEAT Children’s and Young People Services Planning Group, has been a good example of where a collaborative approach to workforce issues has sustained services for patients across the region.

Towards the end of 2009, SEAT agreed to formalise new regional arrangements for the Reshaping the Medical Workforce Programme. The SEAT Regional Medical Workforce Group, chaired by an Associate Medical Director from NHS Lothian has been established and this group, via a number of Short Life Working Groups, will ensure there is a collaborative approach to implementing the changes within the medical and wider workforce.

Collaborative Education and Development

Boards and other key stakeholders across the region, such as NHS Education Scotland and Scottish Funding Council, continue to meet to identify and work together on a range of education and development issues within the SEAT Workforce Education and Development Advisory Group. The issues addressed by this group include:

- Collaborative approaches to the development and implementation of ongoing workforce development activities such as the Healthcare Support Worker Programmes
- Leading the SEAT Strategic Education Forum which brings together NHS, further and higher education and social care partners to identify and explore common agendas and how these can be taken forward. The forum hosts regular development workshops for stakeholders across the region.
- Supporting regional research programmes including the: SEAT Educational Solutions for Long Term Conditions and the SEAT Age as an Asset projects. Both these projects, which conclude in early 2010, gained national recognition for the work they have achieved and the contribution they have made to developments in these areas, as well as supporting SEAT boards in the development of planning and service delivery. Findings from both projects have been presented at regional events.
Contribution to National Workforce Planning

SEAT continues to represent regional interests across a range of national workforce planning initiatives and makes a major contribution to a number of key NHS Scotland developments, including:

- SEAT and board workforce planners have led the national SGHD-funded Developing Workforce Planning Capability Project. This has included the provision of development workshops, supporting guidance materials and the development of a dedicated website for the workforce planning community. SEAT Boards have been well represented throughout the programme and the materials and resources have been rolled out within all SEAT Boards over 2009/2010.

- SEAT and board colleagues have continued to drive the national Nursing and Midwifery Workload and Workforce Planning Programme which has been key in supporting boards to driving down nurse agency costs and also develop and implement a range of nationally-recognised nursing workload tools. The project has helped SEAT boards reduce agency costs and improve nursing workload and workforce planning and thus led to greater workforce efficiency and effectiveness.

- SEAT and board colleagues have been instrumental in the successful Allied Health Professionals (AHP) Workload and Workforce Planning Programme which provided boards with a number of AHP workforce planning resources. Following a successful national training programme for lead AHPs the SEAT boards are currently rolling out the training and the workforce planning resources to all AHPs. As well as improving workforce efficiency and effectiveness this process will also provide a clear framework for skill mix reviews.
5.1 Involving Patients and the Public in Regional Planning

SEAT continues to use NHS boards’ Patient Focus, Public Involvement arrangements to support regional activities. SEAT will update its Framework for Informing, Engaging and Consulting with patients and the public in regional planning following new guidance on developing health and community care services from the Scottish Government in the spring of 2010.

5.2 SEAT Patient Focus, Public Involvement Group (PFPI)

The SEAT Patient Focus, Public Involvement (PFPI) Group continues to meet every three months and provides a forum for discussing and addressing engagement issues. The group includes each board’s PFPI Lead, the Scottish Health Council and SEAT team members. The group uses its expertise to inform engagement and informing issues and during 2009 reviewed a number of workstreams in relation to engagement and communication. These included South East Cancer Network, Regional Cardiac Planning and Learning Disabilities MCN.

5.3 Accountability

SEAT is accountable to its boards for its work through the Framework of Governance. This is supported through a number of publications, including a work plan, annual report, six-month work plan progress report, and framework for priorities and decision making.

SEAT’s planning and prioritisation cycle is aligned with other board and regional planning activities to achieve a more integrated approach to service, workforce and financial planning. The work plan is linked to the SEAT Framework for Priorities and Decision Making, which is a summary of the areas of SEAT work, progress achieved and financial commitments or decisions made. This document is updated twice jointly by the SEAT Directors of Finance and Directors of Planning.

SEAT uses a standard methodology for its work ensuring that appropriate areas are considered, e.g. equality and diversity, health inequalities, financial and workforce aspects and risk management.
## Summary of Collaborative Funding 2009/10

<table>
<thead>
<tr>
<th>Service</th>
<th>Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>CEPAS</td>
<td>£250,000 from SCAN</td>
</tr>
<tr>
<td></td>
<td>£368,291 from Boards over 2 years</td>
</tr>
<tr>
<td>Oncology Review</td>
<td>£52,500</td>
</tr>
<tr>
<td>Radiotherapy and Physics</td>
<td>£887,664</td>
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<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>ORT service</td>
<td>£1,388,303 (in addition to existing</td>
</tr>
<tr>
<td></td>
<td>consortium arrangements)</td>
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<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders In-patient Unit</td>
<td>£918,5000</td>
</tr>
</tbody>
</table>

### SGHD funding for regional initiatives

<table>
<thead>
<tr>
<th>Service</th>
<th>Recurring funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Children’s Services</td>
<td>£2,091,457 plus £277k national top slice for children’s cancer services</td>
</tr>
<tr>
<td>CAMHs Tier 4 Redesign</td>
<td>£459,944</td>
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</tbody>
</table>
Following a review of regional planning in SEAT during 2009, SEAT Regional Planning Group has agreed to streamline its work plan and focus on essential priorities for the forthcoming year, recognising the financial and workforce challenges that the NHS in Scotland will face over the next few years.

The work plan for 2010/11 comprises three elements:

- SEAT-initiated priorities – these are the essential priorities that SEAT has agreed will be taken forward in the next year.

- Regional Liaison Activities – these areas may require regional collaboration or contribution across the region to ensure their delivery.

- Horizon Scanning – these are potential areas for SEAT to consider over the next year, acknowledging, however that there is no commitment to take them forward.

**SEAT-Initiated Priorities include:**

- Cancer Services
- Cardiac Services
- Children and Young Peoples Services
- Mental Health Services
- Neonatal Services
- Workforce Planning

**Regional Liaison Activities include:**

- Reprovision of Royal Hospital for Sick Children, Edinburgh
- Reprovision of Clinical Neurosciences, Edinburgh
- Reprovision of Edinburgh Cancer Centre
Horizon Scanning includes:

- Transcatheter Aortic Valve Implantation
- Adult Congenital Cardiac and Inherited Cardiac Condition services
- Hyper acute stroke thrombolysis
- Chemo Planning Online Resource Tool
- Medium Secure Services for Men with Learning Disabilities
- Interventional Neuroradiology
- Renal Transplant Co-ordination
- Patient Safety in relation to chemotherapy treatment
- Cardiac Electrophysiology
LOTHIAN NHS BOARD

Board Meeting
26 January 2011

Chief Executive

COMMUNICATIONS RECEIVED

1 Purpose of the Report

1.1 The purpose of this report is to ask the Board to note the list of communications below received from the Scottish Executive:

<table>
<thead>
<tr>
<th>No</th>
<th>Code</th>
<th>Description</th>
<th>Date</th>
<th>From</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PCA(AFC)(2010)004</td>
<td>Changes to the agenda for change terms and conditions handbook.</td>
<td>09/11/10</td>
<td>DHR &amp; OD,</td>
</tr>
<tr>
<td>2</td>
<td>PCA(P)(2010)027</td>
<td>Community pharmacy services: Drug tariff part 7 reimbursement amendment to Pt 7 discount clawback rate.</td>
<td>10/11/10</td>
<td>GMPCC</td>
</tr>
<tr>
<td>3</td>
<td>CEL(2010)039</td>
<td>Health services for armed forces serving personnel, their families and veterans – role of the Health board armed forces champion.</td>
<td>10/11/10</td>
<td>MD</td>
</tr>
<tr>
<td>4</td>
<td>PCA(M)(2010)020</td>
<td>Primary Medical Services: Directed enhanced services (Scotland) 2010.</td>
<td>12/11/10</td>
<td>GMPCC</td>
</tr>
<tr>
<td>5</td>
<td>SGHD(CMO)(2010)023</td>
<td>Antimicrobial Resistance: Prescribing guidance and full implementation of microbiological surveillance.</td>
<td>19/11/10</td>
<td>COO, GMPCC, MD</td>
</tr>
<tr>
<td>6</td>
<td>SGHD(CMO)(2010)024</td>
<td>Antimicrobial Resistance</td>
<td>19/11/10</td>
<td>MD, COO, GMPCC</td>
</tr>
<tr>
<td>7</td>
<td>SGHD(CMO)(2010)025</td>
<td>Scottish Good Practice Statement on ME-CFS</td>
<td>19/11/10</td>
<td>MD, GMPCC</td>
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<tr>
<td>8</td>
<td>SGHD(CMO)(2010)026</td>
<td>Management of patients presenting with flu or flu-like illness during the 2010-11 flu season.</td>
<td>19/11/10</td>
<td>DPHHP, GMPCC</td>
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<tr>
<td>9</td>
<td>PCA(D)(2010)008</td>
<td>General Dental Services</td>
<td>24/11/10</td>
<td>DOF, GMPCC</td>
</tr>
<tr>
<td>10</td>
<td>SGHD(CMO)(2010)027</td>
<td>Vaccination schedule for children aged 12 and 13 months (MMR, PCV 13 and HIB/MENC)</td>
<td>14/12/10</td>
<td>DPHHP, GMPCC</td>
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<tr>
<td></td>
<td>Document ID</td>
<td>Title</td>
<td>Date</td>
<td>Author(s)</td>
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<td>11</td>
<td>CEL(2010)041</td>
<td>Management of people in the community who are drunk and incapable: A national memorandum of understanding between the Scottish ambulance service and association of Chief Police officers in Scotland</td>
<td>14/12/10</td>
<td>DSP</td>
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<tr>
<td>12</td>
<td>PCA(O)(2010)004</td>
<td>General ophthalmic services: Your guide to free NHS Eye examinations in Scotland</td>
<td>08/12/10</td>
<td>GMPCC</td>
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<tr>
<td>13</td>
<td>PCS(DD)(2010)008</td>
<td>Relocation and excess travel expenses: Doctors in the training grades.</td>
<td>08/12/10</td>
<td>DOF, GMPCC</td>
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<tr>
<td>14</td>
<td>SGHD(CMO)(2010)028</td>
<td>Guidance for healthcare staff and police officers to address Crown Office requirements (regarding body parts and other possessions of live people) in the event of mass casualty/fatality</td>
<td>15/12/10</td>
<td>DOF, COO, REAS</td>
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<tr>
<td>15</td>
<td>SGHD(CMO)(2010)029</td>
<td>Seasonal influenza: Maximising vaccine uptake and recommendations on antiviral prescribing</td>
<td>15/12/10</td>
<td>DPHHP, GMPCC</td>
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<tr>
<td>16</td>
<td>PCA(M)2010)022</td>
<td>List of drugs subject to prescribing controls</td>
<td>24/12/10</td>
<td>GMPCC</td>
</tr>
<tr>
<td>17</td>
<td>CEL(2010)042</td>
<td>National uniform policy, dress code, and laundering policy</td>
<td>24/12/10</td>
<td>COO, REAS</td>
</tr>
<tr>
<td>18</td>
<td>Winter Planning 2011/11</td>
<td>Winter planning 2010/11 – exception reporting procedures over the festive holidays (25-28 Dec 2010 and 01-04 January 2011)</td>
<td>24/12/10</td>
<td>COO, DSP</td>
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<tr>
<td></td>
<td></td>
<td>Confirmation of daily reporting procedures over the festive holidays (25-28 Dec and 01-04 Jan 2011)</td>
<td></td>
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<tr>
<td>19</td>
<td>SGHD(CMO)(2010)031</td>
<td>Seasonal influenza: Antiviral prescribing</td>
<td>24/12/10</td>
<td>DPHHP, DOP, GMPCC</td>
</tr>
<tr>
<td>20</td>
<td>CEL(2010)043</td>
<td>Seasonal influenza: Vaccination and preparedness</td>
<td>24/12/10</td>
<td>DPHHP, GMPCC</td>
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<tr>
<td>21</td>
<td>SGHD(CMO)(2010)030</td>
<td>Publication of NHSScotland –children &amp; young person resuscitation policy</td>
<td>24/12/10</td>
<td>MD, COO</td>
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<tr>
<td>22</td>
<td>PCA(M)(2010)021</td>
<td>Health board primary medical services contracts (Scotland) directions 2010(the HBPMS directions)</td>
<td>24/12/10</td>
<td>GMPCC</td>
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<tr>
<td>23</td>
<td>SGHD(CMO)(2010)032</td>
<td>Seasonal Influenza vaccine for pregnant women</td>
<td>06/01/11</td>
<td>DPHHP, GMPCC</td>
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<tr>
<td>24</td>
<td>PCA(P)(2011)001</td>
<td>Influenza immunisation 2011-12: Vaccine supply arrangements.</td>
<td>06/01/11</td>
<td>DPHHP, GMPCC</td>
</tr>
<tr>
<td>25</td>
<td>PCA(M)(2010)022</td>
<td>List of drugs subject to prescribing oseltamivir (Tamiflu) and Aanamivir (Relenza)</td>
<td>13/01/11</td>
<td>GMPCC</td>
</tr>
</tbody>
</table>
Douglas Weir
Corporate Services Manager
17 January 2011

AFC  Agenda for Change
CEL  Chief Executive Letter (the designation for general circulars)
CMO  Chief Medical Officer
SAN  Safety Action Notice (a standard priority notice where action can be planned rather than immediate)
HAZ  Hazard Notice (a high priority notice where immediate action is required)
MDA  Medical Devices Agency
PCA  Primary Care Administration (circulars relating to Primary Care staff i.e. P - Pharmacy, D - Dentistry)
PCS  Pay & Conditions of Service (circulars relating to the pay and conditions of service of staff)
SHS  Scottish Health Service
SPPA  Scottish Public Pensions Agency
SSI  Scottish Statutory Instrument