



Excellence in partnership

**NHS Lothian annual report
and financial information 2007 - 2008**

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Introduction

Welcome to the NHS Lothian Annual Report 2007-08, which highlights our ongoing efforts to develop and provide high quality health care services when and where patients need them. A report of this nature cannot describe the endeavours and achievements of our entire workforce. Any omissions should not be read as a failure to acknowledge or to appreciate the efforts of our staff across all NHS Lothian sites, departments and disciplines to provide the best care possible for patients.

Chair's report

Wherever you look in NHS Lothian you will see staff whose ambition is to provide the very best for patients. I am constantly impressed by the number of people who feel that good service is not enough; their aim is excellence and this is true in every area of our large organisation.

As we looked ahead to the 60th birthday of the NHS what struck most people in the health service was not its age but its vigour. This is a service that is always renewing itself, always moving forward and that is always energised by the passion of its staff.

Rather than solely concentrating on delivering for the population of Lothian they recognise that better healthcare demands partnerships that stretch throughout Scotland, across the UK and round the world. The new video-conferencing link-up allowing childhood cancer experts from the Royal Hospital for Sick Children to swap ideas with colleagues doing remarkable work in Russia is a good example.

Last year saw NHS Lothian and its staff continue to strengthen our links with Zambia and Malawi where healthcare workers take on overwhelming challenges from disease and poverty with often meagre resources. As any reader of our staff newspaper *Connections* will know, there is a steady stream of NHS Lothian staff who give up holidays, or take career breaks, to use their skills in the developing world.

These are not the sort of people who take easy options. Very often our staff are at the forefront of dealing with some of society's most difficult issues. In 2007 - 2008 they, along with local authority colleagues, continued to ensure that the protection of vulnerable children remained a top priority. Some were helping patients escape drug and alcohol addictions, others were confronting problems like the growth in sexually transmitted infections and the consequences of teenage pregnancies. And increasingly the care we provide is in partnership with patients, carers and other stakeholders.

More and more the emphasis is also on our services being available in the community or at home. It is an enormous change in culture and approach from the days when patients had to come to us and might be waiting years for an appointment.

The evidence from last year once again showed that it is paying off, with services that are not just faster but personalised. Where people do need to come to hospital they also find it is quicker and they have more choices than in the past.

We are already starting to forget that in the 1990s a pensioner might wait two years for a hip replacement that is now available within weeks. Similar transformations have taken place across the board. The change is partly the result of far greater investment by government. But the bottom line is that the extra money empowered staff to do what they had wanted to all along – offer patients excellence as standard.

I thank all staff, in all areas of the organisation, for their contribution and commitment to improve health services for the benefit of patients.

Dr Charles Winstanley, Chair, Lothian NHS Board



Chief Executive's overview

The achievements of the past year have shown that partnership is the pathway to excellence. By working closely with the public, government, voluntary organisations, local authorities and other health service bodies we have continued improving an already world-class service. We have also done more than ever to make use of the knowledge and ideas of our 28,000 staff in providing quicker, more responsive healthcare.

Some partnerships have brought spectacular successes, like the collaboration between surgeons at the Royal Infirmary of Edinburgh and Addenbrooke's Hospital, in Cambridge, to carry out the UK's first paired kidney transplant. Much has been far less visible, but no less important. There was the continued drive by us and the four local authorities to reduce the number of patients having to remain in hospital longer than necessary because they have nowhere else suitable to go. Then there were the consultations, including with young people and military veterans, on how to develop services tailored to their needs. And we have seen the strengthening of Community Health Partnerships and Public Partnership Forums, which give local people an ever-greater say in how services are delivered.

At the same time our staff have done a magnificent job in further pushing down inpatient, outpatient and A&E waiting times. Patient waiting times are at their lowest ever level but we are treating more patients and providing ever-higher standards of care. Indeed, where government has set us targets our ambition has been to stretch them, to go that bit further and reach them that much sooner.

This all has to be done within finite resources, making the very best use of every penny of public money. I am pleased to say that in 2007-2008, we maintained our record of delivering more while balancing the books. Impressively, through the concerted efforts of staff, we achieved efficiency savings of £24.2 million during the year, including £10 million in respect of Efficient Government targets, delivering the highest performance in Scotland for the past three years.

Across Lothian there has been a continued focus on raising standards while saving time and money through greater efficiency. A superb example was the new one-stop breast clinic, described further on in this report, which staff created as part of our Lean management programme. Another highlight was the redesign of cardiology services so that heart patients can be assured of the same high-quality care no matter who they are or where they live. Our aim is to deliver on the core ideal of the NHS by making this true for every aspect of health care.

By working with other organisations, removing internal barriers, and rethinking services we are striving to improve the health of society's hardest to reach groups. One area this is happening is in making sure that people in socially deprived areas find it easy to get help to stop smoking. This saves lives and prevents strokes, heart attacks and lung conditions.

The NHS celebrated its 60th anniversary in July 2008, a chance for staff and the entire country to commemorate six decades of innovation and change. At the same time as we celebrate past achievements, we have been looking – as ever – to the future. Further steps were taken in our plan to build on NHS Lothian's record as a centre of innovation and research with the development of a hi-tech BioQuarter near the RIE. Our vision is that this collaboration by the NHS, the University of Edinburgh, and the private sector will mean we continue to lead the way in the search for new and better treatments for patients in Lothian and all round the world: another example of excellence through partnership.

Professor James Barbour, Chief Executive, Lothian NHS Board



NHS Lothian Board Members 2007-2008

Mr Robert Anderson:	Interim Chair (until 19 th April 2007)	Mr Stephen Renwick:	Chair, East Lothian Community Health Partnership, Non Executive Lay Member
Dr Charles Winstanley:	Chair (from 20 th April 2007)	Ms Moi Ali:	Non Executive Lay Member (from 1 st February 2008 until 25 th June 2008)
Professor James Barbour OBE:	Chief Executive	Mr David Belfall:	Non Executive Lay Member
Mr Eddie Egan:	Employee Director and Vice-Chair; Chair, Midlothian Community Health Partnership, Non Executive Stakeholder Member	Mr Robin Burley MBE:	Non Executive Lay Member
Councillor Jack Aitchison:	Midlothian Council, Non Executive Stakeholder Member (from 23 rd July 2007)	Mr David Crichton:	Non Executive Lay Member (until 30 th June 2007)
Councillor Graeme Morrice:	West Lothian Council, Non Executive Stakeholder Member (until 30 th April 2007)	Ms Lesley Jamie:	Non Executive Lay Member
Councillor John Cochrane:	West Lothian Council, Non Executive Stakeholder Member (from 3 rd Sept 2007)	Professor Morag Prowse:	Non Executive Lay Member (from 1 st February 2008)
Councillor Kingsley Thomas:	City of Edinburgh Council, Non Executive Stakeholder Member (until 30 th April 2007)	Dr Alison Tierney CBE:	Non Executive Lay Member
Councillor Paul Edie:	City Of Edinburgh Council, Non Executive Stakeholder Member (from 23 rd July 2007)	Dr Rebecca Strachan:	Non Executive Lay Member (until 30 th September 2007)
Councillor Ann McCarthy:	East Lothian Council, Non Executive Stakeholder Member (until 30 th April 2007)	Mr George Walker:	Non Executive Lay Member (from 1 st February 2008)
Councillor Roger Knox:	East Lothian Council, Non Executive Stakeholder Member (from 2 nd July 2007)	Cllr Iain Whyte:	Non Executive Lay Member
Dr Ian McKay:	Chair, Community Health Partnership Professional Committee, Non Executive Stakeholder Member	Mr Stuart Smith:	Chair, University Hospitals Division (until 30 th January 2008)
Mrs Patricia Murray:	Chair, Lothian Area Clinical Forum Non Executive Stakeholder Member	Mr David Bolton MBE:	Chief Operating Officer, University Hospitals Division (until 8 th August 2007)
Professor Sir John Savill:	Vice Principal and Head of College of Medicine and Veterinary Medicine, University of Edinburgh Medical School, Non Executive Stakeholder Member	Mr Alan Boyter:	Director of Human Resources (from 1 st December 2007)
Mr Robert Anderson:	Chair, Edinburgh Community Health Partnership, Non Executive Lay Member	Mr John Matheson:	Director of Finance
Mrs Theresa Douglas:	Chair, West Lothian Community Health and Care Partnership Non Executive Lay Member	Mr James McCaffery:	Director of Human Resources
		Dr Alison McCallum:	Director of Public Health
		Mrs Jackie Sansbury:	Director of Strategic Planning
		Dr Charles Swainson:	NHS Lothian Medical Director
		Mrs Heather Tierney-Moore:	Nurse Director

About NHS Lothian

NHS Lothian is responsible for planning and delivering health services for the people of Lothian. Here are just a few facts to give an idea of what we do:

- In any one year, there are more than 4.4 million patient contacts across all of NHS Lothian - more than 90% of them in primary and community settings.
 - The Royal Infirmary of Edinburgh is Scotland's busiest accident and emergency department, seeing approximately 9,000 people a month
 - In 2007 there were more than 61,000 emergency admissions and more than 87,000 inpatient episodes across NHS Lothian
 - NHS Lothian has an annual budget of £1.3 billion (2008-9 figure), almost half of which (£600 million) is spent on staff costs
 - NHS Lothian has around 28,000 members of staff, including some 10,000 nurses, almost 1,800 hospital doctors and just under 1,800 allied health professionals (such as physiotherapists)
 - There are more than 600 GPs working in 126 GP practices across Lothian
- NHS Lothian plans to spend over a quarter of a billion pounds in new health care facilities over the next five years.

Health improvement and tackling health inequalities

Health inequalities continue to divide our society and Lothian is no different in that respect. It is unfair that people's access to healthcare - or indeed, health outcomes – should be affected by where they live, how much money they have or whether they are in some way 'different' to mainstream society.

That is why we focus so much time, energy and resources into trying to reduce health inequalities wherever they might come about. Much of our focus is on Lothian's more deprived communities but we also endeavour to reach vulnerable groups that have traditionally found it difficult to access health and other services.

As outlined in the Scottish Government's strategy, *Equally Well*, tackling health inequalities is a huge task and cannot be the responsibility of one agency. Everyone has to be involved and NHS Lothian is playing a leading role in this. In this section we look at just some areas where health inequalities come into play and outline some of the measures we are taking – in partnership with others – to tackle them.

Smoking and health

Smoking is the single biggest preventable cause of ill health and premature death and we are committed to reducing the damage to public health caused by smoking. We are building on the success of the ban on smoking in public places and trying to make it as easy as possible for people to quit.



People in more deprived communities and circumstances are more likely to smoke and therefore to suffer the ill effects of tobacco, so much of our effort is focused on poorer or more vulnerable groups.

In 2007 - 2008, 3,748 people in Lothian used Stop Smoking services to set quit dates and 1,486 were successful. NHS Lothian staff continued to work towards reducing still further the number of smokers in the region. There are more than 140,000 smokers in Lothian.

Stop Smoking services were redesigned during the year. A pharmacy-based scheme was developed to provide additional services in more deprived areas and more support was put into acute health service settings.

Staff are actively targeting groups within deprived communities and training – including in brief intervention techniques – has been increased. The moves are already having a positive effect: 1,430 people set quit dates in the first quarter of 2008, compared to 1,051 over the same period the previous year.

We have also been targeting people who are using other health services, to help encourage them to quit smoking. Results so far include:

- Specialist mental health services referred 98 patients to stop smoking services in 2007, and a further 32 between January and March 2008
- 490 pregnant women were referred to stop smoking services in 2007, 183 of whom received pharmacotherapy. A further 177 were referred in the first quarter of 2008, 40 of whom received pharmacotherapy
- 522 patients in the acute division of NHS Lothian were referred to stop smoking services in 2007, with another 240 referred in the first quarter of 2008.

We have stepped up our efforts to promote our free stop smoking services, launching a campaign on Radio Forth in summer 2008 and redesigning the stop smoking pages on our website at www.nhslothian.scot.nhs.uk During 2008 - 2009, information packs to help smokers quit the habit will be given to all smokers admitted to our acute hospitals. The next phase will be to give the information packs to all acute division outpatients who smoke and then all patients across NHS Lothian who are smokers.

Drugs and alcohol

NHS Lothian works closely with each of the four local authority Alcohol and Drug Action Teams (ADATs) to tackle drug and alcohol misuse in our communities. Again, our approach is multi-agency, recognising that no one organisation

can address these issues in isolation. It is also based on the latest evidence and national guidance.

During 2007 – 2008, the community Alcohol Problem Service worked with 2,256 patients to address alcohol problems and the inpatient Ritson Clinic assessment and detoxification service managed 356 patient admissions. Other developments include PrePare, the multi-disciplinary pregnancy support team for drug-using mothers. By March 2008, the service had provided interventions for 100 women and families since its launch in July 2006.

A successful LEAP year

The year also saw the launch of the Lothians and Edinburgh Abstinence Programme (LEAP). The first of its kind in Scotland, LEAP is an innovative partnership programme between NHS Lothian and the alcohol and drug action teams in Edinburgh and the Lothians.



The community-based programme is for people dependent on substances who want to get clean and stay clean.

Patients follow an intensive three-month community-based programme, which includes group work, one-to-one counselling and family therapy. Training and education courses help equip patients with skills and qualifications to allow them to move on with their lives once they finish the programme. Supported accommodation for patients attending LEAP is provided by the City of Edinburgh Council in the city centre.

LEAP was launched in September 2007. By the end of October 2008, a total of 50 patients had successfully completed the innovative three-month rehabilitation programme. And after graduating from the programme, a total of 11 former LEAP patients had gone on to gain Scottish Qualifications Authority (SQA) certificates, with some going on to college.

Transition, part of Access to Industry, provides training and education courses to help equip patients with skills and qualifications to allow them to move on with their lives once they finish the programme. The programme operates seven days a week and provides aftercare support as well as access to self-help groups.

LEAP is funded by the Scottish Executive. Additional funding has been provided by the Robertson Trust.

Sexual health

Poor sexual health often goes hand in hand with inequalities. Apart from men who have sex with

men, people from deprived and vulnerable communities are most likely to contract sexually transmitted infections (STIs) and teenage girls from deprived and vulnerable communities are more likely to become pregnant than those from more affluent communities.

Throughout 2007 – 2008, NHS Lothian progressed its own sexual health strategy (2005-2010), which supports local implementation of the national sexual health strategy, Respect and Responsibility. In line with the national strategy, work is continuing to bring family planning and genito-urinary medicine together in new premises on the Chalmers Hospital site.

Sexual health services were busier in 2007 - 2008 than in the previous year, with a particular increase in the numbers of patients attending for return appointments. This suggests that people are taking on board the need to access contraception and sexual health checks on a regular basis.

Particular efforts were made in 2007 – 2008 to widen access to sexual health services. This has included building capacity in primary care with targeted training sessions at individual GP practices. There were 11 such sessions throughout the year, covering issues such as insertion of long-acting reversible contraception, child protection, human papilloma virus (HPV) vaccination and screening for chlamydia and other STIs.

Case study – working together

NHS Lothian’s Family Planning Service has joined forces with the Harm Reduction Team to set up a clinic for women with substance misuse problems, those with chaotic lives who may find it difficult to attend appointments and also women who are reluctant to approach health services because of fears about confidentiality.

Services include all forms of contraception, smears, screening for sexually transmitted infection, pregnancy testing, gynaecological assessment and support. Women attending the clinic may also be referred to other organisations, including *Routes out of Prostitution*.

In its first full year, the clinic (which opened in January 2006) made considerable efforts to publicise the service, including communicating with agencies working with women who substance abuse. Clinical staff have also visited saunas in Edinburgh to discuss issues like sexual health and contraception with women working there and free condoms have been provided.

In 2007 - 2008 there were almost 100 consultations, of which more than half were new patients. Of these, 48 reported that they were either drug users or sex workers, or both.

Healthy Respect

The national sexual health demonstration project, Healthy Respect, is now a mainstream part of NHS Lothian and its most successful

elements are being carried forward. These include the provision of sex and relationships education in schools, drop-in centres, making available reliable information and support and training for those working with vulnerable young people.

Case study – HIV Comeback Tour

The second phase of NHS Lothian’s HIV Comeback Tour was launched in November 2007. The campaign builds on the main messages of the first phase and aims to raise awareness of condom use as the main way of preventing HIV transmission. It also promotes the importance of being tested and is supported by local organisations working with the target group of men who have sex with men.

Phase one of the campaign has been evaluated and preliminary results show an increased awareness of HIV and of testing. The evaluation also suggests that services are working together and using consistent messages and co-ordinated activities. The campaign has also received independent recognition, winning an award for best photography and the gold award (signifying it was the best of 19 categories) in the Communicators in Business Awards 2007.



Keep Well

At NHS Lothian we have a responsibility for the health and wellbeing of all residents, not just those who come to us for treatment. We know there are people in Lothian who do not, for one reason or another, tend to visit their GP or access health services – although they may be some of those most in need.

Keep Well is one project that involves reaching out to a group which traditionally has been less likely to come into contact with health services – until something serious happens. The idea is to get people early, check their health, look for warning signs and, ideally, treat them so that they do not go on to experience a catastrophic event, such as a heart attack.

Our Keep Well programme involves 14 general practices in Edinburgh. The scheme targets people aged 45-64 and offers them an assessment that focuses on the risk factors for cardiovascular disease. The aim is to identify those who have previously undetected risk factors and to address these. The long term goal is a reduction in cardiovascular disease and other factors that can lead to stroke or heart attacks and therefore a reduction in health inequalities.

By the end of April 2008, all eligible patients had been invited and 38% had had an assessment. Practices have been trying to get people to take part through a variety of methods, including sending letters, inviting people by telephone and organising sessions where people can go for assessments outside

normal working hours. Early analysis suggests that at least one in ten of the people assessed has been found to be at high risk of cardiovascular disease. They are receiving appropriate follow-up to reduce their risk. For example, more than 500 patients have started the weight loss programme Counterweight and 188 patients have been given one to one support from outreach workers to help them engage with services.

Improving the health of children and young people

In line with the Scottish Government's strategy, *Equally Well*, we believe that reducing health inequalities must involve focusing on the early years. To break the cycle of health inequalities, it is essential to help families to ensure that children have not only the best start in life, but have the opportunity, education and desire to make healthy choices.

Our approach to child health is multi-disciplinary and multi-agency. There are some things where NHS Lothian takes the lead – such as our highly successful childhood immunisation programme – and others where we are glad to work in partnership with others, such as local authorities and schools. Here are just a few examples:

Healthy breakfasts for school pupils

NHS Lothian Health Promotion Service, in partnership with the City of Edinburgh Council, has developed nutritional standards for breakfast clubs in Edinburgh. To date, 292 schools out of 328 across Lothian have been awarded Health Promoting Schools (healthyschools+) Stage One

status; 34 schools have achieved Stage Two and two schools have achieved Stage Three.

These developments have helped schools respond to the Scottish Government target that all schools be health promoting by December 2007, and have helped support them to meet the requirements of the new Schools (Health Promotion and Nutrition) Scotland Act.

Looked after and accommodated children

Looked after and accommodated children have holistic health assessments carried out by Looked after Children Nurses, with health needs addressed by referral to appropriate health services. Fast track referral routes are in place for sexual, mental and dental health services.

All young people are encouraged to register with a GP. Health training and support is also in place for foster carers and residential staff. The *Edinburgh Reading Champion Project* won the Partnership Award at the 2007 Standard Life Achievement Awards. This joint City of Edinburgh Council and NHS Lothian initiative is aimed at promoting reading activities for looked after children and young people in residential care in Edinburgh.

Childhood immunisation

Uptake rates across Lothian remained excellent. Uptake of primary immunisation at 24 months of age is generally over 98%, exceeding the Scottish average and the 95% national target. Uptake of pre-school booster for children reaching five years of age by the end of December 2007 had substantially

improved to 92.5%, above the Scottish average. Uptake of Hib/MenC booster at 85.5% was the highest in Scotland (national average 74.5%).

Huge improvements were made in MMR uptake at five years. MMR1 uptake at age five was 94.7% with three Community Health Partnerships (CHPs) exceeding the 95% target. MMR2 uptake at age five increased to 87.7%, also above the Scottish average.

Work was also carried out throughout the year to prepare for the HPV vaccination programme, which is aimed at helping protect girls and young women from cervical cancer.

Giving children a sporting chance

A partnership to promote greater opportunities for children to take part in sport was launched by NHS Lothian and Scottish Rugby in 2007-2008. Under this pilot scheme, Scottish Rugby works with children at a number of schools in Edinburgh using rugby-based activities to ensure they have more opportunities to be physically active, as well as improving their self-esteem and confidence.



Addressing national priorities

Throughout 2007-2008 NHS Lothian has continued to focus on the national priorities of improving waiting times, driving down numbers of delayed discharges and tackling healthcare associated infection (HAI).

We recognise that these areas are important to improving the overall experience of our patients and are pleased to say we are making progress in each area. Where we have felt able, we have 'stretched' targets to make them tougher, where local circumstances allow.

Waiting times

Once again NHS Lothian has met or exceeded all waiting times targets. We are making good progress towards the Scottish Government's new target which means that nobody should wait more than 18 weeks from referral to treatment (by 2011).

Inpatients

In 2007-2008 we maintained the 18 week standard for inpatient waits (first achieved in December 2006) and work started on reducing this further. NHS Lothian hopes to cut the inpatient wait to a maximum of 12 weeks by March 2009.

Outpatients

In December 2007 NHS Lothian met the target that nobody should wait longer than 18 weeks for an outpatient appointment. We aim to reduce this further, cutting the maximum wait for an appointment to 12 weeks by March 2009,

as an important stepping stone to achievement of the 18 week total referral to treatment maximum by 2011.

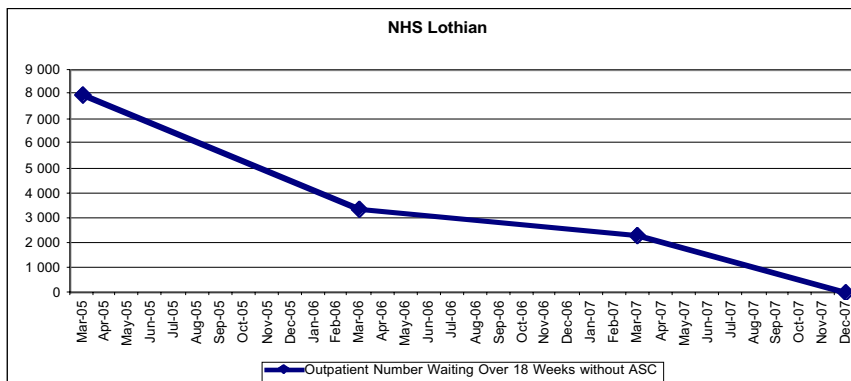
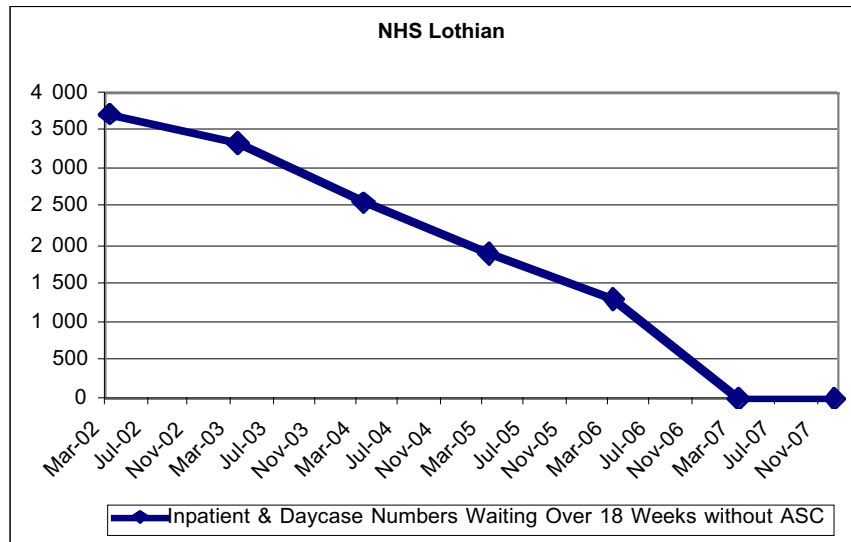
We are also working hard to ensure that people who are referred by other clinical professionals (ie not a GP or dentist) are also seen within the target times.

We met our targets on getting hip fracture patients to theatre within 24 safe operating hours; on treating patients who required cardiac intervention within 16 weeks and on treating cataract patients within 18 weeks of referral.

Diagnostic tests

In July 2007 NHS Lothian met the target of a maximum nine-week wait for access to eight key diagnostic tests, five months ahead of schedule. Work is ongoing to cut that further, including increased capacity across all the diagnostic tests and progress in developing a single system approach to patient management. The eight tests are X-ray, CT scan, MRI scan, barium enema and four types of endoscopy (a minimally-invasive procedure looking inside the body using an instrument called an endoscope).

Waiting times for urgent patients, including those being tested for cancer, have also improved. Cancer patients have diagnostic tests within two weeks and urgent patients are seen within 48 hours.



ASC = Availability Status Code

Cancer waits

Throughout 2007-2008, we made considerable progress to ensure that patients with cancer are referred, diagnosed and begin treatment within 62 days of their referral to our cancer services. At the start of 2007, compliance was 80.4 per cent. By the first three months of 2008 this had increased to 95%.

Improvements throughout the year include a one-stop breast clinic for patients, which opened in January 2008. This was set up following a Breast Unit 'Kaizen'* event in March 2007 (part of our Lean in Lothian management programme) and was tested for several weeks before being opened fully. Results from a survey of patients and staff experience during the trial period were very positive.

- *Note: We call these events/workshops 'Kaizens' because they are based on the principles of "Kaizen" – a Japanese word meaning "change for the better" or "improvement."

Accident and Emergency

NHS Lothian has made significant progress in reducing the time people have to wait in Accident & Emergency (A&E) departments. In the first quarter of 2007, compliance with the four-hour target was 87% across Lothian, but this had increased to 98% by the same time in 2008. This is a significant improvement on three years ago when a third of patients waited longer than four hours – some up to 12 hours.



There were a total of 209,514 attendances at A&E departments at the Royal Infirmary of Edinburgh (RIE) and St John's Hospital in Livingston in 2007, compared to 183,639 attendances in 2004. The RIE is Scotland's biggest A&E department, seeing around 9,000 patients a month.

We made major investments in A&E facilities during the year to strengthen our capacity to cope with these rising numbers of people attending, including the appointment of "flow navigators" - special staff who help co-ordinate care for patients.

The public has an important role to play in helping us achieve our waiting times targets. A&E services are for urgent and emergency situations and members of the public can help us deliver fast care to people in need of life-

saving treatment by considering whether or not they need to go to A&E. For example, we see many people in A&E with conditions such as minor cuts and sprains, infections and stings, who should have gone instead to the award-winning walk-in Minor Injuries Clinic at the Western General Hospital (open 8am to 9pm every day of the year) or used the community pharmacy Minor Ailment Service.

Delays in patient discharge

We remain committed to reducing the number of patients who are delayed in hospital, even though they are fit to be discharged. Remaining in a hospital bed for longer than is necessary is stressful for patients and their families and compromises our ability to run an efficient and effective hospital service.

Delays to discharge remains a priority issue for us and one that requires effective partnership working to resolve, with concerted efforts made and sustained by all partners. The Lothian Delayed Discharge Partnership comprises NHS Lothian and the City of Edinburgh, East Lothian, Midlothian and West Lothian councils. Together we continue to make significant progress in achieving delayed discharge targets, often in challenging circumstances

In 2007, as a result of this partnership working, we met both national targets on delayed discharge, which meant that no patient's discharge was delayed in the 'short stay' and 'six weeks categories'. A tougher locally agreed

target to have no more than 66 patients delayed overall was also exceeded, with 50 patients delayed at the April 2008 census. However, there is no room for complacency and the efforts and achievements to date must be sustained.

Healthcare Associated Infection (HAI) and infection control

Preventing and managing healthcare associated infection (HAI) is a key priority for NHS Lothian. Targets on HAI surveillance are being met and infection rates for hip arthroplasty and caesarean section are well below the national average.



Our target is to reduce HAI by 40% by 2010 - 10% more than the Scottish Government's target. We are making progress towards this target and to date have achieved a reduction of over 20%.

Good hand hygiene among staff, patients and visitors is the single most important factor for reducing the spread of HAIs such as Meticillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. diff) in our hospitals and community settings.

Our actions to achieve this include:

- Better surveillance and Root Cause Analysis of all HAI by clinical and infection control teams. (Root Cause Analysis is used as part of a programme of continuous improvement, aiming to find the cause of HAI and take action to prevent its recurrence, rather than just treating the symptoms)
- Further strengthening of our Cleanliness Champions programme, with Cleanliness Champions trained and recruited throughout the organisation to promote best practice in hand washing and infection control measures in community and hospital settings. To date around 750 staff have completed the Cleanliness Champions course
- Developing processes in laboratory testing to allow faster identification of MRSA, with same-day reporting, which can further improve the management of MRSA and the control of infection

- 'Care bundles' - a process involving a number of steps to manage the infection, such as cleaning and antibiotic prescribing – are being piloted in some areas of the Western General and Royal Victoria hospitals. Results will inform practice across NHS Lothian.

A major step in 2007-2008 was the appointment of NHS Lothian's head of infection control, who took up post in 2007. Throughout the year, improvements were noted both in compliance with hospital cleaning standards (average compliance above 95%) and in hand hygiene by medical and nursing staff.



Working to protect all children



Child protection remains a top priority for us. It is an issue of fundamental importance to NHS Lothian, to our partner agencies, and to every single member of our staff.

We continue to strengthen child protection services through close inter-agency working between the NHS, local authorities and police. And we liaise closely with Her Majesty's Inspectorate for Education on the development of joint child inspection reports. We continue to learn from critical incidents and inspection reports.

Children can be among the most vulnerable in society and we all have a duty to protect them. The priority that NHS Lothian gives child protection was demonstrated in June 2007, when more than 300 people attended the third annual child protection conference.

A stakeholder event was also held in January 2008, where it was proposed that there should be a managed clinical network (MCN) for child protection for South East Scotland and this is being taken forward as a priority. Funding has now been agreed and work to develop the MCN is being progressed by the South East and Tayside Planning Group (SEAT).

During 2007-2008, almost 1,100 NHS Lothian staff took part in our new e-learning programme – this is now a requirement for new staff.

In West Lothian, an award-winning shared information system, C-me, has allowed agencies to work together more closely, sharing information successfully and securely to protect children.

Child Protection Alerts are in place within hospital Accident & Emergency and children's services' electronic information systems.

Tailored child protection training has also been developed for people providing sexual health services. A variety of clinicians and health professionals, including doctors and Caledonia Youth staff, have undergone this training.

There has been steady progress in setting up specialist mental health services for people affected by sexual abuse. By the end of 2008 all children and families who require it will be able to access specialist services in their local area.

We all have a role to play in child protection.

Since 2003, all NHS Lothian staff have been issued with wallet-sized information cards pointing out that everyone has a role in protecting children and detailing what to do and who to contact if staff have concerns about a child's welfare.

Partnership with patients and the public

Throughout this annual report you will find examples of NHS Lothian working with patients, carers and members of the public. The role of the patient and carer as partners in care is something we take very seriously and it's fair to say we go beyond our statutory duty on consultation and engagement.

Public Partnership Forums were set up in our Community Health Partnerships (CHPs) and West Lothian Community Health and Care Partnership (CHCP) during 2006. Throughout 2007-2008, work continued to publicise them, increase membership and seek to influence services. They are beginning to have an influence but are at different stages of development. Here are descriptions of just some of the public involvement initiatives which were prepared or took place during 2007/8:

Planning improvements in acute hospital services

More than 40 people, including patient and partnership representatives, attended the first of a series of events to look at the best way to implement planned improvements to acute hospital services in Lothian. The event at St John's Hospital, held in May 2008, focused on three key service changes: redesign of accident and emergency and emergency admission wards, development of the elective surgical centre and developing a head and neck centre.

Four streams of work were identified. Three cover the key service changes mentioned above and the fourth will look at how their implementation makes best use of the space at St John's. The people who attended the May meeting have been asked to remain involved and similar events have been planned for the Royal Infirmary of Edinburgh and the Western General.

Royal Edinburgh Hospital services

Service users, carers and members of the public are playing a key role in deciding the best way to deliver services currently provided at the Royal Edinburgh Hospital site. They make up at least half of those attending a series of workshops looking at a review of REH services. The review is part of the Lothian joint plan for mental health and wellbeing.

The project board committed to high levels of patient and public involvement to ensure that the views of those who were using the services were fully reflected in the decision-making process.

Veterans closely involved in new service

Scotland's first community-based service for veterans has been set up with help from people who have themselves served in the armed forces.

First Point will be based in the centre of Edinburgh and will be a one-stop-shop offering help, support and advice. Set up with funding from the Ministry of Defence and the Scottish Government, it will provide access to local clinical networks and to advice and support on issues including housing, education opportunities and employment.

Veterans have been involved in the design of the service and will also form part of the staff. An advisory group has also been set up, involving veterans and military personnel, as well as clinicians and local authority representatives.

Children consulted on their new hospital

Young people aged 10 to 17 have formed an advisory group, giving them real input into the design and development of NHS Lothian's new children's hospital. The Young People's Advisory Group makes recommendations which are being fed into the ongoing planning process.

The group includes representatives from organisations such as the Scottish Commissioner for Children and Young People's Health Advisory Group and the City of Edinburgh Council's young people's health group. Young people from other local authority areas outwith the NHS Lothian area are also expected to take part, along with a member of the Scottish Youth Parliament.

The group is co-chaired by a member of staff and one of the young people – who include current and former patients. So far the young people's group has stressed the importance of privacy, dignity and the need for their own space.

Welcoming comments, suggestions and complaints

Effective partnership with patients and the public means being responsive to the needs of the communities we serve and listening to their views on our services. We proactively ask patients to tell us what they expect from our services and encourage them to tell us when we get it right - and when the service received falls short of the expectations of service users.

Compliments, suggestions and complaints give us vital intelligence about the actual experience of our patients and their families when they are in our care. An effective and thorough complaints procedure helps us to improve our services, allowing us to learn from our mistakes and to take account of public opinion.

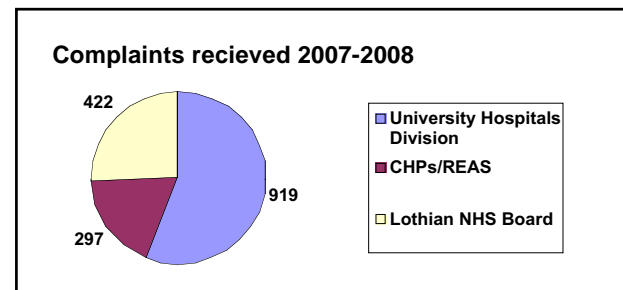
The number of formal complaints received across NHS Lothian in 2007-2008 rose slightly, to 1,638 from 1,592 the previous year, representing around 0.14% of the 1,154,000 patients (approximately) that we see each year.

All formal complaints eĒ fully investigated and we make sure that anyone who raises an issue receives a formal response. The outcome of each investigation is also reported to the Information Services Division of NHS National Services Scotland. Out of all the formal complaints reported in 2007-2008, 161 were completely upheld and another 532 were partially upheld.

Number of patients seen annually
(approx.1,154,000)

Complaints received 2007-2008

University Hospitals Division:	-	919
CHPs and REAS:	-	297
Lothian NHS Board:	-	422



REAS = Royal Edinburgh and Associated services

As in 2006-2007, the three most common issues raised were:

- concerns about clinical treatment
- waiting times
- staff behaviour or attitude.

We take complaints seriously and, wherever possible, will act quickly to make things right. But our complaints process does not stop there. We use this valuable feedback to scrutinise our services and make sure they are as good as they can be. Where we feel they can improve, we work to change them to make the patient experience better. For example, several complaints were received from patients who presented for a further appointment at the wrong hospital site as the specialty operated from more than one site and patients returned to where the previous appointment had been undertaken. Patient letters have since been amended, with both the clinic and hospital location included in the appointment letter.

Quality improvement as standard

Before we make improvements or changes, we are proactive in asking patients how we can do things better. Quality Improvement Teams have been set up across NHS Lothian in each directorate, including the Community Health Partnerships and West Lothian Community Health and Care Partnership.

This is to ensure a systematic approach is applied to Clinical Governance across the organisation. (Clinical Governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish).

The teams are charged with implementing a quality improvement programme, with the aim of improving the patient experience in respect of the care and treatment received. This is being done through risk management, clinical effectiveness and the feedback/involvement of patients and carers.

One of the key indicators for the teams is to note the lessons learned from patient incidents and feedback to ensure safety and consistency of service delivery. All teams are required to discuss patient feedback and subsequent action plans at their quarterly meetings. They are also expected to review trends to ensure learning takes place.

Improving the patient experience

As part of Lothian's ongoing programme to improve our services, patient surveys are regularly conducted to support the implementation of the quality improvement programme. As part of this, an electronic touch screen system was introduced in 2007 across the acute hospital sites to capture patient views on specific topics whilst also providing an opportunity for general feedback through a free text comment section.

Examples of improvements and actions to date include:

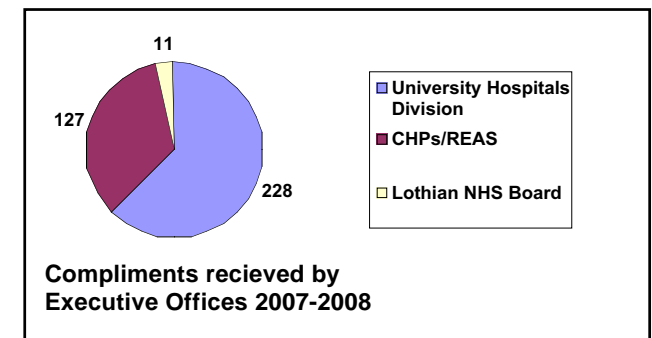
- During December 2007 to February 2008, four wards within the general surgery directorate surveyed patients and visitors regarding their views on visiting times, with the majority satisfied with the current arrangements and supportive of the suggestion of closing the wards for protected meal times. However, the survey did highlight some issues around privacy, dignity and respect. As a result, staff have altered the ward layout to create areas that can accommodate a more private consultation or discussion. The survey will be repeated to assess the impact of the changes.
- Refurbishment of several ward areas within the Western General Hospital (WGH) has benefited from patient feedback, such as increased toilet facilities for a five bay area and including single rooms with toilets.
- The touch screen system is permanently sited within the main reception area, providing service users with an opportunity to share general feedback. This has resulted in direct improvements with regard to additional signage, increased provision of chairs at outpatient departments and better patient toilet facilities in both the main foyer and the Physiotherapy Department at the WGH.

Compliments

Every year large numbers of patients and relatives contact a ward or department to thank staff for all they have done. These compliments are normally informal and are not recorded. Sometimes, however, a person will contact senior managers to make sure they are aware of how good the service has been. This praise is recorded. Formal and informal thanks are always gratefully received and can be very valuable in helping shape our services.

Compliments received 2007-2008

University Hospitals Division:	-	228
CHPs and REAS:	-	127
Lothian NHS Board:	-	11



REAS = Royal Edinburgh and Associated services

Freedom of Information

During 2007-2008, NHS Lothian received 312 Freedom of Information requests covering a wide variety of topics related to NHS Lothian's work. Requests have been coming in at an average of 26 a month and NHS Lothian continues to work hard to meet the 20 working

days response target. The media continues to generate the greatest number of enquires (47%). In one week 18 requests were received, 13 from journalists.

FOI review

During 2007-2008, there were four cases where requests were made for the information provided by NHS Lothian to be reviewed. In one of these cases additional information was provided at the review stage. Another request was passed to the Office of the Scottish Information Commissioner for a decision on whether requested fell within the bounds of the act – the Commissioner ruled in favour of NHS Lothian.

After three years a decision was finally made in relation to the PFI contract for the Royal Infirmary of Edinburgh; as expected NHS Lothian was instructed to release a full copy of the contract – this can be viewed via the NHS Lothian website. We were advised by lawyers not to release this information due to the threat of legal action.

Working with other agencies

NHS Lothian works with other organisations, agencies and individuals to plan and deliver services. We work closely with all four local authorities across Lothian region and many examples of our partnership and collaboration can be found throughout this report. For example, joint capacity plans for older people are being developed between NHS Lothian and each local authority area.

We are proud of the way many joint projects with other organisations, including charities, have flourished and matured over the years. In 2007-2008 we celebrated the 10th birthday of the Macmillan Centre at St John's Hospital, which offers specialist day services for palliative care patients across West Lothian. Its nine-strong multi-disciplinary team provides specialist nursing assessment, physiotherapy, occupational and complementary therapies for 40 patients a week.

The work of the Vision Support Centre at Edinburgh's Princes Alexandra Eye Pavilion (PAEP) was also recognised when it was shortlisted by Third Force News, the voluntary sector newspaper for Scotland (see the chapter *How our staff are delivering – award-winning NHS Lothian*).

The centre, founded in 2004, is run jointly by the PAEP, the Royal National Institute for the Blind (RNIB) and the City of Edinburgh Council. It offers advice and provides aids and equipment to make everyday tasks easier for those with sight problems.

Working together to get people back to work
Health and work are closely linked; we have teamed up with an employment agency to help get people off incapacity benefits and into real jobs. The Best Way Forward scheme has been funded for three years with a Big Lottery grant of nearly £450,000. It boosts the confidence of hard-to-reach members of the long-term unemployed by placing them in voluntary work or training. This helps bridge the gap between unemployment and the chance to earn a living. The scheme was designed by Morag Brydon, head of occupational therapy in West Lothian and employment specialists Intowork West Lothian at the request of the local Jobcentre Plus.

Greening through partnership

As well as looking to the needs of individuals, NHS Lothian also has to consider what it should be doing for society as a whole. Earlier this year we signed a partnership agreement with the Carbon Trust, through which we will deliver greater energy efficiency and reduce harmful emissions. The programme is highly ambitious and will be a major contribution to meeting government targets for an 80% reduction in carbon emissions by 2050.

Peer support in Craigmillar

Our innovative peer support project, Plan 2 Change, in Edinburgh's Craigmillar, is an example of true partnership working and involves a number of organisations. It is run by the voluntary agency Penumbra, in conjunction

with NHS Lothian and the Scottish Recovery Network, with funding from the Scottish Government. Peer support involves employing people who have themselves been users of mental health services and who have undergone specialist training.

In this particular project, the team is working with patients referred by Craigmillar Medical Centre, who have multiple and complex needs and may be at risk of developing serious mental illness. The team can offer one-to-one support and also direct people to help such as substance misuse services and benefits advice.

Edinburgh BioQuarter

NHS Lothian is a key partner in the Edinburgh BioQuarter, the commercial science research park development, which will create thousands of jobs and become one of the world's top 10 biomedical research centres



The research park, which sits in 100 acres of land to the south and west of the Royal Infirmary of Edinburgh at Little France, aims to be the source of vital advances in medicine and healthcare, bringing great benefits for patients.

Partnership (involving the University of Edinburgh, Scottish Enterprise, Scottish Government and Alexandria Real Estate Equities) is very much at the heart of the project. The research park, when fully developed, will provide 1.4 million square feet of high-tech accommodation in a range of purpose-built pavilions in a parkland setting.

NHS Lothian staff and patients are essential to the development as they are a key resource for clinical and basic science research in common diseases. NHS staff contribute to research, which is undertaken in the main by clinical academic staff employed by the University of Edinburgh and who have honorary contracts with NHS Lothian.

NHS Lothian has agreements in place with the university and commercial partners, where appropriate, to ensure that the health service benefits from the fruits of successful research. The idea is to provide a comprehensive platform for translational medicine clinical research. Being near the RIE provides the perfect opportunity to bring discoveries from the lab bench to the bedside – and back again.

Scottish Enterprise has acquired the land and developed the basic infrastructure and the University of Edinburgh has agreed to purchase land for further development of the medical school. A Partners Forum has been formed and held its first meeting in February 2008.

One of the most exciting developments will be the Scottish Centre for Regenerative Medicine, which will be led by Professor Ian Wilmut (of Dolly the Sheep fame). This is the latest addition to the University of Edinburgh's 12 world-class research centres in the College of Medicine and Veterinary Medicine.

It is focused on the development of regenerative medical therapies for the treatment of diseases such as cancer, liver disease, Parkinson's disease, diabetes and spinal cord injury. The centre will move to a new £59 million building within the Edinburgh BioQuarter research park development from 2010. Another new partner welcomed aboard to help develop this world-beating project is US-based Alexandria Real Estate Equities, a major American investment trust that brings vital commercial expertise.

Leadership in Compassionate Care

Leadership in Compassionate Care, a flagship project run in partnership between NHS Lothian and Napier University, took major steps forward in 2007-2008.

The three-year project, which is part of NHS Lothian's wider values-based approach to care, has been funded partly by Stagecoach co-founder and former nurse Ann Gloag. It aims to put compassion at the heart of nursing care. Four 'beacon wards' around Lothian have been chosen to be examples of good practice for the project and each ward has been assigned a senior nurse who will work alongside staff, promoting leadership and learning about and sharing best practice. The four wards were selected from a shortlist of 18 as those which best demonstrated person-centred care for patients and their families.

The senior nurses are using their time on the wards to identify areas of good practice in compassionate care. They are taking their findings back to Napier University where they will be used to inform the undergraduate nursing curriculum and also support newly qualified staff nurses in their role. The nurse will also look at ways of transferring the knowledge from the beacons to enhance compassionate care in other wards.

The beacon wards are Ward 50, medicine of the elderly, Western General Hospital; Ellen's Glen House Ground Floor, special psychiatry and continuing care; Ward 101, stroke unit, Royal Infirmary of Edinburgh (RIE) and Ward 204, respiratory medicine, RIE.

Recognition for Number 6 – the one-stop shop

A support centre for adults with high functioning autism or Asperger Syndrome in Edinburgh has been described as a unique and essential resource.

Number 6 – based in a three-storey town house at 6 Melville Crescent - has been given a glowing evaluation by the National Centre for Autism Studies at Strathclyde University, whose staff carried out a detailed study of the centre, based on the experiences of the people who use it. The centre is the only one of its kind in the UK, with six staff, 40 volunteers and 300 regular users.

The study showed that Number 6 is clearly meeting the aims of improving people's lives by providing a range of direct support services, as well as acting as a referral route and supporting individuals to contact and access other services as necessary or appropriate. The centre is run by Autism Initiatives UK, which works with other local health and care services to meet the needs of its clients.

Health, support and self-help services are available, including social skills development and employment training. A range of social activities such as a Saturday drop-in, quiz nights, film night, pool, 5-a-side-football, befriending and a walking group, are also organised by staff and users of Number 6.

Working across geographical boundaries

While we are responsible for planning and delivering health services for the population of Lothian, sometimes it makes sense to join up with other health board areas. This can allow us to harness expertise from different places and also lets us set up services which would otherwise not be viable for our population. Examples of successful cross-health board working include the mother and baby mental health unit at St John's Hospital. Only a small number of women need this facility, so we have joined forces with other health boards, including Fife, Tayside and Borders, to ensure women from all areas have access to a high quality service.

SEAT, the South East and Tayside network is one of three regional planning groups in Scotland and brings together Lothian, Borders, Fife, Forth Valley and Tayside, which, between them cover 1.9 million people or 38% of the Scottish population. The group also works with national organisations, such as the Scottish Ambulance Service and NHS Education for Scotland.

In 2007-2008, £18 million of revenue and £0.5 million of capital investments were made in a range of regional services and there was a commitment of a further £1.9 million revenue and £2.7 million capital expenditure.

Here are some examples of how the SEAT NHS Boards work together:

- **The Learning Disability Managed Clinical Network:** This allows us to be more flexible in how services are organised for this vulnerable group. NHS Lothian hosts consultant posts for the region, which allows beds to be managed more effectively. The network also provides a platform for the development of special interests and expertise, which makes for a better quality of service for patients, no matter where they live in the region.
- **SCAN:** The South East Scotland Cancer Network (SCAN) is one of the pioneer regional partnerships and is now well established. SCAN works closely with the regional cancer centre at the Western General Hospital in Edinburgh and with local services in each board. Recent developments include Positron Emission Tomography (PET) scanning services (in partnership with the University of Edinburgh) which enhance access for patients in the SCAN area. A PET scan is a diagnostic procedure that produces detailed three-dimensional colour images of the body.
- **Eating disorders:** Working across boundaries is at the heart of NHS Lothian's strategy for mental health and wellbeing. For example, along with NHS Borders, Fife and Forth Valley, we have been developing an inpatient

eating disorders service, for people who require more intensive care than can be provided in the community. Representatives from all the board areas, including staff, patients and their families have been involved in extensive consultations on the shape of the service and where it should be. This included a meeting in January 2008, at which all areas were represented. The four boards have already collaborated on setting up community services for people with eating disorders. A consultant psychiatrist has been appointed to cover all four areas and there is also an area-wide training and supervision network for clinical staff.

Investing in pioneering services

NHS Lothian has ambitions to be one of the world's leading healthcare providers. To be at the forefront it is necessary to innovate. In 2007-2008 we saw many examples of pioneering work throughout the organisation and several are mentioned elsewhere in this report. Here is just a small selection of instances where our staff put us at the very vanguard of healthcare delivery.

Live liver transplant

Surgeons at the Royal Infirmary of Edinburgh (RIE) carried out the country's first live liver transplant – and gave a young couple new hope for the future.

In a 10-hour procedure, consultants Murat Akyol and Ernest Hidalgo removed more than half the liver of 26-year-old Jennifer Foster and implanted it in her 28-year-old husband Daniel. Mr Foster was suffering from a terminal condition called primary sclerosing cholangitis. After being discharged from hospital the couple thanked the team for their pioneering efforts.

The liver is a remarkable organ because it can regrow after a section is taken away.



Early indications were that the section of liver transplanted into Mr Foster had begun to grow, meaning he has a good chance of enjoying long-term health. The success of the procedure further added to the RIE's reputation as one of the world's leading transplant centres.

Paired kidney operation

Teams at the RIE and Addenbrooke's Hospital pioneered a new approach to kidney transplants. Couples from Lothian and Cambridge became the first in the UK to take part in a paired kidney transplant operation. In each case, one member of the couple had volunteered to give a healthy kidney to their spouse, but tests showed they were incompatible. The solution was to match up the couples to donate to one another.

This involved Wilma Kinniburgh, from Bathgate, donating her healthy kidney to a patient in Cambridgeshire while another healthy organ was brought north for her husband Jim. The procedure was of particular importance because it provides a new means to ease a shortage of donor organs, which means patients are often on the waiting list for many years.



Innovative family planning

Another area in which NHS Lothian has led the way is in providing women with permanent contraception without the need for surgery. In February 2007 the first four women in Scotland were able to undergo sterilisation by having tiny coils placed in their fallopian tubes using a small tube, fitted with a camera, and inserted through the vagina. These create a blockage that prevents sperm from reaching an egg.

Previously women needed an operation, normally under general anaesthetic, which left two abdominal wounds and required a week for recovery. The new technique, which has now been used dozens of times, takes just half an hour and means patients can go home straight away.

Taking healthcare to the community

Multi-disciplinary teams - including specialist nurses, occupational therapists, physiotherapists and psychologists – are delivering cardiac rehabilitation programmes (individualised treatment and education and exercise classes) to groups of cardiac patients at community venues.

This innovative approach is in keeping with our drive to provide ever-more services in community settings, closer to people's homes. The service aims to maintain the level of individual support and guidance previously achieved in hospital settings. And it is being extended to support an existing community programme in East Lothian and provide a new

programme in the Bathgate area of West Lothian to complement the current hospital-based programme at St John's.

Current venues include Gracemount Leisure Centre, the Thistle Foundation in Craigmillar, Leith Community Treatment Centre and Wester Hailes Education Centre.

Expanding Chronic Obstructive Pulmonary Disease pilot services

During 2008, we expanded our Chronic Obstructive Pulmonary Disease (COPD) service in Edinburgh to reach more patients suffering with chronic breathing problems. This allows all patients across Edinburgh suffering from long term health conditions, such as chronic bronchitis or emphysema, access to the services.

The programme offers patients 12 sessions over six weeks, during which patients take part in a range of exercise programmes designed to increase fitness, improve muscle strength and decrease breathlessness. Treatment is tailored for the individual needs of each patient, based on the outcome of their individual assessment.

The programme also provides educational sessions to teach people how to cope with breathlessness and offers advice on stopping smoking, healthy eating and medication. Chronic Obstructive Pulmonary Disease (COPD) is the umbrella term used to describe a variety of illnesses, including chronic bronchitis,

emphysema and chronic obstructive airways disorders. People with COPD have permanently damaged lungs and find it difficult to breathe most of the time.

In Midlothian, patients with long term conditions are also benefitting from a pulmonary rehabilitation programme - the first time the service has been offered locally.

In October 2008 NHS Lothian announced that it will provide £64,000 for a one-year pilot. Midlothian Community Health Partnership (CHP) has formed a Pulmonary Rehabilitation Team based in Bonnyrigg Health Centre, comprising physiotherapy and occupational therapy. The innovative service will allow patients to have initial assessments carried out in their own home environment and access treatment locally in church halls and community centres.

The Pulmonary Rehabilitation Team works with GPs, pharmacists, dietitians and district and practice nurses. Other organisations such as Citizens Advice Bureau and Midlothian Council will also offer advice and support. The pulmonary rehabilitation programme is running across four venues. The new service has already begun at Bonnyrigg and Dalkeith Community Centres and will be rolled out to Penicuik and Newbattle during the autumn of 2008.

In East Lothian, COPD patients are feeling the benefit of detailed weather alerts to help them

stay well. This innovative pilot programme is being undertaken by East Lothian Community Health Partnership (CHP) in conjunction with the Met Office.

The programme works by sending health forecasts directly to patients registered with the pilot, warning when the outdoor environment is likely to put their health at increased risk, such as a significant drop in temperature. These health forecasts also provide simple measures people can take to stay well and avoid a potential hospital admission.

The programme is being offered as part of our anticipatory care service. The outdoor environment can greatly affect the health of people with COPD and this programme allows us to provide patients with detailed information that will help them stay well throughout the winter months.

Initial patient feedback has proved very positive, highlighting an improved quality of life for many patients with COPD.

Providing the very best care for heart attack patients

A pilot project is giving Lothian heart attack patients the fastest and most appropriate treatment. The Lothian Optimal Reperfusion Programme - the first of its kind in Scotland - aims to give patients suffering from the type of heart attack where a blood clot blocks a heart artery the most effective treatment based on the likely travel time to hospital.



Those who cannot reach the cardiac catheterisation lab within 90 minutes will be given vital clot-busting drugs by paramedics as recommended by Scottish guideline committees. During the 12-month trial, more than two-thirds of patients were treated using balloon angioplasty. A team of five specialists are on call 24 hours a day to staff the catheterisation lab if needed.

Patients benefit from pioneering software

Patients in the Lanfine Unit at Liberton Hospital are benefiting from state-of-the-art software as part of their rehabilitation programme. The Lanfine Unit provides an inpatient service for adults aged 19-64 with progressive or long-term disabilities such as multiple sclerosis. A person-centred approach is offered, focusing on assessment and rehabilitation to improve everyday life.

The new system, funded from an endowment fund, is part of the Biometrics E-link range of evaluation and exercise systems. E-Link assesses physical function of the upper and lower limbs and then treats the patient by aiding joint movement via activities tailored to individual need. It assesses and measures movement range and strength, then provides computerised, gradable activities for therapeutic exercise.

The programme, run in partnership between NHS Lothian and the Scottish Ambulance Service, means that suitable patients in Lothian who can be delivered to a cardiac catheterisation laboratory in Edinburgh and have treatment within 90 minutes of diagnosis will be treated using balloon angioplasty. This involves threading a long, thin balloon through the artery and inflating it to clear the obstruction.

Balloon angioplasty is thought to be the most effective treatment for heart attack patients, provided it is administered within a short period of time. Paramedics carry out ECG tests and then consult coronary care experts by mobile phone to decide the best course of action. A dedicated entrance at the front of the Royal Infirmary of Edinburgh allows ambulances to take patients directly to the catheterisation lab for treatment, bypassing the need to visit A&E, and reducing the time taken for patients to receive treatment.

State of the art CT scanner comes to the UK



A state of the art CT scanner is coming to the Royal Infirmary of Edinburgh (RIE) thanks to a pioneering partnership between NHS Lothian, the Royal Bank of Scotland (RBS) and the University of Edinburgh.

The Royal Bank of Scotland announced in May 2008 that it would invest almost £4 million to buy the scanner to help in cutting edge research and give patients access to one of the world's most advanced diagnostic facilities. The scanner will provide an additional 4,000 patient scans a year and help the University of Edinburgh in its research to improve the diagnosis and treatment of a range of heart and cancer illnesses.

The University of Edinburgh's Queen's Medical Research Institute (QMRI) at the RIE will be one of the first institutes in Europe to take delivery of this type of scanner, which is due to be operational by January 2009.

Innovations to smooth the patient journey

Making sure that tests and other diagnostics, such as x-rays, are conducted efficiently is an important part of the patient journey. If results are not immediately available, this can slow up the process and mean that patients have to wait longer. It is also frustrating for clinicians. NHS Lothian has been making strenuous efforts to improve the way we order, store and call up tests and results. Here are just two examples of work which took significant steps forward in 2007/8.

Picture Archiving and Communication System

NHS Lothian is rolling out a new system to replace x-ray film with digital images – meaning that they can be available onscreen to clinicians at each stage of the patient journey. Patients and clinicians are already seeing benefits from the introduction of the Picture Archiving and Communications System (PACS), which began in August 2007 when contracts were signed.

The first site to go 'filmless' was the Royal Infirmary of Edinburgh and since then, PACS has also been installed across most of Lothian. The introduction of PACS has reduced the frustration of having just one x-ray film and the availability of images on demand has made the patient journey go more smoothly.

TRAK

TRAK - the new integrated, web-based IM&T patient management system – is now in place across all acute sites in Lothian. In June 2008 the final element of TRAKhealth was implemented, when Order Communications went live at the Royal Hospital for Sick Children.

TRAK has replaced ageing, separate and largely incompatible systems and is helping to make sure information is available where and when staff need it, speed up diagnostics and treatment, reduce delays, cut waiting times and improve the patient experience.

Each month, TRAK is used to order 92,000 lab tests, with 140,000 being reported back into TRAK from our laboratory system. TRAK Radiology is also live at all four acute sites and is processing 38,000 investigations and 28,000 clinical reports each month, speeding up doctors' and nurses' access to test results.

Investing in buildings suitable for 21st century healthcare

NHS Lothian has embarked on an ambitious building programme to replace outdated facilities and bring services closer to local communities. Several of these projects reached key stages throughout 2007-2008 and a selection is described below.

Midlothian Community Hospital

The planned new Midlothian Community Hospital is expected to open in 2010, bringing services closer to home for local people. Outline planning permission was granted in February 2008 and construction work is expected to start early in 2009.

The hospital – to be built at Mayshade South, near Bonnyrigg - will have 88 beds: 40 frail elderly continuing care beds and 48 frail elderly mental health beds and a day hospital for older people with mental health problems. It will also provide a host of new services to the local community, including an outpatient department, x-ray facilities, diagnostics, child health clinics, physiotherapy and occupational therapy. The new hospital will also support some patients from East Lothian.



Artist's impression of Midlothian Community Hospital

Musselburgh Primary Care Centre

The planned Musselburgh Primary Care Centre made significant progress in 2007-2008. The centre – to be built on the old Wireworks site – is due to open in 2011. The centre will house three GP practices and related healthcare services and clinics, including physiotherapy, podiatry, community paediatric services, school nurses and community dental services.

Bonnyrigg Dental Centre

The new £1 million state-of-the-art Bonnyrigg Dental Centre opened its doors in September 2008, providing patients with a quick access, emergency dental facility. A total of five new, purpose-built dental surgeries will be situated within the former Bonnyrigg Health Centre. Two will provide emergency and short courses of treatment for unregistered patients. The other three surgeries will accept patients on referral for special care, frail older persons and paediatric services.

Bonnyrigg Dental Centre will be staffed by approximately 20 dental professionals, including dentists and dental care staff, supported by six administrative staff. It operates five days a week and is equipped with digital radiography and a decontamination unit for instruments.

Specialised dental care and equipment making use of the latest technology means that patients will receive high quality treatment during both routine and emergency appointments. The centre demonstrates our commitment to providing more accessible dental services for patients in their own community.

The community mental health team also operate from another wing of the building, providing an out-of-hours service for patients in East and Midlothian.

Royal Victoria Hospital re-provision

Plans to build new facilities to replace the current Royal Victoria Hospital's medical services have passed an important hurdle. The outline business case for the re-provision has been approved by the Scottish Government Health Department, subject to local authority planning permission being obtained.



Under the plans, the new facility will be built on the Western General Hospital site and provide accommodation for medical services for the elderly. This will include medical inpatient and outpatient services and the medical day hospital. All of the inpatient accommodation will be provided in single rooms, in line with Scottish Government guidelines. The project – which is being developed in partnership with the Patient Focus Public Involvement Group and other key stakeholders – is expected to be completed in 2012.

New children and young people's hospital

A new hospital for children and young people is due to open at Little France, on the Royal Infirmary of Edinburgh site, in 2012. Its planned location next to the RIE will ensure

the new hospital provides the safest possible hospital care for children, with its dedicated medical staff also able to work closely with their colleagues in both maternity services and adult services at the Royal Infirmary.

The outline business case for the new hospital was approved by the Scottish Government in July 2008. We are working closely with staff, patients, parents and all stakeholders to make sure we deliver the best hospital for children and young people that we can.

New Fauldhouse Health Centre and Community Campus

During 2007-2008, West Lothian Community Health and Care Partnership progressed work on the new £7.2 million Fauldhouse Health Centre and Community Campus. The new facility will offer integrated health, social care and community services for the local community.

The centre, which is also being built in collaboration with Lothian and Borders Police, will include two GP practices and associated community services, a pharmacy, swimming pool, library, crèche, health and fitness suite and a community youth room

Building work on the centre began in 2007-2008 and is due to be completed in 2009-2010. The development demonstrates our continued investment in healthcare services in West Lothian and the success of our working relationship with West Lothian Council.

New Medical Centre for Mayfield

A new medical centre offering a range of healthcare facilities opened in the Mayfield area of Edinburgh. The Conan Doyle Centre serves 3,700 patients and accommodates eight GPs from the Dr Taylor and Partners Medical Practice. The development includes community dentistry and offices for a range of staff, including district and psychiatric nurses, health visitors, dietitians, psychologists and podiatrists. The new centre replaces the Mayfield Road Surgery.



Other major investment in planned new buildings and services include:

- A new community hospital in Haddington to replace Roodlands and Herdmanflat Hospitals in East Lothian, due to open in 2012-2013
- New mental health facilities following the review of the Royal Edinburgh Hospital site
- A new endoscopy and theatre suite at St John's Hospital in Livingston due to open in April 2009 and a new day surgery centre at St John's, due to be completed in 2010.

Shaping tomorrow's care through Research and Development

Today's research leads to tomorrow's new treatments in healthcare, which is why we value and support research and development (R&D) initiatives across the organisation. In many areas of our work we have strong, valued and highly productive links with the University of Edinburgh. R&D is an integral part of our service and partnership working is key to its success.

Research activity remained at a steady level during 2007-2008. The greater involvement of Programme Leads in the facilitation of research has led to some novel approaches in specific areas, none more so than in Health Services Research, which is the first ring-fenced programme in Scotland.

Funds were allocated to 18 new small projects across the three themes of managing long-term conditions, health for all children and quality and diversity and these are already beginning to deliver outcomes. Closer working with service planning and redesign provides opportunities for embedding research in clinical practice and is proving successful in the outreach of research to service and operational managers.

The appointment of Professor James Law of the Centre for Integrated Healthcare Research (CIHR) at Queen Margaret University, as academic lead to support Mr Pankaj Mankad as clinical programme lead, ensures our enhanced links with local universities, which deliver training and research for non-medical healthcare professionals.

Collaborative activity and active research networks are the order of the day and this year has seen the development of a Scottish Dementia Research Network, to be led by Professor John Starr of Edinburgh and Dr Peter Connolly of Perth, to add to the other funded research networks in cancer, stroke, diabetes, medicines for children and mental health.

Collaborative working has also been in evidence in ACCORD (Academic and Clinical Central Office for Research and Development) within the University of Edinburgh's Queen's Medical Research Institute.

The R&D management suite run by the University of Edinburgh and NHS Lothian has had a major challenge this year in preparing for an inspection by the regulators of clinical trials, the Medicines for Healthcare Regulatory Authority. Although it is university systems that are being inspected on this occasion, it has been a good opportunity to increase our joint working. A dossier containing all of the required information was submitted in March 2008 and the inspection should take place in 2008-2009.

Despite these positive approaches, R&D management has had a bad press this year with many people citing over-bureaucratic processes, delays and a need for a 'one-stop shop' for approvals in Scotland. Locally NHS Lothian invested in a 'Lean in R&D' workout, which demonstrated that over 40% of applications for management approval were incomplete when received by the office.

By adapting our processes and becoming more proactive, we have reduced our turn-around time and improved customer satisfaction. Our aim is to have 95% of projects approved within 30 days of receipt of a complete and valid document set. At the national level, a single approval process for multi-centre studies is under development through a new initiative called National Research Scotland where a single regional generic review will be accepted by all Scottish Boards involved in the project. The development phase will last through 2008-2009.

In January 2008, the Board approved a new R&D Strategy for NHS Lothian. This document identified six key priorities which anticipated potential changes in R&D support funding. These are:

- Progressively ring-fence R&D support funding for research activity
- Support talented but overcommitted clinicians by protecting 'earned' researcher time
- Increase the focus on research associated with clinical services and their delivery, particularly recognising the need for greater involvement of community based healthcare professionals and of patients and carers

- Facilitate implementation of research findings which will lead to significant benefits in patient care and service delivery
- Capitalise on new opportunities arising from the link between NHS Lothian's growing infrastructure for clinical research and the University of Edinburgh's College of Medicine and Veterinary Medicine's internationally recognised power in basic to clinical translational research
- Recognise the impact on NHS Lothian of the changes in research support and funding consequent to the Cooksey report and be prepared for new initiatives.

The embedded nature of R&D support funding in the past has made a culture of involvement in research difficult to promote in the face of clinical service demands and efficiency savings.

NHS Lothian has been far-sighted in providing increasing resource to the Clinical Research Facilities to promote and protect their reputation as exemplars of how to do clinical research. Loss of significant Priorities and Needs programme funding last year with a further loss anticipated in 2009 prompted the new priorities. Protected time for research, increased health services research and potential implementation of research findings have all been greeted enthusiastically.

How our award-winning staff are delivering

We know that our staff pull out all the stops every day to ensure that our patients get the best care possible. We are always pleased, however, when these efforts are recognised by those who are not directly involved with our organisation. In 2007-2008, NHS Lothian and those who work here were honoured for many activities ranging from communications to occupational therapy. Here is a selection of the year's successes:

Midwife scoops top award

St John's Hospital midwife Ruth Close was Midwife of the Year 2007. Ruth received this prestigious title following nomination for the award by patient Wendy Fraser, for supporting her through the trauma of losing her baby Nico just after birth. Wendy said Ruth went above and beyond the call of duty to support her and her husband through the loss of their son. Ruth invited Wendy to accompany her to pick up the award at the ceremony in London in November 2007.

Engineering award for bionic hand

The team behind the development of the i-LIMB Hand, the world's first commercially available bionic hand, won the 2008 Royal Academy of Engineering MacRobert Award, the UK's premier award for innovation in engineering. The bionic hand was invented by David Gow, the director of rehabilitation engineering services at NHS Lothian. David is also the director of research for Touch Bionics, which spun out of NHS Lothian in 2003. The MacRobert Award, first presented in 1969, recognises the successful development of

innovative ideas in engineering. Launched in 2007, after more than 20 years of research and development behind it, the i-LIMB Hand looks and acts like a real human hand and represents a generational advance in bionics and patient care.

Since the launch, more than 250 patients worldwide have been fitted with the hand.



Gold Award for greener laundry

Converting the laundry at St John's Hospital to use rainwater not only cut bills - it also proved a key factor in winning a Healthy Working Lives Gold Award. More than 10 million items a year



are washed by the laundry, so cutting the demand for mains water by 30% made a big difference. The rainwater system cost £117,000 but had soon paid for itself. It also makes a vital contribution to NHS Lothian's efforts to become a greener organisation. The gold award is given to those who make outstanding efforts to make workplaces more environmentally friendly as well as for health improvement and community involvement.

Excellence in oncology award for SCAN

The Cancer Information Website (CIN) was named the Best Patient Support Initiative in Oncology at the Pfizer Excellence in Oncology Awards. CIN - developed by the South East Scotland Cancer Network (SCAN) - is a one-stop advice shop on cancer and cancer treatments, facilities and support groups. It is funded by NHS Lothian and three other health boards and staff across these organisations make a valuable contribution to the information on the site. For more information, visit www.scan.scot.nhs.uk

National award for pharmacy project

NHS Lothian was among the winners in the National Training Awards, thanks to a pioneering partnership with Telford College, NHS Highland and NHS Greater Glasgow and Clyde. This was the result of a highly successful project to address the need for a nationally-recognised qualification for pharmacy technicians, which aims to design, implement and evaluate training in response to skills shortages, quality improvement and health sector reform.

The initial formal partnership between Edinburgh's Telford College and NHS Lothian was established in 1997 to develop new national qualifications for pharmacy technicians and to implement a joint delivery model within the pharmacy service. The learning models have since been developed and extended across other health boards.

Simpson's retains UNICEF Baby Friendly Award

The Simpson's Centre for Reproductive Health, at the Royal Infirmary of Edinburgh, retained its UNICEF Baby Friendly Award in recognition of the work staff do to support new mums in breastfeeding. The award was presented to the unit as part of National Breastfeeding Awareness Week at a special tea party attended by parents, babies and staff. The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme that provides a practical and effective way for health services to improve the care provided for all mothers and babies.

Volunteers' award for Malcolm

Across NHS Lothian, teams of volunteers play a variety of important roles to help patients and staff. They are valued partners in care and NHS Lothian has developed a volunteering action plan in recognition of their efforts. For more than 25 years, Red Cross volunteer Malcolm Hutchison spent his spare time helping out in the Accident and Emergency (A&E) department at the Royal Infirmary of Edinburgh. After retiring from his volunteering duties at the start of 2008, Malcolm received a prestigious prize in recognition of his

hard work. Malcolm received the Volunteers' Award at the fifth annual Scottish Health Awards. A&E staff, impressed with his dedication and professionalism, nominated Malcolm for the award. Malcolm was often the first to volunteer to work the A&E Hogmanay night shift, which is the busiest time of the year.

European award for partnership project

A pioneering alliance of bodies in 18 countries to combat depression and suicide has won a prestigious European award. The European Alliance Against Depression (EAAD), which has an NHS Lothian-supported alliance as the only UK partner, won the first Gastein Award at the European Health Forum Awards in October. The new award, presented at the most important health policy event in the European Union, honours outstanding initiatives in the area of healthcare. The EAAD was recognised for its unique four-stage approach to improve diagnosis and treatment of people with depression. The Lothian Alliance Against Depression (LAAD) is supported by NHS Lothian, the University of Edinburgh's Department of General Practice and the Scottish Government.

Hospital radio commended

Radio Grapevine, St John's Hospital's own station, was highly commended in the National Hospital Broadcasting Association Awards. The station, launched in 1991 and run entirely by volunteers, provides patients with a round the clock service seven days a week.

National award for physiotherapy pain network

The Lothian Physiotherapy Pain Network won a national award and a £2,000 grant after being awarded third place in the NAPP Pharmaceuticals Achievement in Pain Practice Award, which recognises excellence and innovative practice in pain management. The members won the award for their work on a project to implement formal training in managing pain for all physiotherapists in Lothian over the next three years.

Estate teams recognised for quality standards

The estates department at the Western General Hospital (WGH) was awarded a prestigious quality standards award - ISO 9001 accreditation - following an audit by the British Standards Institute. Now all of NHS Lothian's acute hospitals are serviced by an estates team tested and found to be operating at international levels of quality. Quality accreditation embraces a commitment to continuous improvement and will be regularly assessed by external auditors.

Partnership in practice award

Alison Jarvis, project manager for the Review of Nursing in the Community, was awarded a Partnership in Practice Scotland award by the Queens Nursing Institute Scotland. Alison, accompanied by two colleagues from NHS Borders and Queen's University, used the funding for a week-long study tour to Iceland in October to explore their community nursing

provision. Iceland has a generic model of provision, with community nursing teams covering post-natal care, mothers and children, home nursing, treatment room nursing and a telephone triage/advice service. Lessons from Iceland will help inform the work underway in Lothian to test and develop the generic community health nurse model.

NHS Lothian scoops innovation and excellence award

Pioneering work has been recognised with a national award from the Mental Health Nursing Forum Scotland (MHNFS). The Self Harm Project, based at the Royal Edinburgh Hospital, won the Award for Outstanding Achievement at the National Awards for Practice Innovation & Excellence in Mental Health Nursing. The project is about sharing knowledge and supporting colleagues in order to enable them to deliver a patient focused service. The award recognises the collaborative work between service users and staff.

HIV campaign scoops top PR award

A campaign by NHS Lothian to raise awareness of the continuing dangers of HIV was awarded the top prize at one of Scotland's most prestigious communications awards ceremonies. Judges for the Communicators in Business (CiB) Scotland awards awarded the campaign the Grand Prix of the whole event.

Award-winning communications

NHS Lothian's communications team were winners in three other categories at the

Communicators in Business (CiB) Scotland Awards, winning Best Website and Best Use of Photography in a PR Campaign. Clifford Burden, Communications Manager, was named Communications Manager of the Year. NHS Lothian also received "highly commended" certificates for the staff newspaper *Connections* and for best corporate communications team.

The Communications Team also did well in the prestigious Chartered Institute of Public Relations (CIPR) Pride Awards 2007, winning a silver award in the best website category (for our public website at www.nhslothian.scot.nhs.uk) and winning certificates as finalists in the Communications Team of the Year category and Best Newspaper or Magazine category (for the staff newspaper *Connections*).

Accolade for vision support centre

The Vision Support Centre at the Princes Alexandra Eye Pavilion (PAEP) has been



recognised for its partnership work. The centre was shortlisted for a Third Force News Award – or Tiffany for short – at the Scottish Council for Voluntary Sector Organisations' annual dinner. Third Force News is the voluntary sector newspaper for Scotland. Run by the Royal National Institute for the Blind, in partnership with NHS Lothian and the City of Edinburgh Council, the Vision Support Centre opened its doors in 2004, and has three members of staff - two of whom are registered blind. The centre provides information and advice, a listening ear and helps out with people's practical needs. It can provide simple aids and equipment to make everyday life easier for those with sight problems. Patients and carers can use a specially-adapted kitchen designed by Heriot Watt University and donated by B&Q to learn about safety and try out equipment.

Winning submissions

Staff from NHS Lothian have been gaining nationwide recognition for their work on poster submissions. The risk management team attended the NHS QIS Delivering Quality Improvement in NHSScotland National Clinical Governance Conference at Airth Castle in January, organised by NHS Quality Improvement Scotland and attended by all health boards across Scotland. The risk management poster presentation, led by John Forrester, risk management facilitator, won first prize at the conference as the overall best abstract submitted and presented. This was developed in house by John and was a massive achievement for the team.

Improving Care, Investing in Change – progress report

Substantial progress was made throughout the year in each of the strands that make up our Improving Care, Investing in Change (ICIC) modernisation programme.

ICIC involves the majority of our staff and also stretches out beyond NHS Lothian to other health boards and to agencies such as local authorities. Patients and the public are also important partners and have had substantial involvement in drawing up plans and looking at the best way forward.

Many of the ICIC strands are described in more detail elsewhere in this report, but here is a snapshot of progress across the main areas.

Better Acute Care in Lothian (BACiL)

The BACiL project aims to make the best use of NHS Lothian's three main adult acute teaching hospitals: St John's, the Royal Infirmary of Edinburgh and the Western General. Throughout 2007-2008, work has continued to develop these sites further as centres of excellence providing access to the same quality of care for patients – wherever they live in the Lothians. Highlights in the last year include:

- Members of the public have had substantial involvement in the ongoing **rezoning project**, which aims to ensure that people are taken to the most appropriate hospital, taking into account their medical needs and where they live. A session involving patients in February 2008 underlined that changes must be

supported by better transport links (for patients and visitors) and NHS Lothian is working with partner organisations to achieve this.

- **Hospital at Night** – a new way of providing medical cover overnight – continues to bed in at St John's Hospital, the Royal Infirmary of Edinburgh and the Western General Hospital and a similar system is being developed for Liberton, the Royal Victoria, Astley Ainslie and Roodlands Hospitals.
- **Cardiology services** have been modernised and reconfigured, with consultant-led services remaining on five hospital sites. The changes were implemented in July 2007. An early review of outcomes in 2008 found that significant improvements had been achieved. In particular, the new system means that patients across Lothian have much more equitable access to services, regardless of where they live.
- During the year we continued to demonstrate our commitment to **St John's Hospital**, by increasing the services it provides and investing in a wide range of service developments. In Spring 2008 we appointed a Site Director at St John's as part of ongoing work to further strengthen the locally-based team that runs the hospital. During the year work continued on the new endoscopy and

theatre suite, due to open at St John's in April 2009 and a new day surgery centre at St John's, due for completion in 2010.

- **Change and modernisation** is an ongoing process and has to be flexible enough to adapt to the latest circumstances. In ensuring that we do the right thing, we involve staff and other stakeholders in the decision-making process. Following an extensive review, we announced in November 2007 that colorectal services should stay at the Western General Hospital (WGH) and not transfer to the Royal Infirmary of Edinburgh (RIE).

Colorectal services

The transfer of colorectal services from the WGH to the RIE was originally recommended – under ICIC plans approved in 2005 – due to changes to junior doctor hours and training programmes and concerns that medical rotas would not be compliant with the European Working Time Directive by 2009. Another factor was the need to redesign services to improve patient waiting times and meet Government targets.

However, since 2005, patients have benefited from a major redesign of colorectal services at the WGH, which has resulted in waiting times being cut. And initiatives such as Hospital at Night and Modernising Medical Careers have improved medical staffing/rota arrangements.

The decision to keep colorectal services at the WGH shows that ICIC implementation responds to advances in care and changes in the way of working. An important factor in the decision to keep services at the WGH is that they are close to other specialist services, including gastrointestinal, cancer, urology and interventional radiology. The best option for delivering the highest possible quality of care for patients from across Lothian is for the hub of the colorectal unit to remain at the Western General Hospital while continuing outreach services in St John's Hospital, Roodlands Hospital and Leith Community Treatment Centre.

Mental Health and Wellbeing

2007-2008 was an exciting year for mental health and wellbeing, with new developments across Lothian. Particular emphasis has been placed on joint working with other agencies such as local authorities and the voluntary sector and service user and carer input continues to be at the heart of everything we do. Highlights from the year include:

- Setting up Scotland's first service specifically for veterans of the armed forces
- A pioneering counselling service for deaf people
- Closure of outdated and isolated acute inpatient mental health beds at Rosslynlee, following the introduction of enhanced community mental health services in Midlothian.

Older people's services

Progress continues on the older people's services strand of ICIC. All changes are based on a set of agreed principles and are aimed at ensuring that appropriate hospital services are there when required, but enabling people to be treated at home where possible. Highlights from 2007-2008 include:

- Progress has been made on four joint capacity plans for older people, which are being developed in partnership between the Community Health (and Care) Partnerships and local authorities. The plans identify the accommodation and services necessary for meeting local needs now and in the future
- Substantial progress has been made on moving medicine services to fit-for-purpose, modern facilities on the Western General Hospital site. The outline business case was approved by the Scottish Government in June 2008
- Older people's orthopaedic pathways are being reviewed to improve their experiences of acute services and rehabilitation. This includes putting in services so that they can continue rehabilitation at home and therefore be discharged earlier from hospital.

Royal Hospital for Sick Children reprovion

Development of a new hospital for children and young people was added to the ICIC project in 2006. Throughout 2007-2008, a great deal of work went into preparing the outline business case for the new hospital (which was approved by the Scottish Government in the summer of 2008). There has been extensive engagement with staff, patients and parents and a Young People's Advisory Panel has been established and has met several times.

Lean in Lothian - empowering staff to improve services

We strive to ensure our patients get the best treatment, which means making the best use of our time and resources.

Our innovative lean management programme, *Lean in Lothian*, is benefiting patients and staff by improving the way we plan and deliver health services. Lean in Lothian taps the wisdom of the staff at the frontline to find out how services can be improved. It is based on the principles of “Kaizen” – a Japanese word meaning “change for the better” or “improvement.”

The programme, run in conjunction with GE Healthcare, involves training staff to spot opportunities for change and empowers them to make that change happen. It is a proven business technique being applied in many different areas of our work to streamline systems and processes.

So far the programme has resulted in substantial improvements in mental health, primary care, acute services and key support services. It has had a dramatic effect on waiting times, including both cancer and non-cancer waiting times.



The target for the maximum wait for cancer treatment from an urgent referral is two months. Streamlining work begun in February 2008 saw the initial referral for treatment of breast cancer cut to under three weeks. The same process applied to follow-up care has also produced good results, freeing up more staff and resources to treat cancer patients promptly.

For non-cancer services, similar techniques are helping us towards our stretched Local Delivery Plan target by March 2009 of a maximum wait of 12 weeks from GP referral to first outpatient appointment (as against the actual waiting time guarantee of 18 weeks).

Services are being redesigned by our managed clinical networks and more money is being invested where needed to provide more clinics. For example, £500,000 has been invested to increase access to specialist dental services at St John’s Hospital, whose work is vital in helping patients with facial injuries, as well as those who have cancer of the head or neck.

The results can be immediate. For example, changes introduced as a result of Lean in Lothian have already led to reductions in the number of patients who do not attend for appointments, which allows us to plan and use resources more effectively. This means shorter waiting times for patients and faster turnaround for results.

In 2007-2008, 14 ‘Lean’ projects were delivered. The range of areas tackled was greatly extended, with projects in areas of mental health and substance misuse, in laboratory services and hospital decontamination and sterile supplies, as well as further projects in acute service departments.

Further work has been taken forward to build on improvements already achieved: in breast services (follow up), colorectal (diagnosis to treatment) and discharge processes (medicine).

Patient experience and involvement has been further strengthened, with patients and carers directly involved in the mental health project Kaizen, and patient views directly sought in cardiology, breast services follow-up and colorectal projects to support service redesign.



Once again, the projects have delivered significant immediate impact on staff and patient experience in terms of improved efficiency, greater equity of response and improved reliability. We are making better use of resources due to reductions in patient DNAs (when patients Did Not Attend for appointments) better targeting of staff time to deliver direct care, reduced waiting times and faster turnaround time for results.

Mental health acute admissions

A five-day Kaizen event in February 2008 set out to improve the patient experience and service model in acute adult mental health at the Royal Edinburgh Hospital. Participants demonstrated a huge enthusiasm for change and key outcomes from the week include:

- Agreeing a model and operational policy for Intensive Home Treatment (IHT) to enable care to be provided, where appropriate, outside the hospital setting.
- Adoption of the “Star Wards” framework to improve the inpatient experience.
- Pilot of new roles (discharge coordinator; housekeeper) to release nurse time and support increased therapeutic activity in alignment with care plans.
- Streamlined documentation to improve flow and reduce duplication and time for patients and staff.

- Improved patient information (Welcome Pack; Personal Recovery File)
- Improvements in the physical environment in the Andrew Duncan Clinic.

Other examples of improvements include:

- A one-stop clinic for new patients at the breast service, which allows most patients to get an outcome at their first appointment
- Same-day sorting, patient assessment (triage) and giving appointments for outpatient referrals in gastrointestinal and general surgery at the Royal Infirmary of Edinburgh
- Increased therapeutic activities and staff skills development programmes in acute mental health wards.
- Outstanding results emerged from a ‘Kaizen’ event held in February 2008 involving staff in our Hospital Sterilisation and Decontamination Unit (HSDU). Applying ‘lean’ thinking to the service resulted in putting in place a new system for identifying and correcting faults with instruments, saving a total of 21 hours staff time per day, removing more than 5,000 redundant instruments from the system and introducing a new system for identifying missing instruments.

NHS Lothian abroad

While our focus is naturally the people who live in our region, we are proud to say that we also look beyond even our national boundaries and are increasingly working with other countries. We recognise that we have a great deal to offer people in less-developed nations, such as Malawi, but also that we can learn lessons which can then improve the way we run services here in Lothian.

Healthcare is becoming increasingly globalised and it is right and proper that NHS Lothian should be forging partnerships with healthcare providers elsewhere. Here some examples:

Working in partnership with Malawi

An ever-closer relationship has developed between NHS Lothian, its staff, and the people of Malawi. In May community psychiatric nurse Geoff Earl joined a Royal College of Nursing team dedicated to helping the African country develop its nursing capacity.

Later in the year community health visitor Lisa Drayson joined Voluntary Service Overseas (VSO) for a two-year stint as a nurse educator which will allow her to pass on her skills to the local community. Her decision was inspired by an article in NHS Lothian's award-winning *Connections* staff newspaper.

A second book of MUMs recipes was also published by Edinburgh midwife Linda McDonald to raise money for the building of a Wellness Centre in Lliongwé, Malawi. Funds will also go to help a project designed to

prevent mother-to-baby transmission of HIV/AIDS. NHS Lothian staff also hosted four Malawian healthcare professionals who were on a three-month trip to the UK to learn new approaches to dealing with epilepsy, which affects one in 50 of the population.

Technology improves communication with Russia

The first video conferences have taken place allowing cancer experts from the Royal Hospital for Sick Children to exchange knowledge with Russian colleagues. The initiative got off the ground in October after more than two and a half years planning and work to overcome technical obstacles.

Paediatric haematologist Angela Thomas led the inaugural link-up which took place with staff at the newly created Child Haematology Centre in St Petersburg. While childhood cancer survival rates in the Lothians match anywhere in the world our staff are constantly looking for ways to further improve services and St Petersburg is a centre for advanced research and sophisticated treatment.

Similarly the Russians are keen for their patients to benefit from Scottish know-how. In a similar spirit of co-operation NHS Lothian and local authorities welcomed 14 Swedish visitors in November. The group was keen to learn how Lothian manages health and social care for older people.

Zambia partnership makes progress

Further progress has been made by the Lothian Zambia Partnership in its work to exchange knowledge and experience in confronting HIV/AIDS. Richard Kasonde, a clinical officer whose work with HIV positive patients is funded by the partnership, says the increased availability of anti-retroviral drugs is making a real difference. His team runs clinics at Isubilo for hundreds of orphans, vulnerable adults and their families.

With many deaths being prevented, and patients able to lead fuller lives, the partnership is helping with the new challenge of enabling them to reintegrate with their communities and return to work.

Financial report

Financial targets

The Scottish Government Health Directorate (SGHD) sets 3 budget limits at health board level on an annual basis. These limits are:

- Revenue resource limit – a resource budget for ongoing operations
- Capital resource limit – a resource budget for new capital investment and
- Cash requirement – a financing requirement to fund the cash consequences of the ongoing operations and the new capital investment.

2. Financial Performance and Position

	Limit as set by SGHD £'000 (1)	Actual Out-turn £'000 (2)	Variance (Over)/Under £'000(3)
1 Revenue Resource limit	1,080,060	1,079,696	364
2 Capital Resource limit	40,254	39,874	380
3 Cash Requirement	1,082,108	1,082,102	6

The total saving of £364k against Revenue Resource limit (RRL) included £4,634k brought forward funding from last year. Consequently the additional cost over resources provided in year only was £4,270k (0.40% of allocation).

Payment policy

The board endeavours to comply with the principles of the Better Payment Practice code by processing suppliers invoices for payment without unnecessary delay and by settling them in a timely manner. In 2007/08 average credit taken was 46 days (2006/07 – 37 days). In 2007/08 the Board paid 42.96% (2006/07 – 49.74%) by value and 55.06% (2006/07 – 47.10%) by volume within 30 days. The number of creditor payment days has temporarily increased as many of the historical invoices settled have been outstanding for over a year. It is anticipated that the position will improve significantly in 2008/09.

Efficient Government

Cash Releasing Efficiency Savings totalling £24.2 million were achieved in year, including £10 million in respect of Efficient Government targets, delivering the highest performance in Scotland for the last three years. A further £2.5m of additional in year financial flexibility was also delivered.

NHS Lothian - Operating cost statement for the year ending 31 March 2008

2007		2008	2007	2008	CAPITAL OUT-TURN FOR YEAR ENDED 31 MARCH 2008	
£'000		£'000	£'000	£'000		
	Clinical Services Costs		42,614		Capital Resource Limit set by SGHD	40,254
1,028,132	Hospital and Community	1,070,907	<u>41,977</u>		Capital Expenditure Out-turn	<u>39,874</u>
169,824	Less: Hospital and Community Income	<u>186,045</u>	637		Saving against Capital Resource Limit	380
<u>858,308</u>		884,862				
300,842	Family Health	311,465				
15,431	Less: Family Health Income	<u>15,971</u>				
<u>285,411</u>		295,494				
1,143,719	Total Clinical Services Costs	1,180,356				
7,579	Administration Costs	8,036				
<u>0</u>	Less: Administration Income	<u>0</u>				
7,579		8,036				
14,896	Other Non Clinical Services	15,451				
60,330	Less: Other Operating Income	<u>41,317</u>				
<u>(45,434)</u>		(25,866)				
<u>1,105,864</u>	Net Operating Costs	<u>1,162,526</u>				

SUMMARY OF REVENUE RESOURCE OUTTURN

2007		2008
£'000		£'000
1,105,864	Net Operating Costs (per above)	1,162,526
(18,241)	Less: Capital Grants from Public Bodies	(12,993)
(59,360)	Less: FHS Non Discretionary Allocation	(65,505)
<u>-</u>	Less: Other Allocations- Asset Impairment	<u>(4,332)</u>
1,028,263	Net Resource Out-turn	1,079,696
1,032,897	Revenue Resource Limit	<u>1,080,060</u>
<u>4,634</u>	Saving against Revenue Resource Limit	<u>364</u>

Independent auditor's statement to the members of Lothian Health Board on the summary financial statement

I have examined the summary financial statement which comprises the operating cost statement, the balance sheet and the summary of revenue and capital outturn.

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 123 of the Code of Audit Practice approved by the Auditor General for Scotland, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Board and Auditor

The Board of NHS Lothian is responsible for preparing the summary financial statement within the Annual Report in accordance with guidance issued by the Scottish Government Health Directorate.

My responsibility is to report to you my opinion on the consistency of the summary financial statement with the full audited financial statements of the Board and the Directors Report.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement. The other information comprises only the paragraphs relating to financial targets, financial performance and position and the payment policy.

Basis of opinion

I conducted my work having regard to Bulletin 2008/3 'The auditor's statement on the summary financial statement' issued by the Auditing Practices Board. My report on the board's full annual financial statements describes the basis of my opinion on those financial statements and on the Directors Report.

Opinion

In my opinion the summary financial statement is consistent with the full audited annual financial statements and the Directors Report of Lothian Health Board for the year ended 31 March 2008.

I have not considered the effects of any events between the date on which I signed my report on the full financial statements and the date of this statement.

Gillian Woolman
Assistant Director
Audit Scotland
Osborne House
1/5 Osborne Terrace
EDINBURGH
EH12 5HG

November 2008

Statement on internal control

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, set by Scottish Ministers, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

Purpose of the System of Internal Control

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve the organisation's policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and mitigate the principal risk to the achievement of the organisation's policies, aims and objectives, to evaluate the nature and extent of those risks and to manage them efficiently, effectively and economically. This process has been in place throughout the year ended 31 March 2008 and up to the date of approval of the annual report and accounts and accords with guidance from Scottish Government Health Directorate (SGHD).

Risk and Control Framework

As Accountable Officer I also have responsibility for reviewing the effectiveness of the system of internal control. The following processes have been established to inform my review of the effectiveness of the system of internal control.

The Lothian NHS Board meets regularly to develop and monitor its plans and strategic direction. The Board comprises the Chair and Chief Executive of NHS Lothian, non-Executive Board Members, and the Executive Directors of the organisation (including the Director of Acute Services of the University Hospitals Division (UHD) and, until 31 March 2008, the Director of Health and Social Care of City of Edinburgh Council).

The Primary and Community Partnership Committee (PCPC) supports integration across health and other agencies, and enable the CHPs and CHCP to coordinate and influence Lothian wide strategy and decision-making.

The Executive Directors of the Board and the CHCP and CHP General Managers meet on a fortnightly basis as the Executive Management Team to progress the delivery of the Board's agenda alternating between reviewing performance against key targets and a general business meeting. I also review performance and service delivery issues on a regular basis with each of my direct reports.

Lothian NHS Board has an established Finance and Performance Review Committee, which met seven times during the year ended 31st March 2008. This committee enables detailed consideration and discussion to take place on delivering financial and other performance targets, and ensuring value for money is achieved; including review of business cases to assist in informing the decisions of the Board. The operation of this committee has been recognised as good practice by Audit Scotland.

The Board has established a Performance Management Review system throughout NHS Lothian. This enables the Board to review performance against the requirements of the Local Delivery Plan, HEAT targets, and other aspects of organisational performance. This has been enhanced by the introduction of the MIDAS (Management Information Dissemination and Action System) reporting suite.

The Staff Governance Committee met four times during the year, continually assessing NHS Lothian's compliance with the NHS Scotland Staff Governance standards. The Committee also took forward and reviewed work on workforce planning, sickness absence management, the delivery of Pay modernisation benefits, and the updating of HR policies and procedures. Its remuneration sub-committee met on four occasions in its specific role to:

- Approve performance appraisal assessments for senior managers;
- Consider any redundancy, retirement or termination arrangements in respect of NHS Lothian staff and;
- Approve discretionary points to eligible specialist medical and dental staff based on competent recommendations from appropriate advisory bodies.

An established joint board of governance together with City of Edinburgh Council takes forward matters of mutual concern and interest on health and social care issues, with particular reference to the areas of child protection and vulnerable adults, which are standing items on the agenda. Policies are implemented through a joint appointment of a Director of Health and Social Care. The operation of the West Lothian Community Health & Care Partnership is subject to a similar approach with joint representation by NHS Lothian and West Lothian Council. Legal processes to complete the partnership agreement have yet to be finalised, but NHS Lothian has operated within the terms of the agreement. During the year management of the East Lothian and Midlothian CHPs was integrated.

The system of internal financial control is based on a framework of regular management information, administrative procedures and a system of delegation and accountability. In particular it includes:

- Comprehensive budgeting systems with an annual budget signed off by the Board, with a specific focus on public value
- Regular reviews by the Board and executive directors of periodic and annual financial reports, which indicate financial performance against forecasts
- Targets set to measure financial and other performance information, including cash releasing efficiency targets
- Clearly defined capital investment control guidelines
- Formal capital project management disciplines
- Regularly reviewed and updated standing orders, scheme of delegation and standing financial instructions which were last updated and approved in August 2007.
- Procedures within the finance department that continue to be documented and the operation of key financial controls, which are reviewed by internal audit following update and implementation.
- A quarterly review of the Corporate Risk Register.

The Internal Audit function provides the Board with regular reports together with recommendations for improvement. In addition the Chief Internal Auditor provides an annual report which includes his independent

opinion on the adequacy and effectiveness of the system of internal control across NHS Lothian. External Auditors have carried out a review of the internal audit function and have concluded that the function operates generally in accordance with the NHS Internal Audit standards.

The NHS Lothian Audit Committee met six times during the period ended 31st March 2008, supported by regular meetings of its Operational Audit Committee. The Operational Audit Committee was established in April 2007 to take forward detailed operational control issues formerly handled by the two divisional audit sub-committees. The NHS Lothian Audit Committee operates in line with the requirements of the NHS Scotland Audit Committee handbook.

The Chair of the Audit Committee submits an annual Statement of Audit Assurance to the Board. The Audit Committee routinely invites management to its meetings when audit reports from the managers' areas of responsibility are being considered.

The Healthcare Governance and Risk Management Committee met on a monthly basis during 2007/08. This committee provides assurance to the Board regarding the discharge of its responsibilities in respect of Clinical Governance, including the adoption of Scottish Inter-collegiate Guideline Network (SIGN) guidelines in the improvements to clinical practice. The Committee reviewed updates to the Risk Register, arrangements for Emergency Planning, Critical Incident Policies, Health & Safety matters and Business Continuity planning. Risk awareness sessions and prioritisation methodologies based on risk ranking and cost benefit analyses continue to improve the effectiveness of operational and clinical controls. This will assist progress to fully implement the NHS Quality Improvement Scotland (QIS) Standards.

The Chairs of the Staff Governance, Healthcare Governance and Risk Management and Financial & Performance Review Committees attend the Audit Committee. Minutes of all committees are also shared to further strengthen the overall governance controls on crosscutting issues. Annual reports from these committees inform the Board of its overall compliance with corporate governance standards within NHS Scotland.

The minutes from all sub-committee meetings are reviewed and approved by the Board.

The Board has in place a procedure for identification and communication of legislation, NHS Circulars and other guidance documents. The Board maintains a central register of documents circulated to appropriate staff for information and action.

A performance appraisal system is in place for all staff with personal objectives and development plans designed to support the Board in the attainment of corporate objectives approved by the Board.

Review of Effectiveness

My review of the effectiveness of the system of internal control for 2007/08 has continued to be informed by certification on internal controls by Director and General Management direct reports to the Chief Executive. This process became part of mandatory guidance for NHS Scotland from SGHD during 2007/08. The Chief Internal Auditor continues to lead the work on compliance with the system of control. This work is directed through an audit plan agreed by the Audit Committee and focuses on perceived control risk areas. Variations from the audit plan in year are reviewed and approved by the Audit Committee.

NHS Lothian has also been proactive in driving forward the use of LEAN methodology in delivering process redesign and enhancing productivity in areas such as diagnostics.

Highlighted in the previous statements on Internal Control were actions required to improve the control environment. Detailed below are updates on these actions that were outstanding at 31st March 2007. The Audit Committee and the Executive Management Team regularly monitor progress with implementation of audit recommendations from both internal and external auditors, including those carried forward from previous years.

During 2007/08 the Records Management Strategy was further developed by the Board's information management steering group with Partnership

Forum support and completed in October 2007. A records retention policy to support this was approved by the Board in January 2008.

Work to enhance the control over payroll payments to junior doctors was completed by end of July 2007. Monitoring of the position is continuous with regular updates to senior managers in clinical management teams. Overpayment levels year on year have been reduced by 45% and 80% of prior year overpayments have been recovered. Only 2 doctor training rotas within NHS Lothian remain non-compliant to European working time Directive regulations. All directorates will be compliant by August 2009.

Roll out of the NHS Lothian Northgate/Empower HR system was completed by November 2007.

The NHS Lothian Emergency Planning Strategic Advisory Group completed its work to formalise emergency planning arrangements within NHS Lothian in November 2007. This incorporated the role and responsibilities of the CHP/CHCP organisations and the Royal Edinburgh Hospital and Associated Services (REAS) elements of the former Primary Care Organisation. The planning arrangements are currently being subjected to an update review. The testing of the robustness of the Major Incident Plans within the CHPs, CHCP and REAS remains outstanding with particular emphasis on the co-ordination of work with local authorities. NHS Lothian will progress this to completion by August 2008.

2007/08 issues

For issues highlighted by internal and external auditors in 2007/08, a plan is in place to address weaknesses and continuously monitor implementation. Two unsatisfactory internal audit opinions were received as part of the 2007/08 internal audit programme. These related to capital project management arrangements on developments at the Prosthetic Bioengineering, Wheelchair and Associated Services facility at Astley Ainslie Hospital and the Cancer Centre Development at the Western General Hospital. The reports highlighted in particular the need for regular and clear project cost and progress reports and a clear role for the project

sponsors. The follow up actions on more effective project management arrangements for the capital programme are to be reported to the Audit Committee in August 2008.

The Practitioner Services Division (PSD) of NHS National Services Scotland has responsibility for calculating and making payments to Primary Care practitioners on behalf of NHS Boards. Assurance has been provided from the NHS National Services Scotland Service Auditor that no business critical issues have been identified from their work during 2007/08.

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the Executive Directors and managers within the organisation, who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letters and other reports.

Professor James J. Barbour
Chief Executive

Lothian Health Board Endowment Fund

Over the years, many thousands of patients have benefited from the purchase of additional equipment and amenities, made possible due to the generous donations by members of the public or other organisations to the Lothian Health Board Endowment Fund (Scottish charity No. SC007342, Inland Revenue No. CR 41376).

The endowment fund consists entirely of voluntary donations from individuals and non-government organisations. NHS Lothian staff benefit from further education and attending medical conferences funded from endowments. Medical research is carried out that would not be possible without donations.

The endowment fund enjoys tax concessions due to its charitable status. Donors may specify how they wish the donation to be used, for example at a specified hospital, department, ward or service. Or they may ask for their donation to fund research into a particular illness, or buy equipment for a hospital, department or community-based service. Individuals often choose to make bequests to hospitals in their Wills.

If you would like to make a gift, please complete the form below and send it with your donation to the address below. If you are a taxpayer and wish your donation to qualify within the Gift Aid Scheme, enabling the charity to claim tax at the basic rate, please complete the declaration. In this way the donation you make can be increased by 28%. If you prefer, you may pass your donation and (if appropriate) Gift Aid Declaration to the ward or department manager concerned. If you wish to make a bequest in your Will, please ask your solicitor to contact the Lothian NHS Endowments Office.

For further information on endowments please contact the Lothian NHS Endowments Office, telephone 0131 536 1021; fax: 0131 536 1023, or e-mail: Endowments@luht.scot.nhs.uk or write to Lothian NHS Endowments Office
Chalmers Hospital
55 Lauriston Place
Edinburgh
EH3 9HQ.

I wish to donate £.....to

.....

(Hospital/Department/Ward/Fund title etc) and enclose my cheque payable to Lothian NHS Endowments. Please indicate below if your donation is to be used for a particular purpose, or if your donation is to a specific hospital, department or service, that you wish the Trustees to use their discretion in deciding how to make best use of your donation.

.....

Name

.....

Address

.....

Post Code.....Date

GIFT AID DECLARATION, LOTHIAN HEALTH BOARD ENDOWMENT FUND

I wish this donation and unless I inform you otherwise, any further donations I may make, to be deemed Gift Aid Scheme donations and for the charity to reclaim tax on them.

Signed.....Date.....

The donor must pay an amount of income or capital gains tax equal to the tax we reclaim on your donations (28p for every £1 you donate).

NHS Lothian Annual Review – Monday 8 September 2008

Dear Charles

1. I am writing to summarise the main points and actions arising from our discussions at the Annual Review and associated meetings held in Lothian on 8 September.

2. I am very grateful to you, Professor Barbour and others in the NHS Lothian team for arranging a very informative and useful series of meetings and visits. As you know, I think it is important that we discuss a range of issues affecting NHS Lothian and Scotland as a whole in a public forum. I realise that a lot of time and energy goes into setting up these programmes and I would be grateful if you could pass on my thanks to all who helped to make the day a success.

Meeting with the Area Partnership Forum

3. I had a positive meeting with the Area Partnership Forum (APF) on a range of staff governance and workforce issues. There was good evidence of strong partnership working and I heard about the very good progress being made.

4. I was pleased to hear that you are nearing the end of the Agenda for Change assimilation programme but noted that a large number of reviews are underway. Progress is being made on the Knowledge and Skills Framework, but I heard that there is still a considerable way to

go. I was reassured that you will monitor this closely. Although the sickness absence target is proving to be challenging, I was very pleased to hear of the good progress being made. This is an important issue and I am impressed that the Board are close to meeting the 4% target.

5. I heard about the challenges with the Review of Nursing in the Community pilot and was pleased to hear of the progress made and the interest shown for the advertised posts. The Forum assured me of their confidence in achieving the Working Time Regulation compliance in all three acute hospitals and told me about the partnership working and other plans in place to do so.

Meeting with Area Clinical Forum

6. I had a constructive session with the Area Clinical Forum (ACF) which is very well organised, connected and well supported by the Board.

7. Patient safety is a major strategic development priority for NHSScotland and I was pleased with the enthusiasm shown by the Forum to secure improvements for those using the NHS, and for those who work in it. I heard a very positive account of the wide ranging efforts to tackle HAI. In particular, I heard about the pilot taking place at the Western General Hospital and the Royal Victoria Hospital to

tackle C.Diff. The Forum reported promising results at these hospitals and told me that the results of the pilot will be used to guide practice in other clinical areas in NHS Lothian. I would be interested to hear more about this positive area of work and how the Board intends to use the outcomes to reduce C.diff across NHS Lothian.

8. The Forum highlighted their concerns around doctors in training and I confirmed that we are aware of concerns about the new arrangements. There will be an opportunity to explore the issues in more depth at the meeting being arranged for Chief Executives and Medical Directors.

9. I heard how NHS Lothian is working closely with local councils and is making good progress in shifting the balance of care. The Forum told me about the focus on the management of long-term conditions to improve the health and wellbeing of people and also to reduce demands on secondary care and hospitals. I heard that developments in 2007/08 had recently begun to have an impact and that the full impact and benefits of revised models of care will begin to be realised in 2008/09.

Meeting with Patients and Patients' Representatives

10. I greatly value the opportunity to meet with people to discuss their experiences when using health and care services. I am grateful to those patients and carers who gave up their time to meet me and I welcomed their views and suggestions for improvement. We had an illuminating discussion about a wide range of issues.

11. I heard very positive comments confirming that there is strong patient and public participation in Lothian. Although the Public Partnership Forums are at an early stage, I heard evidence that people feel involved and supported to allow them to make a positive contribution. However, they highlighted that it would be helpful to receive appropriate feedback to demonstrate how they are influencing the delivery of services.

12. Patients, carers and the public appear to be involved in a number of strategies and in service redesign. I heard about involvement in the Royal Hospital for Sick Children Reprovision and the Royal Hospital Campus Review. In particular, I heard from a young lady who is a member of the young people's forum which supports engagement in the planning and design of the new Royal Hospital for Sick Children. I heard about strong engagement in terms of service redesign and how rewarding the experience had been for her.

13. However, I noted some concerns around the need for improved advocacy for children in their transition to adult services and for people moving into older people services. Access to advocates could offer much needed independent support to individuals who are in situations where they are vulnerable and also provide a link with those looking after them.

Visit to the A&E Department and the Laundry Facility

14. My visit to A&E enabled me to hear about some of the investment, upgrading and ongoing developments taking place within the Department, as part of the Board's evident and continuing commitment to St John's hospital.

15. I enjoyed my visit to the laundry and heard that all NHS Lothian laundry services are now based in St John's Hospital and that a significant re-equipping programme has improved processing pathways and, where possible, minimises manual handling. This type of work does not always get the same recognition as other services in the NHS and it was good to speak with the people behind the scenes and to thank them for the important work they do.

16. Please pass on my thanks to all concerned for making my visits so worthwhile.

Poster displays

17. I had a chance to walk round the poster displays covering a range of work in NHS Lothian and would like to thank all the staff who took part. I found the collection of 60th anniversary artefacts fascinating and the other displays enabled us all to reflect on the past, see how far health care has evolved over the last 60 years and look towards the future of NHSScotland.

Annual Review Meeting

18. After I reported back on the key points from my earlier meetings and visits, you provided a comprehensive review of your Board's progress during 2007-08. I noted the progress made on the Action points from 2007 and congratulated the Board for the progress it has made in addressing them. Many of these points were discussed later in the review meeting.

Improving health and reducing inequalities

19. NHS Lothian demonstrates a clear strategic approach to **health inequalities** and has a positive approach of high quality intervention and targeted initiatives. There is evidence of effective and genuine partnership working and on-going activity to improve the health of people in the Lothian area. I heard about a range of

programmes in place to provide interventions for those most vulnerable individuals, families and communities. Whilst life expectancy and healthy life expectancy are above average in Lothian, I was reassured that the Board target resources to those areas where poor outcomes are most likely.

20. It is encouraging to see a rise in the number of people being supported by NHS Lothian **smoking cessation** services. You told us that meeting the target is a challenge and that the Board is continuing to improve through redesign and by developing the pharmacy-based scheme to provide additional services.

21. NHS Lothian has an impressive and comprehensive approach to address **alcohol and drug misuse** and targets the hardest to reach whilst integrating services for all. I welcome the range of partnership and on-going activity to tackle misuse. The specialist Lothians and Edinburgh Abstinence Programme (LEAP) is worthy of some note. Although small scale, the service provided is intensive. We look forward to receiving progress updates on brief interventions and investment in delivery of treatment and support.

22. You confirmed that NHS Lothian had launched the **Human Papillomavirus Vaccine (HPV)** programme in September. I was pleased to hear that you have additional nursing staff in place, the consent letters are going out and that you have had a good response. We

discussed the slight fall in NHS Lothian's **cervical screening** rate (still above target at 81%) and I was pleased to hear of the rise in uptake as a result of redesign in the administration procedures.

23. While there is no longer a HEAT target for teenage pregnancy, Boards should still be working towards reducing the rate but it has remained static in NHS Lothian for the last few years. You told us about the relatively new 'Healthy Respect Drop-Ins' which are now well established and accessible to the target groups they serve. I congratulated you for your '**HIV Comeback Tour**' campaign which won the award for best photography and the Gold Award in the Communications in Business (CiB) awards for 2007. You explained that the Board had developed the campaign with the community at highest risk and are now building on the success of Phase 1 to extend the reach of the campaign.

24. NHS Lothian has done extremely well in working towards **extended opening hours for GP Practices**. I noted that 58% of practices had either contractually signed up, or expressed a willingness to provide extended hours. This is extremely good news for patients. I was reassured to hear that you are working with those practices currently unwilling to take part and with the Patients' Forum to evaluate the best approach. Equally, I am aware nationally of the need to work with GP's to try and ensure a sensible distribution of

these additional flexible hours to give greatest public benefit.

25. You then gave us an overview of your **screening** programme confirming that your colorectal screening has started. To ensure high uptake, you are encouraging participation in the whole eligible population, but particularly targeting groups likely to have lower uptake. The timetable for enhancement to the breast and cervical cancer screening programmes are challenging but you are confident that the right measures have been put in place. Although challenging to deliver, you confirmed your confidence that antenatal screening incorporating fetal anomaly scanning will be implemented in Lothian by the end of the year.

Shifting the Balance of Care towards Primary and Community Care

26. There is clearly a lot of activity being taken forward that complements and supports the national policy around shifting the balance of care. I heard how NHS Lothian is working closely with local councils and is investing in CHPs to increase the proportion of healthcare activity delivered in the community. Implementation of the Board's five-year Primary Care Modernisation Strategy is progressing well and I note that the full impact and benefits in revised models of care will begin to be realised in 2008/09.

27. I was impressed with NHS Lothian's work on **COPD** (Chronic Obstructive Pulmonary Disease) where there has been a marked reduction in readmissions. The Board is progressing its programme of anticipatory care and I heard that residents of care homes have been specifically targeted.

28. With regard to the new **community health nurse pilots**, you confirmed that you are in regular dialogue with a range of stakeholders, including GPs and frontline staff, and are now moving forward to testing how the new model will work. I will be very interested to learn how this pilot progresses over the coming months.

29. We spent some time reviewing mental health services and I was reassured to hear about the **Crisis Intervention Service** and appreciate that you will keep a close eye on how you are enhancing services to dramatically reduce admissions and provide more support for patients. We discussed the **Child and Adolescent Mental Health Strategy**. You confirmed that you are working closely with the South East and Tayside Regional Planning Group (SEAT) and are developing an action plan and a process for review. Mental Health remains a priority and we have added particular attention to improving services and the approaches for dementia care. We will wish to stay in control with progress on this.

30. We discussed the ambitious **Carers' Information Strategies** to improve carer

identification and the delivery of carer information and training. I was pleased to see that NHS Lothian had submitted a high standard Strategy which was approved in June. I understand the Board is making good progress in delivering the objectives. We will monitor progress throughout the year.

Access to services including waiting times

31. I was delighted to offer my congratulations on your performance against all the key targets. In particular, given the earlier challenges the Board faced, I was very pleased on the Board's delivery and considerable improvement against the target for **hip surgery** which has been addressed on a sustainable basis.

32. You assured me that the Board is well placed to meet the new target that no patient should wait more than **18 weeks between referral to treatment** by the end of 2011. Achieving this target will challenge NHSScotland to improve patient access to hospital services, and in doing so, increase the effectiveness of clinical care through faster access to outpatient consultation, diagnosis and treatment. I was delighted that compliance with **cancer** waiting times improved dramatically during 2007. You assured me that the Board was maintaining 100% and were confident that this improvement is sustainable. Regarding **day surgery**, we heard about NHS Lothian's

investment to expand the endoscopy unit and day surgery capacity at St John's hospital.

33. I welcome the joint LEAN initiative with the **Scottish Ambulance Service** to improve turnaround times at the Edinburgh Royal Infirmary in the interests of patient care. You explained that this work is in the early stages and that in the longer-term you will share the lessons learned across other Lothian hospitals.

34. I was pleased that NHS Lothian achieved the **delayed discharge** target in April. You told me that you are committed to sustaining this position although this was challenging. It was reassuring to hear that you are working jointly with your Council colleagues to consider care home availability and social work assessments.

Service Change and Redesign, including Patient Focus and Public Involvement

35. At the start of the Annual Review, you confirmed NHS Lothian's commitment to **sustaining three acute hospitals** in Lothian. I welcomed this continuing commitment. You are confident of sustaining services on all sites in view of the European Working Time Directive. You told me that 62% of rotas are compliant and that the Board is working hard to make the remainder compliant by the required date.

36. I noted that some **re-zoning of medical admissions** is feasible on clinical grounds but that challenges remain relating to the ability of transport providers and social work services to support the revised patient flows. You continue to work closely with stakeholders and expect a report to be submitted to the Board's Redesign Committee in October.

37. I was pleased to hear that the **Cardiology service** configuration had meant significant improvements in providing equitable access to cardiology services across Lothian, with continued local delivery of consultant led services.

38. We discussed the Board's ambitious **Capital Investment programme**. You updated us on the progress of a number of significant projects including the new Royal Hospital for Sick Children, where the Business Case has now been approved. You also provided an update on a number of other projects - the Midlothian Community Hospital, Haddington Hospital, Musselburgh Primary Care Centre and the Royal Victoria Hospital.

39. Public engagement is a central part of this Government's approach to public sector service planning and delivery. You updated me on the progress NHS Lothian had made to re-constitute the **South Edinburgh Public Partnership Forum (SEPPF)**. You told us about the independent review undertaken and

the steps NHS Lothian is taking to extend the SEPPF membership and develop the Forum's work on a wide range of health related issues through a programme that will involve the public more fully.

Improving treatment for patients

40. Healthcare Associated Infection (HAI) is a top priority and it is absolutely crucial that we get the right systems, training and awareness raising in place to minimise the risk of infection. You assured me that the Board is compliant with mandatory surveillance and has robust systems in place to monitor and report on any incidents of HAI, such as C-diff or MRSA.

41. You confirmed that the action plan steps laid down in the Scottish Management of **Antimicrobial Resistance Action Plan** have been partially completed. The Board must now progress quickly towards full implementation. I was pleased to hear that antibiotic prescribing is closely monitored to prevent and control HAI and forms part of the pilot project we discussed earlier to reduce C.diff rates.

42. In broader terms, we discussed **Patient safety**. NHSScotland is the first to have implemented a patient safety initiative across a whole healthcare system. This signals our absolute determination to secure improvements for those using the NHS, and for those who

work in it. I was pleased to hear that NHS Lothian has 670 Cleanliness Champions and that HAI is now incorporated in induction and mandatory training programmes. You confirmed that you have strategic links between Primary Care and the hospital based Patient Safety Programme and assured me of the Board's strong commitment to this reflected in the prominence given to patient safety on the Board's agenda.

43. You reassured me that the Board has robust arrangements in place for handling complaints. You have a range of methods to gather patient feedback on NHS Lothian's services and monitor reports by the **Scottish Public Services Ombudsman's (SPSO)** to secure safer, more effective services.

Finance, Efficiency and Workforce

44. I was pleased to learn that during 2007/08 you achieved all three **financial** targets for 2007/08 and overachieved the Efficient Government target. You told us that this achievement, plus additional local efficiency savings, was key to NHS Lothian delivering and sustaining recurrent financial balance. We discussed the Board's ambitious capital programmes under development and Efficient Government savings in future years where you indicated that you were aware of the key importance of continuing to deliver on efficiency savings targets. You advised that the Board is

aware that population growth is increasing demand on services but the Board has a well developed planning cycle in place and is liaising closely with the Health Directorates around the implementation of the new resource allocation funding formula.

45. The Board had submitted a comprehensive Action Plan for achieving the 2009 **Working Times Regulation target**. Work has already started to find new models of care to comply with the regulation by the end of this year. NHS Lothian has made a good start to considering workforce implications for all of the targets set. I was pleased to hear that NHS Lothian is close to completing the **Agenda for Change** assimilation programme. I was reassured that progress is being made on the **Knowledge and Skills Framework** and that an Action Plan for 2008/09 has been developed to ensure the target at the end of March 2009 is achieved. Although the **sickness absence** target is proving to be challenging, the Board has made excellent progress in reducing the levels of staff sickness absence and have an effective plan to achieve the target of 4%.

Question and Answer Session

46. 19 questions were submitted in advance and we spent 15 minutes answering some of these before taking further questions from the floor. I don't think it came as any surprise that

access to local services was a prominent concern and we need to take account of that. I welcomed the opportunity to make clear my continuing commitment to St John's as one of the Board's three vital acute hospitals, and I will look to the Board to work with partners to continue to develop an exciting and vibrant vision for St John's going forward.

Conclusion

47. Thank you once again to you and your team for making all the arrangements for the day. NHS Lothian has had a very good and positive year and is doing well in tackling the challenges ahead. I have set out some action points in the attached Annex.

Best wishes

Nicola Sturgeon
Deputy First Minister & Cabinet Secretary for
Health and Wellbeing

21 October 2008

ANNEX

NHS Lothian Annual Review 2008

ACTION POINTS

- Ensure you have robust arrangements for tackling HAI and continue to monitor steps taken to improve cleanliness and infection control.
- Keep us informed about the ongoing work to reduce C.diff across NHS Lothian.
- Provide progress updates on brief interventions and investment in delivery of treatment and support.
- Continue to improve Mental Health services and the approaches for dementia care.
- Keep us informed of the progress with re-zoning of medical admissions.
- Keep us informed about the progress with the Review of Nursing in the Community model being piloted in Lothian.
- Keep in close contact with us to find solutions for any problems which may arise when working towards the 2009 Working Times Regulations .
- Keep us informed on the progress of your Capital Investment programme including the new Royal Hospital for Sick Children.
- Provide us with a progress report on our joint commitment to maintaining three acute hospitals in Lothian.

www.nhslothian.scot.nhs.uk



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