Meeting the challenge

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Introduction

The financial year 2004-2005 was a landmark in the development of NHS Lothian. It was a year of delivery.

Lothian NHS Board is still a young organisation. Created in 2001 as a key step towards single system working, the unified board has continued to evolve. 2003-04 witnessed the dissolution of the region’s three separate NHS trusts and the creation of three operating divisions of the board.

Work in 2004-05 led to the dissolution of the Primary & Community Division and West Lothian Healthcare Division; the creation of a single acute division (the University Hospitals Division) and the creation of five new organisations called Community Health Partnerships (CHPs).

The vision is to create a single NHS system for all the people of Lothian, as a more streamlined and efficient way to provide care. Whereas 2003-04 was about consolidation, 2004-05 was the year when we were determined that the people we serve should begin to reap the benefits of change.

This annual report highlights some of the many advances that have been made in delivering better healthcare, for more people and more cost-effectively. It also highlights that it was a year in which we did more than ever before to connect with the public and ask what they want from the NHS.

In this way we laid the foundations for continued changes and improvements, some of which will already be in place and bringing results by the time you read this report.
Chair’s report

The future of healthcare lies in partnership. Only by acting together can we make sure that the people of Lothian enjoy long and healthy lives. This vision underscored much of what NHS Lothian achieved in 2004-2005 and what it is doing right now.

By working with our council colleagues we have driven down the number of patients, mostly elderly, kept in hospital when they no longer need to be there due to the shortage of care home places. And with the support of organisations such as the Centre for Change and Innovation, we pushed ahead with innovations like Patient Focused Booking (PFB). Thanks to PFB, thousands of patients in Lothian can choose the time of their appointment to suit their lifestyle.

We have taken important steps to ensure care is delivered when, where and how it best suits patients. For example we have abolished mixed sex wards.

We are constantly trying to shift services closer to where people live and to make them quicker. The introduction of more minor injuries clinics and the opening of the Chalmers Dental Centre, for the emergency treatment of patients not registered with an NHS dentist, achieved just this.

We have run awareness campaigns to protect patients from healthcare associated infections. NHS Lothian led the country in the introduction of alcohol hand rubs on wards at the Royal Infirmary of Edinburgh to prevent the spread of infections like MRSA.

We have listened to what patients and relatives say about our services and responded vigorously to their criticisms and praise. As the NHS is paid for by everyone it should be accountable to all. We welcomed the introduction of the Freedom of Information Act, which lets the public and media hold us to account.

In 2004-2005 we laid the foundations for new Community Health Partnerships and Local Health Forums, which put real decision-making power in the hands of the communities we serve.

There were also continued moves towards better regional planning and the sharing of resources between health boards. This was demonstrated by the award of permanent funding for a Learning Disabilities Managed Clinical Network, which brings together healthcare professionals, carers and users to organise services throughout the south east of Scotland. And it is, as ever, the dedication of our staff that drives these advances. All our successes are thanks to the enthusiasm of our doctors, nurses, managers, allied healthcare professionals, administrators, and every one else among the 28,000 people who work for us.

It is also the case that effective healthcare demands more than providing help when things go wrong. As a society we must do more to promote healthy living. This is why I was delighted with the development of the Lothian and the Scotland-wide sexual health strategies.

The last financial year saw us lay the foundations for Scotland’s 2006 ban on smoking in public places. This is a superb example of society working together for the health of its people. I firmly believe it is likely to be the single most effective measure ever taken to cut suffering and death from cancer, stroke and heart disease.

I believe that the achievements of our staff in hospital and community settings throughout Lothian are those of which our staff and the communities they serve can be proud. Throughout this report you will read of these achievements and of our endeavours to improve health services for the benefit of patients. The size and variety of the services we provide makes it difficult for a report of this kind to mention every department, development and achievement recorded during the year. Any omissions do not signal a lack of observation or appreciation.

We recognise that every member of staff plays an important role and I thank staff in all areas of the organisation for their commitment and contribution.

Brian Cavanagh
Chair, NHS Lothian
Chief Executive’s overview

The benefits of the root and branch modernisation of healthcare services for the people of Edinburgh and the Lothians are already being felt by patients and staff alike. More patients are being treated more quickly than ever before; we’re introducing innovative services and ways of working, while building on those that are already making a difference.

When Scottish Executive Health Minister Andy Kerr carried out a public review of our performance in 2004-2005 he declared that it had been another successful year. He commended NHS Lothian for not only meeting, but also exceeding targets for cutting inpatient waiting times and for successfully sticking to our budget. Indeed, we have met every waiting time guarantee set by the Scottish Executive.

Single system working - with its integrated approach to planning and delivering health care - continues to evolve, bringing benefits to patients and staff. National agreements are bringing far-reaching changes in employee pay, conditions and career opportunities. This brings immediate challenges in how to improve services while reducing the working hours of junior doctors, consultants and others.

We must ensure that the benefit of massive investment in improved pay and conditions for thousands of our staff is matched by real improvements in services. We have done this with new and imaginative approaches to how services are structured and by taking full advantage of having a single NHS system for all Lothian.

At the same time we have so far saved £1.2 million by cutting our dependence on expensive agencies for nursing cover. We now make effective use of our own bank of directly employed temporary nursing staff and ran a high-profile recruitment campaign to fill permanent vacancies. By becoming a more flexible and family friendly employer, NHS Lothian is better placed to attract and keep top quality employees.

Another major change has been the development of new out-of-hours services, meaning GPs no longer have to work unsocial hours and can concentrate on enhancing what they offer during the normal working week. We are also doing more to get the public, patients, carers and other organisations involved in shaping what we do. Our public consultation on reshaping services, Improving Care, Investing in Change, was the largest of its kind ever carried out in Scotland and our consultation process was praised by the Health Minister.

Another, very different organisational challenge, was in making preparations for the G8 gathering of world leaders in Scotland in July 2005 and the hundreds of thousands of marchers and protestors who gathered in the capital during the summit. It is a testament to our staff that they planned for this huge event while continuing with their normal jobs, and avoided disruption to patient services from start to finish.

Regardless of the progress in 2004-2005 there is still much to do. This includes meeting the 2007 target for all accident and emergency patients to be treated within four hours. There are many other areas, like waiting times for colorectal cancer patients, where we are striving to improve.

However, it was encouraging that projects such as Leith Community Treatment Centre were highlighted by Professor David Kerr as examples to the rest of Scotland in his report into the future of the NHS. The results of his long-awaited study emphasise that we must continue to modernise if we are to build a health service to meet all the needs of the 21st century. But it also confirms that we are moving in the right direction.

All the improvements achieved over the year are due to the skills and dedication of our committed workforce, to whom I extend my sincerest thanks and appreciation.

Professor James Barbour OBE
Chief Executive, NHS Lothian
NHS Lothian
Board Members 2004-2005

Brian Cavanagh
Professor James Barbour OBE
Mr Michael Walker
Mr Eddie Egan
Councillor Kingsley Thomas
Councillor Ann McCarthy
Councillor Danny Molloy
Councillor Graeme Morrice
Dr Ian McKay
Mr David Belfall
Mr David Crichton
Mr Fernando Diniz
Ms Erica Hughes
Miss Lesley Jamie
Mr Stephen Renwick
Mr Satnam Singh

Mrs Carole Stevenson
Mr Robin Burley MBE
Mr Murray Duncanson
Mr David Bolton MBE
Mr Stuart Smith
Mr Robert Anderson
Mr Peter Gabbitas
Professor John Savill
Dr Alison McCallum
Dr Anne Maree Wallace
Mr John Matheson
Mrs Patricia Murray
Dr Peter Shishodia
Ms Jacqui Simpson
Dr Charles Swainson
Mr James McCaffery
Mrs Jackie Sansbury

Non Executive Lay Member
Chairman
Chief Executive
Chief Executive
Chief Executive
Chief Executive
Chairman
Chairman
Chairman
Chief Executive
Director of Public Health
Acting Director of Public Health
Director of Finance
Non Executive Stakeholder Member
Non Executive Stakeholder Member
Non Executive Stakeholder Member
Non Executive Stakeholder Member
Non Executive Stakeholder Member
Non Executive Stakeholder Member
NHS Lothian Nurse Director
NHS Lothian Medical Director
Director of Human Resources
Director of Healthcare Planning

City of Edinburgh Council,
Non Executive Stakeholder Member
East Lothian Council
Non Executive Stakeholder Member
Midlothian Council
Non Executive Stakeholder Member
West Lothian Council
Non Executive Stakeholder Member
Chairman
Local Healthcare Cooperative
Professional Committee
Non Executive Lay Member
Non Executive Lay Member
Non Executive Lay Member
Non Executive Lay Member
Non Executive Lay Member
Non Executive Lay Member
Non Executive Lay Member
Non Executive Lay Member
Non Executive Lay Member
(untill 30th September 2004)
(untill 1st October 2004)
(untill 13th June 2004)
(untill 30th April 2005)
Lothian NHS Board invests approximately £1 billion a year in health care services as it carries out its main role to protect and improve the health of the people of Lothian and plan services for the local population. In this work, NHS Lothian is committed to forging effective links with all its partners in care, such as patients, staff, local communities and excluded groups, so that their needs and views are placed at the heart of the design and delivery of local health services.

NHS Lothian...

- Is the region’s biggest employer, with 27,896 staff
- Has approximately 15,000 nursing (registered and unregistered) and midwifery staff and around 2,700 medical staff
- Has a projected paybill for 2005-2006 of £650 million
- Provides services for the second largest residential population in Scotland - circa 800,000 people
- Provides a wide range of specialist services for the whole of Scotland, including cancer services, neurosciences, neo-natal intensive care, transplant centre, regional infectious diseases unit, and highly complex surgery such as cardiac, vascular and maxillo-facial
- Has more than 2,400 acute hospital beds (including rehabilitation and paediatrics but excluding maternity).

During 2004-2005, NHS Lothian managed:

- Nearly 600,000 outpatient episodes
- 87,629 inpatient episodes
- 56,706 day case episodes
- 61,950 emergency admissions
- Treated 153,790 new attendances in Accident & Emergency and Minor Injury services (in A&E at St John’s Hospital, the Royal Hospital for Sick Children and the Royal Infirmary of Edinburgh and Minor Injuries at the Western General Hospital).
New service developments

NHS Lothian is always looking for ways to deliver new benefits for patients, staff and the community as a whole. There were many successes in 2004-2005. In many cases services were moved closer to where patients live, or even provided in their own homes.

Here are just ten examples that give an idea of the advances that took place:

- **New treatment centre**: The £8 million Leith Community Treatment Centre opened, providing swift, high quality care in state-of-the-art surroundings close to people’s homes.

- **New ways of working**: In a world first, NHS Lothian set up a new team to help people with the eating disorder anorexia nervosa. The Anorexia Nervosa Intensive Treatment Team (ANITT) provides intensive support and treatment to people in their own communities.

- **New local services**: A renal unit opened at St John’s, so West Lothian kidney patients no longer have to go to Edinburgh for dialysis.

- **New GP services**: The opening of the Eastfield Medical Centre, Penicuik, brought together family doctors and other healthcare professionals to provide a range of services under one roof.

- **New approaches**: Staff in the Minor Injuries Clinic at the Western General Hospital continued their award-winning work, listening to patients’ views and experiences and providing patients with an expanding range of high quality local services.

- **New dental services**: The innovative Chalmers Dental Centre was set up to provide emergency care for patients not registered with a dentist.

- **New systems**: The introduction of the innovative Patient Focused Booking system means that thousands of patients in Lothian can choose the time of their appointment to suit their lifestyle.

- **New staff contracts**: NHS Lothian moved ahead with improved terms and conditions which give staff a better work-life balance.

- **New roles**: Patients are benefiting from a nurse-led chest pain service at the Royal Infirmary of Edinburgh. This is just one example of how our nursing and other clinical staff are taking on enhanced roles and developing extra skills to offer patients better and faster services.

- **New initiatives**: In another first, ‘Number 6’, a one-stop shop advice and support centre for adults with high functioning autism or Asperger Syndrome, opened in Edinburgh.
Delivering for patients

Focus on delivery

The year 2004-2005 was one of delivery, with progress made on key targets including waiting times, delayed discharge and healthcare associated infections. Action taken throughout the year has provided a firm foundation from which we continue to improve.

Delivering on waiting times targets

Thanks to our staff, we have a strong record in meeting - and beating - national and local targets on waiting times. On 31st December 2005, a new national guarantee takes effect that no patient should wait more than 26 weeks for an outpatient appointment, from the time of referral. We are committed to achieving this target and to building on real progress made throughout 2004-2005 to ensure patients are seen and treated as quickly as possible.
NHS Lothian agreed with the Scottish Executive that the numbers of patients waiting more than 26 weeks for an outpatient appointment would be reduced to 6,551 by the end of March. The actual number was 5,153, meaning the board surpassed its target by almost 1,400 patients or 20%. To put it in context, the number of patients waiting more than 26 weeks more than halved between July 2004 and March 2005.

NHS Lothian also agreed with the executive that the number of people waiting more than six months for day case or inpatient treatment would be reduced to 433. Again this target was beaten, by almost 100. At the end of March, 339 patients were waiting more than six months. Measures are in place to reduce this still further. Only two specialties, orthopaedics and urology, still have patients waiting more than six months but there are plans to reduce this to meet the target.

During the year, NHS Lothian secured additional resources from the National Waiting Times Unit and the Centre for Change and Innovation to help fund waiting times initiatives. This, together with innovative and flexible work by our staff, has enabled us to invest in a number of measures to enhance the way in which services are managed and delivered.

The result is that patients are being seen more quickly and receiving even better treatment than before. Nearly half of NHS Lothian’s elective inpatient admissions are now seen within 30 days and the vast majority of NHS Lothian elective inpatients are seen within four months.

NHS Lothian also continues to meet the national targets for angiography and cardiac revascularisation that came into force in June and December 2004. These are a maximum of eight weeks and 18 weeks respectively.

We are not complacent, however, and will maintain our efforts to drive down waiting times as part of our commitment to continually improve our clinical services.

Delivering on delayed discharge

Ensuring that patients have somewhere suitable to go when they are discharged from hospital remains a priority. Delayed discharges result when people who no longer need to be in hospital continue to occupy a hospital bed because of an inability to access care home places or home-based care arrangements. This is stressful for patients and their families and compromises our ability to run an efficient and effective service.

Working closely with Lothian’s four local authorities - our key partners in providing care of the elderly services - we have made significant progress in achieving delayed discharge targets, often in challenging circumstances in a decreasing private care home market.

The Lothian Delayed Discharge Partnership, comprising the four local councils and NHS Lothian, was set up to reduce delayed discharge. All four local partnerships met or exceeded their targets for 2004-2005. This was achieved through a concerted team effort by our staff and our local authority partners.
• By April 2005 the overall number of delayed discharges within Lothian hospitals stood at 230 (the lowest in five years) compared with 367 in January 2005 and 420 in October 2004. This surpassed Lothian’s target for April 2005 of 257.

• In April 2005 the number of patients delayed in acute settings in Lothian was down to 147, exceeding by 23 the target figure of 170. In April 2004 the target figure was 213.

• Across Lothian as a whole, the number of patients delayed for more than a year was cut from 32 in April 2004 to zero in April 2005.

• The overall number of Edinburgh patients delayed fell to 175, the lowest number since official counting began in 2000.

These excellent results reflect the hard work that colleagues throughout the NHS and the local councils have undertaken to reduce delayed discharge and minimise its far-reaching consequences.

During 2004-2005, £12.5 million was committed to implementing the Partnership’s Joint Delayed Discharge Action Plan and provide a huge boost to providing social and residential care in the city.

We recognise that more work needs to be done to bring Lothian’s delayed discharge performance into line with the best in Scotland. The focus now is on further reducing the number of patients who are delayed for more than six weeks, and particularly on driving down the number of patients delayed at the Royal Infirmary of Edinburgh and the Western General Hospital.

The City of Edinburgh Council, in partnership with NHS Lothian, has already commissioned the construction of four new 60-bedded care homes across the city and these will be open by the end of 2007. In the meantime, extra funded care home places (private and voluntary sector) have been purchased for older people in hospital who are awaiting discharge to a care home.

**Tackling Healthcare Associated Infection**

Reducing Healthcare Associated Infections (HAIs) is a key issue for the NHS. In Scotland it affects approximately 33,000 patients a year and costs the health service £186 million.

Throughout 2004-2005 we stepped up our efforts to fight HAIs and raise public awareness of them. In February 2005, we launched a publicity campaign to show the range of measures we are taking to combat HAI in hospitals and other healthcare settings. These measures include:

• Providing alcohol gel handwash at every hospital ward entrance
• A poster campaign encouraging staff and visitors to take steps to help beat HAI
• Using events like staff induction programmes, workshops and hand hygiene awareness days to stress the importance of hand washing.
Actress and comedian Elaine C. Smith visited the Royal Infirmary of Edinburgh on 21st February to support work being done to combat HAIs. Her decision to play a ‘hands on’ role in the campaign underlined the point that HAI is everyone’s concern and we can all help fight it.

In the drive to beat HAI, NHS Lothian has employed more infection control nurses and recruited Cleanliness Champions. Cleanliness Champions are members of staff recruited from across the health service who are responsible for helping to promote infection control in community and hospital settings.

A series of posters produced by NHS Lothian encourage people who plan to visit a patient in hospital to help fight HAI by following these simple steps:

- Don’t visit if you have a cold or are feeling unwell - especially if it’s diarrhoea. Wait until you’re better
- Wash and dry your hands before visiting the ward. If alcohol hand gel is provided at the ward door or at the bedside, use it
- Don’t bring in food from outside. Save this treat for when patients get home
- Keep the number of visitors to a minimum at any one time and don’t sit on the bed. Never touch dressings, drips, or other equipment around the bed.

The campaign emphasises the importance of hand washing to combat HAI in any healthcare setting. As well as in hospital, HAI may affect people in care homes, GP practices or dental practices. It causes greater concern where the patient is very young, old or seriously ill. Examples of HAIs include MRSA - Meticillin resistant *Staphylococcus aureus* - and the winter vomiting bug.

**Strengthening child protection services**

NHS Lothian has the care of all vulnerable children very much at heart. It’s of the highest priority to us that all our staff are fully trained and have a clear understanding of their accountabilities in this area.

Over recent years there have been significant changes in policy and in multi-agency working arrangements in the complex and challenging area of child protection.

These changes followed the tragic death of 11-week old Caleb Ness in 2001 while he was the subject of child protection procedures and the subsequent O’Brien Report, which identified failings across the whole system on which vulnerable children depend.

Working in partnership with colleagues in the City of Edinburgh Council and the Edinburgh and Lothian Area Child Protection Committee, NHS Lothian has dedicated itself to addressing all of the recommendations made in the O’Brien Report to make effective changes to the way in which we protect our children.

The challenge has been to ensure that children are not at risk because of red tape between health care and social care, and to work together in a seamless way to ensure that the care gap is eliminated and all children, no matter what their social background, can rely on us.
NHS Lothian has pledged to base its policies on the real experiences of families and children involved in child protection issues and to ensure their voices are echoed in everything we do.

Recent changes have been designed to improve communications across healthcare, social work, the police, and education. A holistic approach, involving doctors, teachers, health visitors, school nurses and social workers, has been developed to improve cooperation and ensure effective intervention.

In June 2005, NHS Lothian held its first Child Protection Conference, bringing together staff from all sectors of the local health service to highlight the responsibilities everyone has with regard to protecting the health and welfare of children. One of its purposes was to ensure that healthcare professionals throughout Lothian are familiar with regional child protection procedures.

The conference provided an opportunity to introduce NHS Lothian’s newly established Child Protection Advisory & Training Team (CPAT), which is committed to ensuring that every healthcare employee receives training in child protection. The team’s new training programme started in September 2005.

CPAT consists of three child protection advisors and a training co-ordinator whose role is to provide all NHS staff throughout Edinburgh and the Lothians with training, advice and support on child protection issues.

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

Looking to the future of Children’s Services

We are committed to ensuring that our services for children and young people are of the highest possible standard not just now, but in the future. That’s why in September 2005 we announced our plans to review the long-term future of the Royal Hospital for Sick Children in Edinburgh (RHSC) and consider options for its eventual replacement.

We will develop an Options Appraisal - a study looking at different sites to replace the RHSC, including an option to stay on the same site. Any agreed move of services to a new location would take several years to implement (realistically five to eight years). Until such a move investment in the RHSC on its present site would continue, to ensure the best standards of care are maintained.

The option appraisal will take into account more than building a modern fit-for-purpose building. It will enable us to develop and shape children’s services further. We will be influenced by recent guidance published in the National Framework for Service Change for the NHS in Scotland (Kerr Report); recommendations made by the Scottish Child Health Support Group (CHSG) and the Scottish Review of Tertiary Services for Children conducted by the Scottish Executive.

In all stages of developing services we will also involve partner organisations (such as local authorities), patients, parents, staff and the wider public. We will also work closely with the Sick Kids Friends Foundation, which has already welcomed our commitment to developing children’s services.

Children’s Commissioner appointed

In January 2005 Cathy Orr was appointed as NHS Lothian’s Children’s Commissioner to help co-ordinate work across the various professional and geographic boundaries and to ensure that everyone working with children plays a role in their protection. She is currently developing a Child Health Strategy, which will be put out for public comment shortly. She is also working on setting up a committee comprising members of NHS Lothian’s five Community Health Partnerships (CHPs) to help standardise child health services across the region.
Investment in services

Redesign
Sometimes by looking differently at the services we offer we can introduce changes that make a real difference to the patient experience. Managed clinical networks (MCNs) are a good example of this. The MCN approach involves bringing together all the people who are looking after people with a particular condition, disease or need, and providing seamless care through networks of professionals.

Our MCNs cover a number of areas ranging from heart disease and stroke to learning disabilities. All of them are working to break down barriers and introduce more consistent, high quality care for patients, wherever they live in Lothian. Crucially, patients and the public have a strong voice in MCNs and how they work.

Improving care for cancer patients
SCAN, the South East Scotland Cancer Network, is an award-winning MCN that works to improve care and treatment for cancer patients. It brings together cancer professionals and organisations from primary, secondary and tertiary care to work in a co-ordinated manner, transcending geographical, organisational and professional boundaries. SCAN aims to ensure equitable provision of high quality, clinically effective cancer services throughout South East Scotland (Lothian, Fife, Borders and Dumfries & Galloway).

Launched in 2001, confirmation of SCAN’s maturity came in January 2005 with official accreditation from NHS Quality Improvement Scotland (NHS QIS). The accreditation process considered SCAN’s focus on the needs and experiences of patients and carers; management, governance and reporting structures, as well as its adoption of evidence-based practice and staff training and education.

Our staff work hard to provide a first class service for all our patients. But we always want to do more. That’s why we have introduced valuable new services as well as improving and expanding existing ones.
During 2004, SCAN looked closely at issues such as communication, reporting and accountability between the SCAN groups and its local and regional governance structures. Getting these links right brings major advantages to patients and staff. Experience from SCAN has informed national collaboration that will reduce unwanted variations in patient care.

Up-to-date, readily accessible information is key to the working of SCAN. SCAN Audit is an invaluable tool and continues to report extensive, high quality datasets that are reviewed by the SCAN groups. Multi-disciplinary meetings have become an important component in the audit process for most cancer groups during 2004 in Lothian and this is being extended to other parts of SCAN. This is a key development in integrating data capture with routine clinical practice.

SCAN is building on the success of its integrated information strategy - the Cancer Information Network (CIN) - with improved communication training and new ways of supporting shared decision-making between patients and clinicians. These combine to improve quality of care, experience and the value of the clinical encounter. In this way SCAN can improve patients’ satisfaction with services and make the best use of specialist resources.

SCAN aims to develop meaningful mechanisms to support choice and individualised care. Patients are contributing at all levels of SCAN and additional ways to support and enhance their involvement are being developed. In the South East of Scotland, a patient involvement development group has been established, including patients and NHS staff across the region with a responsibility for patient involvement. The group will enhance SCAN’s understanding of patients’ experiences of cancer services.

Working as a multi-disciplinary network, SCAN has identified a number of new roles, such as multi-disciplinary team (MDT) co-ordinators, needed to improve the speed and quality of the patient pathway. These new roles will also act as coordinated support for the multidisciplinary clinical team and help smooth and fast information transfer necessary for patient care. Working with colleagues in Human Resources, SCAN is supporting a variety of new staff roles and access to communication training to deliver high quality care at all levels.

**Minor Injuries services – a major asset**

Now in its 11th year, the award-winning Minor Injuries Clinic at the Western General Hospital treats around 20,000 patients a year. Treatment is provided by specially trained nurse, physiotherapy and paramedic practitioners, who treat a wide range of injuries, including minor cuts, burns, infections, stings, sprains and minor fractures.

The clinic has developed integrated working partnerships in a move that is benefiting patients and staff. Protocols have been developed that allow staff to see and treat a wider range of patients, rather than see and refer patients for treatment elsewhere.

Five paramedic practitioners seconded from the South East Division of the Scottish Ambulance Service joined the clinic in 2004 to train in the assessment of minor illness and injuries - the first inter-professional working of its kind in the clinic’s history. In June 2004 a new protocol was launched to allow 998 ambulance patients to be brought directly to the clinic, if ambulance crews decide that the patient does not need assessment or treatment in A&E.

Other developments include a nurse-led deep vein thrombosis out-patient service and the arrival of a physiotherapist practitioner to enhance musculo-skeletal assessment.

Edington Cottage Hospital and Belhaven Hospital in East Lothian also provide important and popular nurse-led minor injuries clinics.
High quality care in general practice

Across Lothian, general medical practices have been developing services for patients and striving to further improve the quality of health care delivered. A key initiative to help achieve this is the Quality and Outcomes Framework (QOF), which enables new investment from the Scottish Executive to be targeted on delivering high quality care to patients in a general practice setting rather than in hospital.

This means, for example, that some patients with heart disease or diabetes - who went to a hospital outpatient clinic previously - can now be seen by a GP. Under the QOF initiative, more patients can be treated and monitored closer to their own homes, avoiding the need to travel to hospital.

The QOF is a fundamental part of the new General Medical Services (GMS) Contract. Introduced in all Lothian general medical practices last year, the new contract has a strong focus on service quality. It also encourages greater levels of chronic disease management in primary care.

Participation in QOF is voluntary and most practices in Lothian take part. Under the initiative, general practices across Scotland are expected by the Government to achieve an average of 64% of the targets available. In Lothian all participating practices exceeded this level; on average our practices achieved 94% of the available targets.

Every participating practice in Lothian has undertaken a survey of patients to identify areas that are working well and to highlight any concerns.

Leading the way on eating disorders

In a world first, NHS Lothian has set up a new team to help people with the eating disorder anorexia nervosa. Members of the Anorexia Nervosa Intensive Treatment Team (ANITT) provide intensive support and treatment to people in their own communities, reducing the demand for long stays in hospital.

Patients with severe or chronic anorexia nervosa require more intensive therapy, physical monitoring and support. Before ANITT, the majority of these patients were admitted to inpatient care, then moved from 24-hour care to an outpatient appointment of 30-60 minutes every fortnight. This lack of intensive aftercare meant the incidence of relapse was extremely high, with many people ending up back in hospital - and away from their families.

To address this, the ANITT pilot programme was launched in October 2004 on the premise that intensive therapy may often be best delivered in the community by a dedicated multi-disciplinary team (ANITT’s team includes psychiatrists, psychologists and a senior dietitian, who work out of Edinburgh's Cullen Centre).

Following the pilot’s success, NHS Lothian agreed ongoing annual funding of £280,000 for ANITT, which was launched officially on 1st June 2005. Treatment is also provided to patients across Lothian.

Patients welcome the involvement of a wider range of professionals in their treatment and the focus on practical help and support.

Midwife-led care

Mothers and mums-to-be are benefiting from a midwife-led project at the Simpson Centre for Reproductive Health (SCRH), Royal Infirmary of Edinburgh. Midwife and ‘Normality Specialist’ Holly Taylor leads an initiative at the SCRH to increase midwife-led care and reduce unnecessary intervention in childbirth.
Art Therapy

Amy Thomas, a sculpture student at Edinburgh College of Art, has one of her spectacular sculptures on display in the Occupational Therapy Garden at the Astley Ainslie Hospital. Amy’s sculpture – consisting of 30 vividly coloured balls constructed from bended metal – was loaned to the hospital for the benefit of patients and visitors.

Male Cancer Centre

The Male Cancer Centre at the Western General Hospital - the first service of its kind in Scotland - continues to provide support and information to men with testicular, prostate or penile cancer. Seen as a model of best practice by other centres, this patient-centred service continues to set new standards of excellence in care and is a superb example of putting patients’ needs at the heart of the health service.

New opportunities in Research and Development

Research is the tool that helps drive major improvements in healthcare. Research and development (R&D) is an integral part of the services in NHS Lothian, in partnership with higher education institutions and the Chief Scientist Office.

Following the Chancellor’s budget speech announcement of significant funding for research and the subsequent establishment of the UK Clinical Research Collaboration (UKCRC), the Scottish Executive Health Department (through the Chief Scientist Office) provided additional ring-fenced funding of £1.5m for research and development.

This resulted in NHS Lothian receiving over £500,000 to develop disease-specific research networks in priority areas of stroke, diabetes, medicines for children and in the provision of dedicated clinical research facilities. Local researchers have actively pursued this new approach to research collaboration.

The emerging stroke research network draws heavily on Lothian expertise in stroke trials and funding will allow expansion to new sites of a number of trials led from here. The Diabetes Research Network has significant input from Lothian researchers and the Medicines for Children Research Network provides a mechanism for participation in drug trials, which is complementary to the exciting development of a small clinical research facility for children at the Royal Hospital for Sick Children.

Last year we reported on the successful integration of the Wellcome Trust Clinical Research Facility (WT CRF) at the Western General Hospital and the new CRF at the Royal Infirmary of Edinburgh (RIE CRF). The children’s facility, to be housed within the Programmed Investigation Unit, will be run to the same high standards under common management with fully trained paediatric research nurses.
Additional funding directly to the CRFs has been provided in recognition that Edinburgh’s CRF model is the benchmark for new CRFs in Scotland.

Networking of CRFs will be led from Edinburgh and already the education programme is available at a number of locations by video-conferencing. Research nursing skills can be provided for researchers across the country and training in monitoring of clinical trials to meet Medicines in Healthcare Regulatory Authority (MHRA) regulations has begun.

Research networks are not new and the South East node of the Scottish Cancer Research Network is to be congratulated in reaching 15% recruitment to clinical trials, showing the valuable outputs achievable by a research team with the right range of necessary research and data analysis skills.

By next year, further research networks will no doubt be announced and Lothian is leading the Scottish submission for a Mental Health Research Network. Already initial risk assessment of new activity involves colleagues across NHS Lothian.

Much deeper links with the University of Edinburgh are also being forged and we hope to move into a joint office to be named ACCORD (Academic and Clinical Central Office for Research and Development) before the end of the year.

This will provide a ‘one stop shop’ for researchers from grant application to management and research ethics approval, to monitoring of activity and outcomes.

World-leading work

An artificial shoulder developed by NHS Lothian spin-off company Touch EMAS has been selected to form part of the most advanced prosthetic arm ever made. The electronic joint is being tested in a ground-breaking technique being employed by doctors at the Rehabilitation Institute of Chicago to give mobility back to a man who lost both his arms in a power line accident.

In 2005, Touch EMAS - the first company ever to be spun-out from the NHS in the UK - was voted Scotland’s most promising new company at the annual Life Sciences Scotland Dinner, hosted by Scottish Enterprise. Touch EMAS grew out of the world-beating work of the Edinburgh Prosthetics Unit - based at the Eastern General Hospital - to develop bionic limbs.
Visionary initiatives

As lifestyles change and people live longer, the NHS has to cater for changing needs among patients. One example is the increasing numbers wanting help for poor or failing eyesight. NHS Lothian, in partnership with leading universities, is addressing these sorts of issues with extensive research that has already yielded many benefits.

Advances have been made in many fields, from surgery and diagnosis through to simple self-help guidance. Pioneering the changes are the likes of Professor Bal Dhillon, of NHS Lothian’s Princess Alexandra Eye Pavilion (PAEP) in Edinburgh, and Professor Peter Aspinall of Heriot-Watt’s School of the Built Environment. Their efforts, along with those of colleagues, recently attracted national attention when they won the UK Ophthalmology Team of the Year in Hospital Doctor magazine’s highly respected annual awards.

Among their achievements have been the introduction of new ideas for taking the stress out of cataract operations. Most patients have the operation under local anaesthetic. Although it’s a straightforward procedure, people can find it quite stressful. One technique introduced to make it less stressful is to give patients an alert button to press at any point if they want the operation to pause and to talk to the surgeon.

In a brand new development, the Visual Impairment Research Group has led the way in setting up a new centre for vision support and research. Based at the PAEP and funded by the Scottish Executive, it will have an important role in monitoring patients’ progress, providing clinical services, acting as a source of information and advice and continuing applied research.

On track with TrakHealth

In March 2005 the University Hospitals Division (UHD) signed a £6.8 million, five-year contract for an integrated web-based IM&T system to be phased into NHS Lothian’s acute hospitals between 2005 and Spring 2008. The TrakHealth system will benefit patients and staff by replacing ageing, separate and largely incompatible systems currently in place across UHD hospitals, with a single system. TrakHealth has already proved itself within NHS Lothian, operating successfully in the RIE’s Accident & Emergency Department since November 2002.
Investment in buildings

NHS Lothian delivered a number of new centres in 2004-2005 as part of its ongoing programme to provide the best possible environment for patients and staff.

NHS Lothian is proud that during this year it was able to provide a number of new centres that were better for patients and staff, cost less to run and are more environmentally friendly. We are also pleased that in many cases we are able to redesign parts of existing buildings to fulfil changing needs.

Leith CTC

The pioneering £8 million Leith Community Treatment Centre (CTC) – the first of its kind in the country – is one of the jewels in our crown. Since opening to patients in June 2004 it has been recognised as a model for the rest of Scotland on how to provide local and more accessible services.

The CTC provides a wide range of outpatient and day services for adults and children living in Leith and surrounding areas of north-east Edinburgh. Until it opened, many patients had to travel across the city to access services from a range of hospitals. Now they can be seen in their own community in a building that is designed for their convenience and comfort. The CTC offers a fine example of how NHS Lothian's integrated approach to planning and delivering health care services can work, by providing hospital services in the community.

Services delivered at Leith CTC include physiotherapy, blood tests, minor surgery, ECGs, midwifery and x-rays. Consultants from the Royal Hospital for Sick Children, Royal Infirmary of Edinburgh and Western General Hospital visit the CTC to run outpatient clinics.

Leith CTC was formally opened in July 2004 by former Health Minister Malcolm Chisholm.
Newbattle Medical Centre

Newbattle Medical Centre, which opened to patients in October 2004, is a prime example of the continuing revolution taking place in the way we provide primary healthcare services. It offers a seamless service by bringing together a range of professionals with all kinds of expertise under one roof.

Some services are provided at the centre itself. In other cases, the centre acts as a base for healthcare workers who spend much of their time visiting people in their own homes. The centre was needed due to growing numbers of patients, the need to expand community services and the arrival of advanced technology. The medical practice comprises nine partners with a list of nearly 13,000 patients.

The wide range of clinical facilities and services include:

- An extensive consulting suite for GPs, trainees, registrars and visiting consultants
- A large treatment suite for practice and community nurses, including phlebotomy and minor operations facilities
- Physiotherapy unit, podiatry, speech and language therapy and counselling
- Chronic disease management clinics and health visiting accommodation
- Child assessment and midwifery.

Bonnyrigg Health Centre

Bonnyrigg Health Centre provides another example of how we are investing in new facilities and developing better ways of working. Major preparatory work in 2004–2005 led to its formal opening by First Minister Jack McConnell in August 2005.

One of the largest centres of its kind in the UK - four times larger than the health centre it replaced - it is home for three GP practices, district nurses, health visitors, midwives, physiotherapists and other health workers. The centre serves a patient population of approximately 25,000 and includes 21 GP consulting rooms, ten treatment rooms, a minor surgery suite, two midwifery consulting rooms, a physiotherapy gym and treatment cubicles.

The new centre brings together a range of specialist teams and services that previously were located in a range of premises in and beyond Midlothian. This benefits patients and staff by making it easier to co-ordinate patient care.
Chalmers Dental Centre

In another boost to local services the Chalmers Dental Centre opened in April 2004, offering pain relief and advice to people living in Edinburgh, East Lothian and Midlothian who are not registered with their own general dental practitioner. Created with nearly £600,000 from Scottish Executive Health Department modernisation funds, the centre is on the Chalmers Street side of Edinburgh’s Lauriston Building.

NHS Lothian regards accessible dental treatment as essential for everyone. Chalmers Dental Centre plays an important and innovative role because it enables patients who may not have attended a dentist for several years to have treatment. The idea is to then help them get registered with an NHS dentist and start getting regular dental care. In addition to its pain-relief service, the centre offers short courses of basic treatments to adults, such as fillings and dentures.

Adult Autism one-stop shop

The opening of a new ‘one-stop shop’ support centre in Edinburgh for adults with autism represented another major gain for Lothian. Based at 6 Melville Crescent and developed with £750,000 from the Scottish Executive, the centre caters for over 16s with high functioning autism or Asperger Syndrome.

‘Number 6 is managed by Autism Initiatives UK, who liaise closely with other local services to meet a wide range of needs. The centre demonstrates our determination to find the best way forward for a group who - as the National Autistic Society says - have often been ignored.

Number 6 provides a range of health, support and self-help services, including social skills development and employment training. NHS Lothian provides staff to run a variety of groups at the centre and volunteer and befriending services are also co-ordinated there. The centre, formally opened in June 2005 by Rhona Brankin MSP, Deputy Minister for Health and Community Care, also serves as a resource hub for clients, their parents and carers. Self-help groups are also able to use the facilities.

Staff include an employment and training co-ordinator. The team has enlisted the help of specialist organisation Moving into Work to provide much of its employment service. An outreach service to West Lothian, Midlothian and East Lothian has also been arranged.

Renal Satellite Centre

NHS Lothian is determined to make sure that its existing hospitals are geared to provide the services needed in the communities they serve.

The £1.1 million Renal Satellite Centre at St John’s Hospital in West Lothian opened in March 2005. The purpose-built centre has done much to enhance the quality of life for renal patients living in the area, allowing them to receive regular dialysis treatment in their own community rather than travelling to the Royal Infirmary or Western General Hospitals in Edinburgh.

The centre is open six days a week. As patients need dialysis three times a week, the centre significantly reduces the time they spend travelling. The centre is an excellent example of providing services in local community settings and is the outcome of three years of work involving clinicians and patients.
A SMART move

Work has begun on the new South East Mobility and Rehabilitation Technology Services (SMART) Centre at Astley Ainslie Hospital. The centre will comprise clinical, technical and office accommodation for over 60 staff providing a wide range of rehabilitation technology services for the South East of Scotland. These include mobility and posture services (wheelchairs and special seating), prosthetics and bioengineering services (artificial limbs and special equipment) and a Disabled Living Centre for over 25,000 patients in Lothian, Fife and the Borders. The new building is expected to be ready by the summer of 2006.

Enhancing services for children and families

We are rightly proud of the high quality work performed by staff in hospitals and community settings across NHS Lothian. In this work we are grateful to the support of a variety of charitable organisations whose tireless efforts help us to raise the quality of the services we provide.

Once again, the work of staff at the Royal Hospital for Sick Children (RHSC) was supported by the endeavours of the Sick Kids Friends Foundation.

After last year’s two major projects – enhancing parents’ accommodation in the RHSC and keyhole surgery operating theatre equipment – this year the foundation spread funding throughout the hospital, with a focus on facilities that bring extra comfort for children and their families.

Foundation funding also helped complete landscaping works in the sensory gardens at Catlareich in Edinburgh and Sunndach in Livingston. These homes provide respite and residential care for children with complex needs.
Your developing NHS

Improving care through single system working

We believe that working together across all areas of the health service is the best way to provide care for patients. Through an ambitious and innovative programme of modernisation, we are developing into a single integrated health system. Patients and staff are benefitting as we create a more streamlined, patient-centred structure and adopt a more integrated approach to planning and delivering healthcare services.

Our commitment to closer integration with our partners led in 2005 to NHS Lothian and the City of Edinburgh Council creating the new joint post of Director of Social Care. This is to drive forward even better services and forge even closer links between health and social care services in the city.

Similarly, the post of Director of the new West Lothian Community Health & Care Partnership (CHCP) is a joint post between NHS Lothian and West Lothian Council. The CHCP will further strengthen joint working between NHS Lothian and West Lothian Council to provide a range of health and social care services closer to the people who need them the most.

In 2004-2005 we agreed to unify the management of all acute services across NHS Lothian. Responsibility for managing acute services in Edinburgh, East Lothian, West Lothian and Midlothian now rests with a single division - the University Hospitals Division (UHD).
Community Health Partnerships – a new model of care

Developing community-based services is an essential feature of our commitment to modernise services. The goal is to ensure that more people receive clinical care closer to their homes and in community settings. We also want to forge even closer links with social care and to strengthen a united commitment to health improvement and tackling health inequalities.

The creation of Community Health Partnerships (CHPs) is an exciting and welcome initiative that will help to achieve these goals.

In March 2005 NHS Lothian received ministerial approval to establish five CHPs: two in Edinburgh and one each in West Lothian, East Lothian and Midlothian. The West Lothian CHP is called the Community Health & Care Partnership (CHCP), a joint partnership for a range of services with West Lothian Council.

CHPs are responsible for key aspects of the planning and delivery of community health provision, such as pharmacy and GP services. As part of a decentralised but integrated health and social care system, CHPs will:

- Ensure patients, carers and health professionals are involved
- Establish a real partnership with local authorities
- Have responsibility and influence in the use of NHS resources

They will achieve this through:

- Have a central role in service redesign
- Integrate primary and specialist health services
- Manage a wide range of services
- Have a pivotal role in delivering health improvement for local communities.

The work of CHPs will help to:

- Reduce waiting times for diagnosis, treatment and care
- Reduce inappropriate hospital visits
- Reduce emergency admissions and delayed discharges
- Improve provision of chronic disease management
- Reduce premature and preventable deaths
- Improve access to services
- Reduce health inequalities.

CHPs will devolve resources and decision-making to frontline staff and make a real difference to the health and well being of individuals and local communities. By giving patients a greater say in shaping services, CHPs illustrate our endeavours to find new ways to bring public and partner participation into the heart of healthcare planning and delivery.

An important aspect of the development of CHPs was the formal dissolution of NHS Lothian’s Primary & Community Division and West Lothian Healthcare Division from 1st April 2005. On that date a Primary Care Organisation (PCO) was created to fulfil several key functions and to support the management of change as CHPs evolve.

NHS Lothian around the clock
Investing in Out-of-Hours services

We know that meeting healthcare needs isn’t a nine-to-five business. People don’t stop needing treatment and advice once their GP surgery closes. Access to high-quality clinical treatment and advice at all hours is essential.

In Lothian, as with the rest of the country, the organisation and delivery of Out-of-Hours (OOH) services was transformed in 2004-2005, partly in response to the new GP contract. In NHS Lothian we took this opportunity to build a service that we believe is comprehensive and better co-ordinated for the benefit of patients.

NHS Lothian invested an additional £1.7 million recurrently to fund the new OOH service, which went live on 1st October 2004. Before then OOH medical care had been the responsibility of GPs, with most care provided by OOH co-operatives. After 1st October, responsibility for OOH service provision transferred to NHS Lothian.
Now a single service is responsible for OOH provision across Lothian region, replacing 10 separate providers of OOH care. Working to an agreed set of standards for all patients in Lothian has improved consistency in the quality of care provided.

An almost exclusively GP-led service has been replaced by a multi-disciplinary one in which other members of the clinical care team - notably nurse practitioners and paramedics - play a more prominent role in the assessment and treatment of patients. The new service enables valuable integration with local pharmacies, community nurses, the Scottish Ambulance Service, hospitals, social work and mental health services. Doctors providing the OOH service are all trained general practitioners, while nurse practitioners and paramedics have received extensive additional training in assessing and treating acute illnesses. The enhanced skills and continually developing roles of our nurses will be key to the success of the OOH service as it evolves.

Expanded inter-professional working is one of the most innovative features of the new service. A trail blazing training programme was developed to meet the needs of nurses, paramedics and AHPs in partnership with Queen Margaret University College and is accredited by that institution. The NHS National Education Board for Scotland has also commented favourably on this training.

Another clear advantage of the new service is the creation of a single point of contact for care for all Lothian residents. Access to Lothian’s Out-of-Hours (OOH) service is through NHS 24 on 08454 24 24 24.

Establishing OOH centres across NHS Lothian is a key factor in the new service. The OOH centres are the Royal Infirmary of Edinburgh; Western General Hospital; St John’s Hospital, Livingston; Roodlands Hospital and Bonnyrigg Health Centre.

The OOH service links fully with existing minor injury and A&E services. This integrated approach to OOH care is new and has improved patient services. A key benefit has been developing the right balance of skilled staff to provide the best possible care for patients.

In 2004 a major public consultation exercise was launched, giving everyone in Lothian the chance to comment on plans for OOH services. Public feedback proved invaluable in helping agree the shape of the service.

Hospital at Night

Changes to hospital doctors' contracts as well as the requirements of the European Working Times Directive have meant the NHS has had to rethink the way hospitals are staffed at night. In Lothian we were among the first in the country to develop plans to implement the innovative Hospital at Night scheme, which aims to make the best use of health professionals to provide safe and sustainable services for patients out-of-hours.

The idea is to train up staff, including junior doctors and nurse practitioners, with the skills they need to cope with emergencies and look after patients across a range of specialties with the support and back-up of senior staff.

Plans for Hospital at Night were developed in 2004-2005, leading to the initiative’s launch at the Western General Hospital in October 2005. Much work has gone into developing this new model for out-of-hours care at the Western General.

A number of advanced nursing practitioners have been trained and are working in different clinical areas during the day, as well as supporting this new service out-of-hours. Junior doctors have been undergoing advanced resuscitation training at the NHS Simulator Centre in Stirling.

The Western General scheme will be evaluated at regular intervals so that we can learn how to make it most effective for patients, and for supporting high-quality training of all staff. Hospital at Night schemes will be introduced at St John’s Hospital and the Royal Infirmary of Edinburgh by the end of 2006.
Clinical innovation – award-winning work

In acute and community settings across NHS Lothian, our clinical staff continue to develop a wide range of additional skills to enhance patient care. This leads to better and faster services and helps enrich the careers of our staff.

Top award for midwife

Sally McGonigal, based at Roodlands Hospital in Haddington, West Lothian, has been named Britain's top midwife. Sally (pictured far right) took the title and £1,000 in a competition organised by nursery equipment manufacturers Mamas and Papas in association with Prima Baby magazine. The mother-of-two was nominated by Louise Elder, who delivered her son Hugo at home in Haddington with Sally's help after a marathon 17-hour labour.
Leading the way in cardiology nursing

Scott McLean is NHS Lothian’s first Cardiology Nurse Specialist (CNS) in chest pain. Appointed to the Royal Infirmary of Edinburgh in March 2004, he now leads a trio of services comprising the RIE Chest Pain Service:

- Pre-Hospital Cardiology
- The ‘front-door’ Chest Pain Nurse
- Rapid Access Chest Pain Clinic (RACPC).

As a Cardiology Nurse Specialist, Scott’s role now fully encompasses clinical, managerial, strategic, educational and research work on a daily basis.

He is the Lothian secondary care lead for the 12-lead Electro Cardiogram (ECG) Telemetry project – one of Scotland’s most exciting pre-hospital projects and a finalist in the 2004 Scottish Health Awards.

The project was developed through close working with colleagues in the Scottish Ambulance Service. The Coronary Care Unit at the RIE now receives 12-lead ECG’s transmitted from the back of an ambulance for patients in Lothian, Borders, Fife, Forth Valley, Lanarkshire and Perth & Kinross. Staff in the RIE are then able to speak with ambulance paramedics and provide support for the administration of life saving clot-busting therapy in the ambulance.

Nurse-led help for leg pain

Luann Buchan was employed in September 2004 to establish a nurse-led Intermittent Claudication Clinic at the Royal Infirmary of Edinburgh.

Intermittent claudication is a condition causing debilitating leg pain that is produced by exercise and is relieved by rest. It is caused by arterial occlusive disease and affects 5% of 55-74 year olds in the UK. For most patients it is a relatively benign condition, with deterioration leading to amputation uncommon. However, it is recognised that these patients have a high mortality and morbidity risk associated with cardio and cerebro-vascular disease (70% of deaths among this group of people are attributable to this).

Due to its generally benign nature, patients were seen as low priority for consultant clinic appointments. Waiting times were rising and the short appointment time didn’t allow patients to be given much-needed advice on risk factors and lifestyle changes. The new clinic, headed by Luann – the Claudication Practitioner - aims to:

- Establish a true diagnosis of the presence/absence of intermittent claudication in newly referred patients
- Reduce the risk of future cardiovascular events in these patients by identifying and modifying risk factors
- Improve patients’ symptoms and quality of life through health education and lifestyle modification.

Patients found to have claudication receive advice on any lifestyle changes they can make to improve their condition, such as stop smoking, lose weight and improve diabetic control. They also receive a walking and exercise programme designed to improve their general health and increase their walking ability.

The visit to the nurse-led clinic is followed 12 weeks later by an appointment with a vascular consultant. The claudication practitioner then sees the patient six months and a year later to monitor symptoms and reinforce lifestyle change.

Patients are satisfied with the service provided. Around a quarter of patients referred are not suffering from peripheral vascular disease. Removing them from the consultant waiting list allows consultants to concentrate on seeing more acutely ill patients.
Lothian nurses lead the way

Throughout the year new opportunities were developed for nursing staff to extend their roles and take on new opportunities. In acute settings, these include:

- A nurse-led colposcopy service in gynaecology
- Development of ophthalmic nurse practitioners who now assess, treat and discharge patients
- Nurse-led glaucoma clinics for return patients
- Nurse prescribing – specialist nurses are prescribing a range of medicines for their patients and running nurse-led clinics in a variety of specialties, including cystic fibrosis and renal medicine.

Nursing innovations in the community include:

- Ongoing development of district nursing referral criteria to ensure patient pathways are progressed across Lothian. Agreed with GPs and Allied Health Professionals, this will ensure patients have access to appropriate services
- Considerable work has taken place to implement the Scottish Intercollegiate Guidelines Network (SIGN) 44 guideline on pain management. There has been a major drive to move forward the Good Standards Framework for Palliative Care
- Every Lothian pre-school nursery has a named Health Visitor. An infant feeding advisor role has proved excellent for parents and staff, while a perinatal mental health pathway is being written, with staff being trained to implement it.

During the year staff training continued to increase understanding of the special needs of vulnerable care groups, in both hospital and community settings. This training forms part of ongoing work to ensure the appropriate care and protection of vulnerable adults. Our Learning Disability Nurse Consultant plays an important role in this work. In a first for NHS Lothian, a Learning Disability Nurse Consultant was appointed in 2003 with a remit to advance nursing practice through teaching, research and developing nurses in the speciality.

Across specialties, our nursing staff also have opportunities to go on secondments to allow them to develop new skills and knowledge that they can then take back to their own clinical area for the benefit of patients.

Once again, throughout the year, teams and individual staff members from across NHS Lothian received national recognition for their outstanding work. Here are just a few examples.

Awards for Allied Health Professionals

Three NHS Lothian projects were £1,000 prize-winners in the Scottish Executive-backed Award for Innovation in Health Improvement and Improved Health Services. The award aims to encourage Allied Health Professional (AHP) staff to develop innovative practice and raise the profile of AHPs in health care teams. The prize-winning projects are:

- **Jigsaw Juniors**: This project provides an integrated therapeutic approach to help youngsters with complex physical needs learn skills such as communication, language skills and feeding. It was devised by the Jigsaw Child Development Centre at the Beatlie Campus, Livingston.

- **Baseline Motor Screening**: Occupational Therapist Michelle La Barre leads the Baseline Motor Screening and Dual Referral Project. This allows Primary One children in Linlithgow schools who are experiencing motor difficulties to be referred by the PE specialist to the school doctor and occupational therapy/physiotherapy at the same time.

- **Clinic redesign**: The redesign of orthopaedic foot and ankle clinics at the Royal Infirmary of Edinburgh is reducing waiting times and giving AHPs the chance to take on new roles traditionally carried out by orthopaedic surgeons. A multidisciplinary foot and ankle team has been created to drive forward this work.
Managed Clinical Network nets prize

The Lothian Diabetes Managed Clinical Network (MCN) has been awarded a Shared Leadership for Change Award by the Health Foundation UK. Lothian is one of only six teams across the UK - and the only team in Scotland - to receive the award. One of several award schemes funded by the Health Foundation, Shared Leadership for Change is aimed at developing leadership potential among healthcare professionals.

Prize-winning teamwork

A team of Edinburgh nurses won national recognition for pioneering work on follow-up care for cancer patients. Gillian Knowles, Gail Dean and Linda Sherwood introduced nurse-led follow-up for patients with colorectal cancer. Started in 2003-2004, the project will be evaluated by NHS Lothian with a view to rolling it out further. The team won £1,000 for use in developing practice locally or to support educational and developmental initiatives to promote the spread of good practice. The award was presented at the Nursing Times Live Exhibition in Glasgow by Health Minister Andy Kerr. He said the awards recognised individual nurses and nursing teams who have “done great work” in putting the latest evidence into practice to benefit patients.

Catering for healthy choices

The catering team at St John’s Hospital in West Lothian were highly commended for the second time in the Scottish Healthy Choice Awards. The award scheme was launched to encourage caterers to provide healthy food in a healthier environment. Steps taken at St John’s included encouraging people to reduce the amount of salt, fat and sugar in the foods they chose and increasing their intake of fruit, vegetables and complex carbohydrates such as wholesome bread.

Quality Practice Award

Staff at Howden Health Centre, Livingston; Rose Garden Medical Centre, Leith and McKenzie Medical Centre, Edinburgh have gained prestigious Quality Practice Awards (QPAs) from the Royal College of General Practitioners. QPAs are given in recognition of a high standard of quality patient care delivered by every member of the practice team. Across Lothian, GP practice staff strive to provide patients with high standards of care. These efforts have been formally recognised, with most practices holding some form of accreditation, be it a QPA, practice accreditation, or recognition of training practice.

Winning ways

NHS Lothian community nurses picked up three of the eight Partnership in Practice Awards from the Queen’s Nursing Institute of Scotland.

- Lynda Cowie, lead health visitor with North Edinburgh Community Health Partnership (CHP) won the award for the Choose to Move Physical Activity Referral Scheme, which aims to encourage inactive adults to become and stay more active.
- The award for Anne Robb, from South Queensferry Health Centre, was in recognition of her role in developing a Joint Breast Feeding Support Group.
- Carol Smith, from Midlothian’s Loanhead Clinic, won an award for developing Healthy Lifestyles Groups.

The awards are given to community nurses who demonstrate excellence and innovation in partnership working with other disciplines, the voluntary sector, social services, patient groups, or the community.
The Sanctuary – a winning concept

The Sanctuary at the Royal Infirmary of Edinburgh has won the award for Best Building for Public Use in the prestigious Scottish Design Awards 2005. The Sanctuary is a dedicated area where people of any faith, or none, can go for peace or reflection. It was conceived as an ‘Arts as Placemaking’ project, in which art and design is used to build an ethos for reflection and prayer into the very fabric of the space, rather than depending on religious symbols.

Success in Scottish Health Awards

Several NHS Lothian staff and teams were successful in the Scottish Health Awards 2004, which celebrate and recognise the dedication, professionalism and humanity of staff in the NHS in Scotland.

- Staff in the Liver Transplant Unit at the Royal Infirmary of Edinburgh won the Top Team Award, after being nominated by one of their patients.
- Willie Shields, an estates officer at the Royal Infirmary, was hailed as Scotland’s Unsung Hero. Willie has been an engineer with the NHS for 39 years.
- Gerry Power, general manager of Midlothian Community Health Partnership (CHP), won the Older People Care Award.
- Elizabeth Metcalfe, a Charge Nurse in Astley Ainslie Hospital’s Mears Ward for the rehabilitation of male trauma patients, was a finalist in the Nurses Award.

Connecting with staff

Our triple award-winning staff newspaper Connections continued to make an impression during the year. Connections won the Institute of Public Relations PRIDE award for best internal newsletter 2004-2005; an Award of Excellence for best internal newspaper in the Communicators in Business (CiB) Scottish Corporate Communications Awards 2004, and a further Award of Excellence in the CiB Awards 2005.

Growing numbers of staff continue to contribute ideas and articles for publication, encouraged by an editorial committee with membership from across NHS Lothian. During the year we ran a comprehensive readers’ survey to gauge staff opinion of Connections, which celebrated its first anniversary in February 2005.
Involving patients and the public

Reshaping your NHS

Last year the health service in Lothian reviewed the future challenges and opportunities to be faced in the 21st century and decisions had to be made about how to reshape services to meet future needs.

Top-to-toe reviews of our acute services, services for older patients and mental health and wellbeing services showed how much could be achieved. These reviews involved large numbers of patients, carers, staff and other interest groups, who play a full role in deciding the direction we should take.

We recognised that to deliver what people want we have to provide services that are swift, local and high quality. We also found that people did not mind travelling to get specialist care and were not concerned about whether treatment was provided by a doctor or other health professional, so long as they had the proper skills and training.

After lengthy discussions with a wide range of stakeholders, including patient groups, Lothian NHS Board produced a series of detailed proposals on how services should be redesigned. These were then put to the public in a 15-week consultation exercise. Every effort was made to get people involved, whether it was to comment on the proposals as a whole, or on specific parts of them.

The debate that emerged led to a series of changes to our proposals. Overall, the consultation backed our view that the status quo is not a realistic option and that the time for change had come. Some of our proposals, which involve the replacement of obsolete hospitals, needed the agreement of Health Minister Andy Kerr. He not only gave the go-ahead, but also complemented NHS Lothian on its consultation exercise.
Improving Care, Investing in Change

Staff, patients, the public and other partner organisations have played a key role in helping shape the future of health care across NHS Lothian. Thousands of people took part in the major Public Consultation exercise held from 4th August to 19th November 2004 under the banner ‘Improving Care, Investing in Change.’

Consultation involved a detailed review of NHS Lothian’s acute services, services for older people, and mental health and wellbeing services. In February 2005, NHS Lothian agreed a £180 million programme of investment, following public consultation. Patients and staff will benefit from a raft of measures to modernise services.

A key element of these proposals is a strengthening of St John’s Hospital in Livingston as one of Lothian’s three acute hospitals. On a broader front, the changes will lead to a more streamlined service that delivers care more quickly and efficiently, and which always puts the patient first. Once implemented, the proposals will result in:

- An improved range of services, delivered closer to home by highly trained and qualified staff, with even more local services provided, wherever it is safe and sustainable to do so
- Centres of excellence in acute hospitals and community settings, and clinical expertise offering safe and viable services for the foreseeable future

Lothian NHS Board has approved strategic proposals for service change in Acute Services, Older People’s Services and Mental Health Services, which were approved by the Scottish Executive in July 2005.

The five-year programme of change secures the future of St John’s Hospital in Livingston and the Western General in Edinburgh; makes our services for older people more accessible locally, and our mental welfare services more relevant to those who need them.

The proposals will also benefit staff – providing significant opportunities for training and development for staff across NHS Lothian.

Consultation itself was preceded by two years of detailed discussions with staff and patients that produced the guiding principles underpinning NHS Lothian’s proposals to modernise the health service.

Enhanced acute services

Our review of acute services - Better Acute Care in Lothian - aims to design a patient-centred system that:

- Capital investment in a new Royal Edinburgh Hospital, a new Midlothian Community Hospital, a new Haddington Hospital, further development of the Western General Hospital and a new Musselburgh community facility.
- Improves patients’ experiences and gives the same high standards of treatment to all
- Makes sure no one waits more than six months for inpatient treatment
- Delivers effective, safe and timely services and makes the best use of hospital facilities
- Makes sure services are properly staffed in line with new laws and contracts

Key elements following consultation on the final proposals include:

- Transferring most inpatient and day case ear, nose and throat (ENT) surgery to St John’s Hospital to support the creation of a specialist head and neck unit
- Developing and expanding minor injury/minor illness services across NHS Lothian
- Developing an elective surgical centre – including a centre for leading edge minimally invasive surgery using laser technology - at St John’s Hospital
- The transfer of overnight general medical and surgical emergency admissions from the Western General to the Royal Infirmary of Edinburgh (RIE)
- Introducing the Hospitals at Night scheme at the RIE, the WGH and St John’s Hospital
- Guaranteeing that St John’s remains an acute hospital and securing University Teaching Hospital status for St John’s.
Service transfers

During August and September 2004, we transferred trauma orthopaedics and emergency surgery services from St John’s Hospital to the Royal Infirmary of Edinburgh and the Western General Hospital, with elective work relocated to St John’s Hospital from Edinburgh. We had to implement these changes ahead of public consultation due to a number of external pressures being experienced nationwide.

These pressures included difficulties in recruiting permanent staff to consultant posts at St John’s Hospital, which in turn prevented us from providing suitable training for our junior doctors. Coupled to this, changes in employment law – the European Working Times Directive, consultant contracts and junior doctors’ hours - made the need for change all the more important.

Making the best use of our hospitals

The RIE, St John’s and the Western General together provide a comprehensive and complementary range of acute services locally and regionally. In developing plans for acute services, our aim is to ensure we make the best use of these three hospitals, enhancing their roles and reputations as centres of excellence.

As part of this work we are reviewing the current catchment areas for medical admissions to all our adult acute hospitals. The review is looking at the potential to adjust the zones for medical admissions to ensure a balanced use of the excellent facilities at St John’s, the RIE and the WG. Work on this review is being done in discussion with the Scottish Ambulance Service and in collaboration with patients and GPs.

Improving older people’s services

In 2004-2005 we carried out a full review of our services for older people which laid the groundwork for a five-year transformation and modernisation. The proposals we came up with were then put out for public consultation.

Changes were, however, already underway which aimed to bring services closer to people’s homes and communities. We also made advances in helping manage chronic illnesses, which now can often be kept under control, allowing patients to enjoy a fuller and more independent life.

During the year concerns raised about standards of care for two elderly patients in the acute wards of the Royal Infirmary of Edinburgh (RIE) resulted in thorough investigations and far-reaching efforts to learn lessons and a commitment to make changes. Among the first of these was to separate the acutely ill from those in need of rehabilitation so care was better tailored to their needs.

Establishing the new rehabilitation unit in the RIE in April 2005 was a result of the complaint, subsequent investigation and determination to learn. We also recruited additional support staff in the Orthopaedic Unit to free up, and to provide help to, nursing staff to spend more time with patients. An action plan was also created, which is being implemented during 2005-2006. This aims to ensure that care for older patients in acute settings:

- Fully caters for personal as well as medical needs
- Keeps patients and loved-ones well informed
- Enjoy personal dignity and comfort
- Provides swift, effective and easy ways to raise issues
- Is in settings that are clean and tidy and well-staffed.

Review results

Our review of services involved service users, carers, staff and representative groups from the outset. This is part of our philosophy that the NHS must be an organisation that does things with the people it serves and employs rather than imposes from above. In brief they include:

- Replacing the Royal Victoria Hospital with modern facilities that properly cater for patients’ needs
- Creating £15 million state-of-the-art facilities at the Western General
- New facilities at the Royal Edinburgh Hospital, the new Haddington hospital and Midlothian Community Hospital and in Musselburgh
- Providing better and swifter services
- Doing more to treat people in their own homes and communities, reducing the need to go to hospital
- Funding more care homes facilities and places
- Making sure rehabilitation starts early, which results in patients getting better quicker
- Concentrating acute services at fewer sites so they can be better staffed and equipped.
Our staff continue to be our major asset in designing the changes and in ensuring their successful delivery. As implementation work progresses, staff will be involved formally to ensure they know what the proposals mean for them.

**Mental Health in the Workplace**

NHS Lothian Mental Health Programme Team was involved in the launch of a new national award to promote better mental health in the workplace. The Commendation Award for Mental Health and Wellbeing, launched in December 2004, is run by Scotland’s Health at Work (SHAW) and will be won by employers who prove they are taking effective action on the issue.

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**Mental Health and Wellbeing services**

One in four of us will be affected by mental ill health at some time in our lives. We are determined to provide modern, tailored mental health services wherever it is most appropriate for each person. That increasingly means caring for people in their communities or at home, but also means providing inpatient facilities when people need to be cared for in hospital.

Lothian’s Mental Health and Wellbeing Strategy is backed by investment worth £9.3 million. Over a five-year period, plans for mental health services include:

- Modernising and expanding mental health services, including a £75 million development programme to replace the Royal Edinburgh Hospital
- New and strengthened community-based services and facilities will be put in place before changes to hospital facilities are made. Funding will be made available to ensure this happens
- Acute adult in-patient mental health will be delivered in two sites: a redeveloped Royal Edinburgh and St John’s Hospitals
- A 24/7 mental health resource centre in Haddington to meet the needs of East Lothian residents.

**New Mental Health Act**

The new Mental Health (Care and Treatment) (Scotland) Act came into effect in October 2005. There will be a continued shift of treatment and care out of institutions and into the community, with further significant investment in community teams, crisis services and local mental health and wellbeing networks. A Project Implementation Group will bring together the proposals’ various strands and ensure an integrated approach as implementation work progresses. A Public and Patient Forum will also be established.
Consultation facts

The Improving Care, Investing in Change consultation process was a major undertaking designed to give everyone the chance to have their say. To ensure this happened we:

- Distributed 25,000 copies of the full consultation document
- Delivered 60,000 explanatory leaflets
- Published newspaper inserts which went to 370,000 homes
- Organised 98 meetings for the public, staff, political representatives and others
- Held community roadshows at the St James Centre and the Gyle in Edinburgh and the Almondvale shopping centre in West Lothian
- Produced a summary document in large print and audio forms and translated it into four community languages
- Set up a freephone service
- Placed the consultation document on our website.

We received:

- More than 10,000 letters, e-mails, reply slips and faxes from individuals and organisations
- 150 calls to the freephone service
- 49,974 hits on the public website.

The Kerr Report and NHS Lothian

Throughout 2004-2005 NHS Lothian played a full part in the consultation that led to the Kerr Report, a blueprint for the future of the NHS in Scotland. NHS Lothian Medical Director Dr Charles Swainson was part of the team led by Oxford cancer expert Professor David Kerr, charged with drawing up the report.

Building a Health Service Fit for the Future, published in May 2005, made a number of recommendations for the future of healthcare. These included an emphasis on care delivered as locally as possible, splitting emergency and planned treatment where appropriate and a key role for community health partnerships.

At NHS Lothian we are already moving in the direction recommended by the Kerr Report, which sets out the path of the NHS for the next 20 years. Indeed, the report flagged up our Leith Community Treatment Centre (see page 19) as an example of best practice which should be rolled out across the country.

We already have plans for new community hospitals in Musselburgh, Midlothian and Haddington to offer a wide range of services as close to people’s homes as possible. We are also on track to fulfil many of the other recommendations, including recognising the importance of community health partnerships (see page 24).

The Kerr Report also says the NHS should be finding better ways to deal with the health needs of an ageing population and to tackle health inequalities. Both have been priorities for NHS Lothian and we have introduced a number of strategies and measures to meet these challenges.

The Kerr Report talks about the importance of district general hospitals. We agree, which is why we have agreed plans to revitalise St John’s Hospital.

Staff and patients across Lothian had the opportunity to put their view to the Kerr team during 2004-2005, individually and through a public meeting. We were delighted to see that it resulted in support for our direction of travel.
Your views are vital

We are firmly committed to the principle that patients, staff and the public at large should be deeply involved with developing NHS Lothian. This commitment was demonstrated by Improving Care, Investing in Change which was among the largest public consultations ever carried out by the health service in Scotland.

We also consulted on proposals to transform the way care is provided outside normal GP working hours. This was necessary as new arrangements had to be made when nationally agreed contracts saw responsibility for out-of-hours services shift from family doctors to health boards.

During 2004-2005 the foundations were also laid for far-reaching changes that will mean greater community control over NHS decision-making.

By establishing Community Partnership Forums across the region we are giving people the chance to make sure services are geared to local needs.

At the same time we want to ensure that the needs of individual patients are fully recognised. This led to the launch of the Lothian Independent Advocacy Plan 2004-2007. The plan further strengthens our system for ensuring that people needing additional support in understanding options and expressing their wishes can make informed choices and stay in control of their care.

Complaints and compliments

Complaints are enormously helpful in allowing us to improve services. The compliments we receive are also an excellent way to help us identify good practice, and a real source of pleasure and pride for our staff.

Given the huge range of services NHS Lothian offers and the large numbers of people we see, there may be instances where the expectations of service users have not been met. At such times, these people will wish to make their feelings known to the service concerned. Making a complaint is one way in which patients, or those acting on their behalf, can bring their concerns to the attention of their healthcare provider.

Every complaint we receive is thoroughly investigated, a formal response is issued, and the outcome is studied to see what wider lessons can be learned. Large numbers of patients and relatives are now benefiting thanks to the people who took time to raise issues with us in 2004-2005.

One excellent example is from West Lothian where a complaint resulted in medical wards at St John’s Hospital introducing open visiting over Christmas. Additional customer care training for staff was also introduced and a group was set up to review the use of safety rails.

During 2004-2005 we treated approximately 800,000 patients. Throughout this period, in total we received a total of some 2,300 formal complaints, with the most common themes being concerns about clinical treatment, appointment waiting times and staff behaviour and attitude.

Total number of formal complaints received

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<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lothian NHS Board</td>
<td>202</td>
</tr>
<tr>
<td>Lothian Primary &amp; Community Division</td>
<td>302</td>
</tr>
<tr>
<td>Lothian University Hospitals Division</td>
<td>377</td>
</tr>
<tr>
<td>Lothian - West Lothian Healthcare Division</td>
<td>1484</td>
</tr>
</tbody>
</table>

Total number of compliments received by the executive offices

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lothian NHS Board</td>
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</tr>
<tr>
<td>Lothian Primary &amp; Community Division</td>
<td>253</td>
</tr>
<tr>
<td>Lothian University Hospitals Division</td>
<td>73</td>
</tr>
<tr>
<td>Lothian - West Lothian Healthcare Division</td>
<td>141</td>
</tr>
</tbody>
</table>
Issues raised in each of these areas resulted in action and improvement. Some examples are:

- Improved patient information leaflets
- Better systems to make sure GPs get prompt follow-up letters and reports
- A review of University Hospitals Division orthopaedic surgical services
- Patient focused booking, cutting ENT patient waiting times
- Better menu and catering arrangements for children
- A pilot customer care and complaints training scheme for staff.

Each day our staff offer help and advice to many thousands of people, all of whom have the right to be treated with courtesy and consideration. Every one of our employees has an equal right to expect the same from their colleagues.

In our primary settings - which accounts for 90% of contact with patients - a Learning Lessons from Complaints newsletter is enabling staff to follow up on what we have learned from complaints.

It is important to recognise that the vast majority of service users will not need to raise a complaint about our service. It should also be noted that the number of compliments received via the management offices, and therefore formally recorded, is only a tiny percentage of those that are sent directly to wards and departments throughout NHS Lothian.

We are not content just to react when things go wrong, we want to ensure they go right in the first place.

**Freedom of Information**

The Freedom of Information Act has made public services more transparent than ever before. It allows the public, media, campaign groups, and others to get access to documents, records, letters and emails covering a huge range of subjects.

The act came into effect on 1st January 2005 and since then NHS Lothian has received well over 100 requests, averaging 17 a month. Nearly half of these requests came from journalists. Subjects covered include MRSA levels, hospital car parking charges and the Private Finance Initiative.

Even though the law allows us to charge where substantial work is involved in obtaining the information, we decided that the service would initially be free. While some issues are exempt under the act, like certain personal details about identifiable people, our presumption is always to release the required information unless there is a clear legal reason for not doing so.
Improving health and tackling inequalities

For healthcare services to be effective they need to be properly planned. This means looking at what is going on in the communities we serve and bringing together all the expertise we have to decide how we need to respond.

The strategy documents and plans we create help determine how and where we use our money and resources to have the maximum effect. In many cases we work with other groups and organisations, like councils or the Scottish Executive to come up with common approaches. This is vital because so many health issues are related to lifestyle and social inequalities.

It is no coincidence that those from backgrounds with the least advantages often have the greatest health problems. Poor housing, low incomes, lack of exercise and bad diets can all make people more prone to illness and mean they have less strength to recover. If we are to achieve our goal of ensuring the best of health for all, we must tackle inequalities at the very root.
Responding to the challenge

In some parts of Edinburgh half of all adults are smokers. When you bear in mind that 50 per cent of them will die of tobacco-related illnesses, let alone the number who suffer terrible chronic diseases that can ruin their quality of life, it is clear that we face a huge challenge. At the same time life expectancy in West Lothian is amongst the lowest in the UK. In poorer areas of the Lothians there are twice as many low birthweight babies than in more affluent ones, which can lead to health problems later on. And in Midlothian there is a higher teenage pregnancy rate than in other parts of the region.

In December 2004 NHS Lothian Board adopted a screening system as a part of its long-term approach to addressing these kinds of health inequalities. The idea behind this Rapid Impact Assessment is to look at the effect all our plans and strategies will have on key groups who suffer poorer health. These include those on low incomes or from minority ethnic groups. The outcome will be to ensure that everything we do is geared towards getting the best results for those in greatest need.

Smoking Ban

In 2004-2005 much of the groundwork was being laid for the Scottish Executive’s ban on smoking in public places that will come into effect in spring 2006. This crucial new public health legislation will bring dramatic health improvements in Scotland’s entire population – for people alive now and for generations to come. NHS Lothian has a robust strategy that aims to reduce the extensive and wide-ranging damage to public health caused by smoking, and to limit the health inequalities resulting from tobacco. We are committed to tackling these through a variety of education, prevention, and cessation programmes.

Staff throughout the service are actively involved in increasing awareness of the dangers of tobacco use and passive smoking. We have a team of dedicated smoking cessation facilitators to help people stop using tobacco and improve their health and the health of all those around them.

NHS Lothian welcomes the ban on smoking in public places. As the largest preventable cause of ill health and premature death in Scotland, the harmful effects of both tobacco smoking and passive smoking, and the considerable costs to the NHS of treating smoking-related disease, are well documented.

NHS Lothian has also led the way in developing its own Tobacco Policy to promote health, reduce risk and protect all users of its premises from the harmful effects of secondhand smoke.

Angels and Devils

Good healthcare strategies emphasise prevention as well as cure. Smoking is the single largest cause of avoidable deaths in Scotland. One of our best hopes in tackling the problem is to help children understand what will happen if they start smoking.

In February and March 2005 a play called No Smoke Without Fire toured 15 primary schools in and around Edinburgh. Presented by the Moving Parts Theatre Company, and developed by a partnership including NHS Lothian, it followed a journey by two children into their own possible futures. An angel and a devil showed them what the consequences would be if they started smoking. The play was carefully geared to be a fun way of getting across a serious message.
Sexual Health Strategy 2005-2010

Sexual health is a vitally important issue in Lothian and the rest of Scotland.

Sexually transmitted infections (STIs) such as Chlamydia are on the increase and more work is necessary to prevent the spread of HIV/AIDS. There are also concerns about teenage and unintended pregnancies that must be addressed.

In March 2005 we approved the Edinburgh & the Lothians Sexual Health Strategy which laid out our approach for the next five years. It was developed in line with the Scottish strategy, Respect and Responsibility. The strategies seek to create a more open and understanding environment where positive sexual health is possible for all.

We have also created a Sexual Health Strategy Project Board to drive the implementation of the strategy. This has membership from NHS Lothian and other key partner agencies from each local authority in the region and the voluntary sector. The national and local strategies dovetail to provide:

- An improved quality, range, consistency, accessibility and cohesion of sexual health services from primary care to specialist genitourinary medicine services
- Services that are safe, local and appropriate.
- Support for all, including those who face discrimination due to their life circumstances, gender, ethnicity, faith, sexual orientation, disability or age, to acquire and maintain the

knowledge, skills and values necessary for good sexual health and wellbeing
- A positive influence on the cultural and social factors that impact on sexual health.

Healthy Respect

During 2004-2005 the national health demonstration project on young people’s sexual health, called Healthy Respect, moved into its second phase. NHS Lothian hosts the project, with financial support from the Scottish Executive.

The strategic aims of Phase Two of the project are to:

- Create an environment that will lead to long term improvements in the sexual health and well being of young people in Midlothian and North West Edinburgh, through a multi-faceted approach that links education, information and services for young people aged 10-18
- Communicate the lessons from Healthy Respect to transfer learning and skills throughout Scotland.

The new phase began work by taking a whole authority and locality approach, linking primary and secondary educational input to reach those who need Sex and Relationships Education (SRE) earlier. Phase Two also involves implementing a framework for schools across Lothian – focusing on consistency of delivery.

It is also working on targeted interventions for those most at risk, including people excluded from school, lesbian, gay, bisexual and transgendered individuals and people with a learning disability.

Phase Two of Healthy Respect is also developing a homework package as part of sexual relationship education. Important work is being developed in partnership with the Catholic Education Service to develop appropriate sex and relationships education guidance for Catholic secondary schools.

This will be piloted in a number of schools in Edinburgh and Inverclyde with a view to making the materials and expertise available nationally.
Relationships Education

Sex and relationships education (SRE) has to be geared to the needs of particular groups. An initiative by NHS Lothian and the four local councils resulted in a new policy and guidelines on SRE for people with learning disabilities. Part of the aim was to ensure that people with learning disabilities received the information and advice they needed to make informed choices.

Under the banner “Making Choices, Keeping Safe” the initiative was developed with input from clients, carers and professionals. It also includes training material and guidance for professionals on how to approach SRE.

Expanded services at the LGBT Centre

NHS Lothian provides funding and support for the LGBT Centre for Health & Wellbeing. The centre promotes healthy lifestyles and improves the accessibility of mainstream health services for Lesbian, Gay, Bisexual and Transgender (LGBT) communities in Edinburgh and the Lothians. It also provides for people in south east Scotland who come to Edinburgh to make use of services.

In 2004-2005 more than 200 NHS Lothian staff attended workshops and training events around LGBT awareness run by the centre. As part of the NHS Inclusion Project national demonstration work, the centre worked with medical, nursing and administration staff at two GP surgeries and Family Planning and Well Woman Services. This culminated in the development of LGBT-friendly policies and a more inclusive surgery environment. This model will be rolled out across Lothian.

February 2005 saw the launch of Coming Out – a woman’s guide, an information resource for women aged 30 plus. The centre’s services include health promotion workshops, short courses promoting physical and social activities, health information and advice, and consultancy to mainstream NHS organisations and health providers.

Dumping Fizzy Drinks

The Scottish diet is infamous for being overdosed with fat and sugar, which can be a prime factor in our high rates of heart disease and cancer. As our habits are often formed when we are young it is important for children to get a taste for healthy living.

An award-winning project funded by NHS Lothian at Linlithgow Academy succeeded in encouraging pupils to swap fizzy drinks for cool water and to eat more fresh fruit and salads. The project, which brought together pupils, teachers, West Lothian Council and health staff, won the Working Partnership category of the West Lothian Celebrating Success Awards 2004. Efforts of this kind are not just effective in preventing adult illnesses but also improve dental health among young people and can contribute to combating childhood obesity.

Back to Work

Ensuring people have the chance to be fully included in society is one of the best ways to support their health and wellbeing. St John’s Hospital, in Livingston, has been working with employment charity the Shaw Trust to support those on incapacity and sickness benefits back to work.

Best Buddies

Breastfeeding is one of the best ways to ensure a baby grows up strong and healthy. In March 2005 NHS Lothian, in Partnership with City of Edinburgh Council SureStart launched the Best Buddies project in Burdiehouse to encourage good infant feeding practices among new mums. The idea is to get local women who have breastfed their own children to provide support and encouragement for others. These peer supporters each go through an eight-week intensive training course. They then get to work in the community at antenatal classes and also within people’s own homes.

A story of the heart

NHS Lothian’s Heart Manual is now a well-established international best seller, in use across the UK, as well as in the Republic of Ireland, Holland, Italy, the Falkland Islands and the Cayman Islands. During 2005 it was rolled out in British Columbia, Canada. Now NHS Lothian is developing a version of the manual for the Hong Kong market. The Heart Manual was developed 14 years ago to help patients manage their recovery from heart disease. It provides a simple and standardised way to help reduce illness and psychological distress and improve quality of life for patients.
NHS Lothian abroad

At NHS Lothian we are proud of our record in helping to spread good practice, not just in this country but around the world. In the past year we have had staff working in Africa, South America and in Zambia.

As well as providing help where it is needed, NHS Lothian reaps the benefits of these partnerships in a number of ways. Not least of these is the personal development of the staff involved who come back to work in Lothian refreshed and brimming with new ideas and enthusiasm.

The three-year programme, partly funded by NHS Lothian through an endowment and partly with the help of other partners, has allowed health professionals from both countries to share expertise and information about the disease.

Health professionals from Lothian have visited Zambia and this year there was a return visit from Zambian clinicians to Lothian. As partnerships continue to build we have been able to share our expertise on anti-retroviral therapy, improving drug adherence in the community and data management. In return, we have learned from Zambia’s experience of working within a more mature epidemic and tackling stigma.

Obstetrics in Malawi

Staff from the Simpson’s Maternity Centre at the Royal Infirmary of Edinburgh raised money for a lifesaving trip to Malawi in central Africa. Four midwives from the labour ward were part of a team to ‘adopt’ a local hospital and village clinic in desperate need of help. The midwives – Debbie Baxter, Anne Findlay, Christine Wood and Hilary Brown – planned the trip in May 2005, to run a course in obstetric emergencies. In March they held a ceilidh to raise money to pay for the food and accommodation of local doctors and midwives attending the course.

Amazonian Adventure

A team from NHS Lothian took their skills up the Amazon to help patients in Peruvian villages so remote that some had never seen a doctor. Health visitors Mary Graham from Prestonpans Health Centre; Kay Coull from Ormiston and Tranent Health Centre; Heather Kemp, a practice nurse in Tranent; Carol Wicker, a Leuchie House nurse; Alison MacRae, a Tranent GP and North Berwick consultant psychiatrist Pauline Robertson took part.

Along with Peruvian healthcare staff, the Lothian six sailed up the Amazon in a converted Royal Navy tug, which is equipped with its own on-board primary care facility, including pharmacy and dentistry.

NHS Lothian in Iraq

Since the allied invasion of Iraq in 2003, thousands of reservists, many of whom work in the NHS, have been deployed there. These include doctors, nurses and other healthcare staff who are helping to run field hospitals for the armed forces and local communities. NHS Lothian is no exception.

At any one time, around a dozen of our employees are based in Basra in Southern Iraq, the area under British control. Chief Executive Professor James Barbour accepted an invitation from SaBRE (Support for Britain’s Reservists and Employers) to visit Iraq in July 2005 to see for himself the impressive contribution made by NHS Lothian staff.

Working with Zambia to combat HIV/AIDS

In 2004-2005 we built on our partnership with clinicians in Zambia, a project designed to benefit people in Lothian and Zambia who are affected by HIV/AIDS.
Investment in staff

Realising ambition – celebrating success

Our staff are our most precious and valued resource. We recognise that it is our clinicians and support staff who make the difference when it comes to patient care. We believe that with the resources available to us and through the skills and abilities of our staff, NHS Lothian can be among the best providers of quality patient services. We already have some of the best teams in the country and it is important that we recognise their exceptional contribution.

Maintaining high standards – involving staff

NHS Lothian is justly proud of its record of achievement in delivering high standards of care. Our vision is to retain this and to build on it. To achieve these priorities and to succeed in all our areas of work - we must embrace opportunities for service redesign and make the most of available and developing information technology.

We also need to make the most of the opportunities that Pay Modernisation brings to reward, recruit and retain staff. Above all, we need to involve our talented and committed workforce fully. Staff involvement is absolutely essential to succeed in delivering our challenging modernisation agenda.
Modernising medical careers

NHS Scotland is embarking on major changes to the way doctors are trained. Work during 2004-2005 led to the launch in August 2005 of an initiative called Modernising Medical Careers, with the introduction of our first foundation programme trainees. The trainees are all recent graduates from medical school and will be employed for two years in South East Scotland. The new programme will not only continue to provide high quality training as before but will now assess these young doctors’ skills and competence.

Forward with E-learning

Making the most of new technology is vital to improving ways of working. Using IT as a learning tool can open whole worlds of education and training for staff at every level. The NHS Lothian e-Learning Project has evolved into a collaborative, multi-focused initiative, providing staff with a blend of online and traditional instructor-led learning.

More than 3,000 'learners' have already registered to take part and more than 9,000 hours have been spent learning online. The core project involves enabling people to use the internet towards the European Computer-based Driving Licence (ECDL). This is a globally recognised qualification which has been adopted by the NHS throughout the UK to address skill shortages in IT.

Success in the ECDL field has allowed the team to expand its learning service into other key areas. The online platform now hosts some 50 other courses including many soft skills ones. E-Learning breaks new ground by:

- Establishing e-learning as a reality within NHS Lothian
- Providing anytime, anywhere, access to learning that is critical to the organisation’s strategic objectives
- Measuring individual learning performance quantitatively
- Linking individual learning directly to organisational strategy and operational objectives
- Pioneering service delivery approach with private sector partners.

Pay Modernisation

Negotiated and agreed in partnership, Agenda for Change was implemented on 1st December 2004, backdated to October 2004. The national system introduces new pay bands and harmonised terms and conditions for all staff covered by the agreement (apart from doctors, dentists and some senior managers).

For example, in West Lothian staff piloted work to match job descriptions across the organisation.

April 2004 saw the introduction of new contracts for doctors working in NHS Lothian. Both the consultant and GP contracts were designed to recognise the work that doctors do - and give them a better work/life balance.

The GP contract is good for patients because practices are paid more for providing higher quality services. In the first year of the new contract, GPs in Lothian performed above expectations, with practices achieving an average of 94.1% of possible quality points. The average for Scotland was 92.5%.

The consultant contract means that for the first time doctors are rewarded for the work they actually do, which is good for morale and for attracting and keeping staff. It should also mean patients are seen by well-motivated, highly skilled staff who have time to keep up to date and upgrade their skills.
Human Resources Strategy

NHS Lothian has developed a new Human Resources (HR) Strategy to provide a meaningful and practical framework to support change and enable staff to achieve the organisation’s strategic aims. The strategy also aims to:

- Define the HR processes and services required to meet the Staff Governance Standard and organisational priorities outlined in the Lothian Health Plan
- Outline specific and measurable targets for one year, three years and five years
- Enable the most effective use of HR processes and resources
- Achieve a balance between employee rights and responsibilities
- Set out a consistent approach for all staff working in NHS Lothian
- Enable us to be an exemplar employer of current and future staff
- Enable us to develop and train managers in best practice to ensure effective and consistent people management.

Forward - the Lothian Way

We launched the Lothian Way project during 2004-2005. Although the ‘what’ of daily activity is important, the Lothian Way is about establishing a framework for ‘how’ we carry out our roles within the organisation. This includes the behaviours we adopt and the interactions we have with colleagues, patients and the public.

There are already a number of cultural and values-based projects that have flourished throughout NHS Lothian before the introduction of single system working. The Lothian Way brings these projects together and ensures that all staff have the opportunity to help formulate the values and behaviours which underpin everything that we do.

Early learning guide

The Training & Development Group based in West Lothian has launched an educational/learning and development directory called ‘The Guide.’ Every ward, department and health centre in West Lothian has been sent a copy of the guide to allow staff to access development opportunities when finalising their Personal Development Plan. Devised as part of the Learning Plan and initially developed for West Lothian, the guide will be rolled out across NHS Lothian.

Healthcare Academy

NHS Lothian’s Healthcare Academy is an innovative initiative that bridges the gap between unemployment and job success. The academy helps train unemployed people with the skills to get them back into the workplace and offers training and support that is directly linked to real jobs in healthcare.
The academy targets unemployed people from a wide range of backgrounds and experience so that they can build on existing skills and adapt them for jobs in the NHS. Academy courses (covering clinical, administration and clerical, and hotel services posts) run for six weeks.

The academy has proved to be very successful and is currently running with a 90 per cent success rate of candidates finding suitable employment within NHS Lothian.

Encouraging a career with NHS Lothian

Throughout the year, our recruitment teams showcased the attractions of a career with NHS Lothian, which include:

- The variety and flexibility of jobs
- Family-friendly working arrangements
- Excellent educational and clinical skills development opportunities.

More than 550 visitors had an insight into the benefits of a career in healthcare with NHS Lothian at a Recruitment Open Day staged in Edinburgh in May. The large numbers of guests showed interest in jobs right across the spectrum of healthcare, in clinical and non-clinical posts.

As well as taking up full time or part time posts, nurses and midwives have an opportunity to join NHS Lothian’s Nurse Bank. There are also opportunities for nurses who may have stopped working to start a family or take a career break to return to work.

Across disciplines and departments, our staff have a wide variety of opportunities to continue their education and training once in post. Here are just some examples from surgical services:

- An in-house Operating Department Practice Diploma, accredited by Glasgow Caledonian University as a franchise
- A variety of courses and modules accredited by Napier University, including a transplant module; first assistant to the surgeon (organ retrieval) theory and practice, and peri-operative foundation courses (theory and practice) in anaesthetics & recovery and scrubbing and circulating
- Foundations in pre-assessment care (theory and practice) accredited by Napier

- Opportunities to undertake a Minor Surgical Procedure course at Glasgow Caledonian University. Three University Hospital Division (UHD) theatre practitioners are undertaking this course
- Scottish Vocational Qualification (SVQ) level 2 and 3 peri-operative care standards – implemented in UHD theatres.
Financial report

Background

Lothian Primary Care NHS Trust and West Lothian Healthcare NHS Trust were dissolved on 1 April 2004. The assets and liabilities of the Trusts were transferred to Lothian NHS Board at that date. The main effect of this is that the results and cash flows of the Trusts for the year ended 31 March 2005 are brought into account from the start of the financial year.

The Scottish Executive set 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
- Cash requirement – a financing requirement to fund the cash consequences of the ongoing operations and the new capital investment.

Health boards are expected to stay within these limits, and will report on any variation from the limits as set.

NHS Lothian again met all its financial targets in 2004/05 supported by a partnership approach both within NHS Lothian and elsewhere across NHS Scotland in respect of tertiary services.

Actual outturns against financial targets for NHS Lothian were as follows:

<table>
<thead>
<tr>
<th></th>
<th>As agreed with funding bodies £’000</th>
<th>Actual outturns £’000</th>
<th>Variance (Over)/Under £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Resource limit</td>
<td>956,609</td>
<td>937,043</td>
<td>19,566</td>
</tr>
<tr>
<td>Capital Resource Limit</td>
<td>7,663</td>
<td>7,577</td>
<td>86</td>
</tr>
<tr>
<td>Cash Requirement</td>
<td>924,272</td>
<td>914,256</td>
<td>10,016</td>
</tr>
</tbody>
</table>

This favourable variance against the Revenue Resource Limit, which is fully committed in 2005/06, reflects timing differences on a number of planned projects, an improved operating performance by Lothian University Hospitals Operating Division in the final quarter of the year, a benefit obtained from prescribing and a recognition of the value of the cost of capital benefit arising from a reduction in the value of capital assets. This may enable the Board to effect an early partial repayment of brokerage received.

Other highlights of the year included:

**Delayed Discharges**

The Lothian partnership met and exceeded its target reduction in delayed discharges. They achieved a reduction of 28% to 230 exceeding a national commitment to reduce the numbers by 20%. A 31% reduction was also achieved in patients delayed for healthcare reasons and the numbers delayed more than 1 year was reduced to zero. The 2005/06 target of 175 has been set at a level which exceeds the national target.

**Outpatient Waiting Times**

NHS Lothian met and exceeded outpatient targets by approximately 1,500 patients (21%) having, since September 2004, achieved a 57% reduction in numbers waiting beyond the guarantee.
Inpatient Waiting Times

NHS Lothian exceeded the target for inpatients waiting more than 6 months by almost 100 cases. Waiting times greater than 6 months were restricted to only two specialties and a 70% reduction in patients waiting beyond the guarantee has been achieved in 2004/05. Specific focus remains on driving up performance in terms of A&E waits.

Across all waiting times areas NHS Lothian remains fully committed to early delivery of targets.

Primary Care Services

Prescribing in Lothian remains amongst the most cost effective in Scotland with a high level of generic prescribing and excellent performance against a range of quality indicators. The quality performance points achieved across NHS Lothian at 998 was also amongst the highest in Scotland.

Community Health Partnerships

The Scheme of Establishment for Community Health Partnerships in Lothian was approved in March 2005.

Proposals included the formation of a Community Health and Care Partnership in West Lothian, giving an opportunity to build on the existing joint working arrangements in West Lothian.

The integrated Community Health and Care Partnership will be jointly managed by and accountable to Lothian NHS Board and West Lothian Council and a joint director appointment has been made. A further joint appointment has been made in Edinburgh.

These ground breaking appointments offer an unparalleled opportunity to work with two key Local Authority partners and support the recent impetus towards reducing bureaucracy across the public sector.

Innovative Service Redesign

NHS Lothian successfully concluded a period of extended consultation on proposals to redesign three strands of service provision; Mental Health Services, Acute Services and Services for Older People, covering 54% of the NHS Lothian workforce, 4,000 beds and £358m service investment. Implementation plans are now being developed to deliver the agreed strategies which will fully embrace the benefits of pay modernisation. Significant capital investment will also take place to ensure that the services are provided from fit for purpose buildings. Plans developed within NHS Lothian anticipated the Kerr Report and we are grateful for the Minister’s recent approval of the proposals.

Performance Management

NHS Lothian performs well against the Performance Assessment Framework (PAF) indicators with performance against all but 7 of the 82 quantitative indicators assessed as ‘better than expected’ or as ‘expected’. Plans have been prepared indicating the actions to be undertaken and the associated timescales to address those areas where performance needs further improvement.

Pay Modernisation

98% of Consultants have accepted the terms and conditions of the new contract. Benefits are now being seen in improved working hours and efficiencies in practice. More are being agreed in the current review of job plans which will include formal service objectives.

Following the implementation of the new General Medical Services contract, Lothian practices reached a 94% achievement in quality targets and expects further efficiencies will follow as changes in practice impact on secondary care in areas such as Asthma and Diabetes.
Agenda for Change is at early stages of implementation with 45% of the workforce included. This is the highest performance of all the mainland Boards. It is expected that full implementation will facilitate the wider use of extended roles as a necessary component of effective service redesign.

**Regional Planning**

NHS Lothian is taking a major role in regional planning and is closely involved in proposals to host regional employment contracts for consultants. Engagement of Chairs and other Non Executives in the regional planning process is also being led by the Chair of NHS Lothian.

**National Agenda**

All Executive Directors make a significant contribution to the National Agenda through, for example, membership of national committees, chairing professional groups, including Charles Swainson on the Kerr Group, John Matheson on specific Audit Scotland projects and James Barbour on the HR Group, as well as one of our Non Executives chairing the Audit Committee Forum.

**Smoking**

The Board has adopted a proactive response to tobacco control and plans for a smoke-free NHS are being developed with implementation planned for early 2006.

**Sexual Health**

NHS Lothian, drawing on the lessons learned from Healthy Respect, has developed specific proposals in respect of young people’s sexual health focusing on vulnerable young people.

**RIE PFI Contract**

NHS Lothian is currently in detailed discussions with its Private Sector partner in respect of the contractual arrangements at the RIE. NHS Lothian is fully aware of its accountability to the taxpayer to show that Value for Money is being obtained from the contract with Consort as well as in terms of precedents set for other projects.

Generally our relationships with the private sector are very positive and we proactively support them through the SHAW Scheme in developing healthy workplaces as well as working directly with them in fulfilling waiting times guarantees, especially in Orthopaedics and Audiology.

**Productivity**

NHS Lothian has given a very clear and specific focus in the budget setting process for 2005/06 to strengthen the link between Finance and Activity. Specifically, NHS Lothian has set a target of 15% increase in productivity across all elective specialties covering in-patient, day-cases and out-patients.

**G8**

NHS Lothian fully contributed with the police and other agencies to the planning and execution of the arrangements to ensure that the events linked to the G8 Summit within the immediate Lothian area passed with the minimum of disruption.
### NHS Lothian Operating Cost Statement

For the year ended 31 March 2005

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Clinical Services Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital and Community</td>
<td>846,706</td>
<td>932,368</td>
</tr>
<tr>
<td>Less: Hospital and Community Income</td>
<td>128,461</td>
<td>140,196</td>
</tr>
<tr>
<td></td>
<td>718,245</td>
<td>792,172</td>
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<tr>
<td>Family Health</td>
<td>239,746</td>
<td>254,607</td>
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<tr>
<td>Less: Family Health Income</td>
<td>16,920</td>
<td>18,797</td>
</tr>
<tr>
<td></td>
<td>222,826</td>
<td>237,810</td>
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<tr>
<td>Total Clinical Services Costs</td>
<td>941,071</td>
<td>1,029,982</td>
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<tr>
<td>Administration Costs</td>
<td>6,017</td>
<td>4,168</td>
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<tr>
<td>Less: Administration Income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>6,017</td>
<td>4,168</td>
</tr>
<tr>
<td>Other Non Clinical Services</td>
<td>15,757</td>
<td>14,835</td>
</tr>
<tr>
<td>Less: Other Operating Income</td>
<td>67,115</td>
<td>57,310</td>
</tr>
<tr>
<td></td>
<td>(51,358)</td>
<td>(42,476)</td>
</tr>
<tr>
<td>Local Health Councils</td>
<td>180</td>
<td>213</td>
</tr>
<tr>
<td>Net Operating Costs</td>
<td>895,910</td>
<td>991,888</td>
</tr>
</tbody>
</table>

### Summary of Revenue Resource Outturn

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Net Operating Costs (per above)</td>
<td>895,910</td>
<td>991,888</td>
</tr>
<tr>
<td>Less: Capital Grants from Public Bodies</td>
<td>0</td>
<td>(304)</td>
</tr>
<tr>
<td>Less: FHS Non Discretionary Allocation</td>
<td>(85,383)</td>
<td>(54,328)</td>
</tr>
<tr>
<td>Less: Local Health Council Allocation/Expenditure</td>
<td>(180)</td>
<td>(213)</td>
</tr>
<tr>
<td>Less: Other Allocations</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>810,347</td>
<td>937,043</td>
</tr>
<tr>
<td>Revenue Resource Limit</td>
<td>823,554</td>
<td>956,609</td>
</tr>
<tr>
<td>Saving against Revenue Resource Limit</td>
<td>13,207</td>
<td>19,566</td>
</tr>
</tbody>
</table>
## NHS Lothian Balance Sheet

**As at 31 March 2005**

<table>
<thead>
<tr>
<th>Description</th>
<th>2004 £'000</th>
<th>2005 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible Fixed Assets</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Tangible Fixed Assets</td>
<td>772,396</td>
<td>698,603</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>772,454</td>
<td>698,691</td>
</tr>
<tr>
<td>Debtors falling due after more than one year</td>
<td>16,478</td>
<td>16,020</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>14,175</td>
<td>13,495</td>
</tr>
<tr>
<td>Debtors</td>
<td>45,629</td>
<td>63,860</td>
</tr>
<tr>
<td>Investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>1,976</td>
<td>2,199</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>61,780</td>
<td>79,554</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors due within one year</td>
<td>(126,329)</td>
<td>(129,523)</td>
</tr>
<tr>
<td>Net current assets/(liabilities)</td>
<td>(64,549)</td>
<td>(48,969)</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>724,383</td>
<td>664,742</td>
</tr>
<tr>
<td>Creditors due after more than 1 year</td>
<td>(185,994)</td>
<td>(185,718)</td>
</tr>
<tr>
<td>Provisions for liabilities and charges</td>
<td>(40,252)</td>
<td>(46,934)</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>498,137</td>
<td>432,090</td>
</tr>
</tbody>
</table>

### Financed by:
- **General Fund**                               | 276,110    | 269,069    |
- **Revaluation Reserve**                         | 202,467    | 143,337    |
- **Donated Asset Reserve**                       | 19,560     | 19,684     |
- **Total**                                       | 498,137    | 432,090    |

**John Matheson**
Director of Finance, Lothian NHS Board

**Professor James Barbour OBE**
Chief Executive, Lothian NHS Board

27th July 2005.
Statement of the independent auditors to Lothian NHS Board

We have examined the summary financial statements of Lothian NHS Board set out on pages 47 to 51.

This statement is made solely to Lothian NHS Board, as a body, in accordance with the terms of our engagement. Our work has been undertaken so that we might state to Lothian NHS Board those matters we are required to state to it in such a statement and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Lothian NHS Board, as a body, for our work, for this statement, or for the opinions we have formed.

Respective responsibilities of Lothian NHS Board, the Accountable Officer and auditors

Lothian NHS Board and the Accountable Officer are responsible for preparing the annual report in accordance with applicable United Kingdom law. Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the annual report with the full annual financial statements and directors’ report.

We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 ‘The auditor’s statement on the summary financial statement’ issued by the Auditing Practices Board for use in the United Kingdom. Our report on Lothian NHS Board’s full annual financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the full annual financial statements and the directors’ report of Lothian NHS Board for the year ended 31 March 2005. We have not considered the effects of any events between the date on which we signed our report on the full annual financial statements (27 July 2005) and the date of this statement.

KPMG LLP
Chartered Accountants
Registered Auditor
Saltire Court
20 Castle Terrace
Edinburgh
EH1 2EG

22 November 2005
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 which 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 shown. 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).
Dear Brian

I am very grateful to you and your colleagues for making the arrangements for my visit to the Scottish Health Service Centre, and for the Board’s Annual Review meeting on Tuesday 2 August 2005. As you know, I found my visit to the Male Cancer Centre and the Minor Injuries Unit at the Western General Hospital both interesting and informative, and I was struck by the commitment and enthusiasm shown by the members of staff in both areas. I was also impressed by the quality of the exhibition which we saw at lunch time.

I identified a list of specific actions which you agreed you would progress over the coming months. These are set out below:

- **A&E Waits**: you are addressing long A&E waits by introducing initiatives to tackle them, and confirmed that more work is required to sustain progress and meet the 2007 target of 4 hours.

- **Dental Services**: access to NHS dentistry services presents a problem to the Board. You are monitoring access to dental services and exploring ways of enhancing them, and developing innovative ways of utilising existing facilities.

- **Cancer Waiting Times**: there are issues around waiting times for cancer treatment, especially in the areas of breast and colorectal cancer. On breast cancer, you will continue to work on dealing with improving performance to meet the required timeframes. On colorectal cancer, where there has been deterioration, you are pursuing initiatives to improve performance.

- **Availability Status Codes**: you will continue to address the recent increase in ASCs in order to meet the Executive’s target of abolition by the end of 2007.

- **Agency Nurses**: you are to continue reducing the spend on the use of agency nurses by faster nurse recruitment, by the use of one Lothian bank by September 2005, and by making sure that you have maximised family friendly policies. You will continue to use national agency contracts.

- **Capital Projects**: you will progress the delayed capital projects as quickly as possible.

The Board has shown good financial management, has not only met but exceeded inpatient targets, and has demonstrated good work on tackling delayed discharges. One of the contributory factors is partnership working which is also a strong feature within NHS Lothian.

The year ahead will see further challenges facing the Board, when taking forward the proposals arising from *Improving Care, Investing in Change*, and I am confident that you and your colleagues will tackle this with energy, enthusiasm and a determination to succeed. I know that you will involve all of those people who had input to the consultation, i.e staff, public and patients, to ensure that outcomes are satisfactory to all those affected by changes.

I attach a written record of the Annual Review meeting.

**Andy Kerr**
Minister for Health & Community Care
Summary of discussion at NHS Lothian Annual Review - 2 August 2005

Area Partnership Forum

1. Mr Kerr reported that the meeting with the Partnership Forum was very positive, noting that it was reassuring to see such a well bedded-in group, despite an extremely challenging agenda. The Minister welcomed the fact that Board policies have been devolved down and welcomed the commitment from all to the implementation of Agenda for Change. The Forum recognises that there are still pressures within the system which require to be addressed. Benefits realisation on the Consultants Contract, General Medical Services and Agenda for Change shows a need to make sure the patient gains from the significant investment. The Minister found the discussion on the Public Private Partnership useful as it provided him with a more detailed position regarding the current contractual status at the Royal Infirmary of Edinburgh.

Area Clinical Forum

2. Another positive meeting, during which the Minister heard of the Board’s support for the Forum. There seemed to be a need, however, to sharpen the focus and clarify how the Forum could be involved more effectively, and how the partners, such as local authorities, could be brought in more effectively on clinical issues. There was a particular desire for back-fill to be pursued to address the significant time commitment required for those involved in the Forum. Mr Kerr heard that early engagement between the Board and the Forum would be of benefit. In particular, the planned session on 9 September will help clarify how this can be achieved.

Progress on Action Points from Accountability Review Letter 2004

3. Mr Kerr was pleased that the issues identified for action at last year’s Accountability Review meeting had been implemented or progressed satisfactorily. In particular, he noted that the mixed sex accommodation issue has now been addressed.

4. On tackling the question of A&E waiting times, the Minister learned of the initiatives which have been put in place to address this difficult issue, given NHS Lothian’s ‘poor’ performance last year. Examples such as working with the modernisation agency, mapping patient pathways, joining the National Unscheduled Care Collaborative, introduction of ‘See and Treat’, and expansion of the minor injuries service across Lothian. Mr Cavanagh provided assurances that the Board would meet the 4 hour target by 2007.

5. The Chair noted that the issue of parking costs is being discussed with Consort, with additional income being used to reduce public costs. The Minister noted that there is a balance to be found between car management and cheaper parking, and he welcomed the further discussions that are taking place on this.

Health Improvement

6. The Minister heard that the Board had approved a ‘smoke free’ approach in Lothian in March 2005, coming into effect in 2006. He was told of initiatives which the Board has introduced to address the smoking cessation programme. These include plans to work with people with low incomes, pregnant women and people living in deprived areas. The Minister was particularly interested to learn of phased funding for additional support for NHS staff and patients.
Addressing the issue with people with mental health problems and those in units for alcohol dependency were other examples of innovative schemes.

7. The Minister noted that sexual health is not just an issue for the young, so was encouraged to note that plans in the Board’s sexual health strategy include older age groups, particularly drawing on the learning from Healthy Respect. Mr Kerr was interested to learn of work underway with Zambia, driven by practitioners. There has been a rise in the number of people with sexually transmitted diseases, and Mr Cavanagh gave examples of how Lothian is working with colleagues at a national level to tackle this, such as the establishment of drop-in centres in the centre of town.

8. Mr Kerr highlighted the importance of dentistry and was reassured to learn that the Board has launched a significant strategy to deal with the problems in Lothian of a lack of access to NHS services. The Minister was encouraged by the progress monitoring that is being done and commended the plans to encourage primary school children in preventive measures by supplying them with toothbrushes. Mr Kerr indicated that any measures which address the problem are welcomed.

Waiting Times

9. Mr Cavanagh provided assurances that the Board is working on patient pathways, both regionally and locally, to address waiting times in the area of breast and colorectal cancer, and welcomed the significant support received from the Centre for Change and Innovation. Following deterioration in performance on breast cancer, this had improved, and figures had risen from 63% to 84%. The Chair made a commitment to review breast cancer through the Cancer Therapy Network. Systems have also been put in place to improve performance on colorectal figures which had deteriorated due to a number of factors. One way of addressing this is a system whereby all people coming into the system will be clearly identified. The Minister welcomed the assurances, and indicated that he wanted to work with the Board to sustain the improvements.

10. The Minister expressed concern that, in the last year, the use of Availability Status Codes (ASCs) in Lothian had risen by over 30%. The Chair confirmed that the use of ASCs was legitimate, and that NHS Lothian still had a lower than average use of ASCs per head of population than elsewhere in Scotland. Mr Cavanagh acknowledged the difficulties faced with abolishing ASCs by December 2007, but advised of steps which have been taken, such as the setting up of three groups – one to look at IT and clerical issues; a second which is a clinical issues group including medical directors in areas such as plastic surgery; and a third going through each specialty to ensure how to deliver for each patient.

11. On inpatient and outpatient performance, the Minister acknowledged that NHS Lothian did not just meet the targets, at the end of March 2005, but exceeded them, and noted that the Board is on course to meet the December 2005 targets.

Partnership Working

12. The Minister offered his congratulations and thanks to all those staff who had been involved in preparations for, and actions during the recent G8 Summit. There was a discussion around good practice work with the Scottish Ambulance Service (SAS) and the Chair highlighted the good relationships and cooperation between the Board and the SAS. As a result of this good work, there has been a reconfiguration of patient transport; pilot work on out-of-hours in East Lothian; training of paramedic staff to enable them to treat accident victims on site; and joint working between SAS staff and nurses.

13. Mr Kerr indicated that he placed great emphasis on the importance of Regional Planning, and was pleased to learn of the work of SEAT in taking forward, among others, the recommendations of the Kerr Report.
It was noted that SEAT is considering particular pressure areas, such as gynaecological oncology services in Fife. SEAT is also ensuring consistency in delivery of standards in the area of Learning Disability. It was also noted that plans are in place to develop the role of a Regional Consultant to work with SEAT, and a job plan/template is being produced.

14. The Minister noted that the figures for Delayed Discharges are encouraging, and the Chair indicated that the good working relationships with local authorities are a contributory factor in keeping the elderly where they want to be – namely in their own homes, wherever possible. Mr Kerr commended this partnership working, in particular on the success of the initiative in West Lothian where the use of smart technology is providing real benefits for individuals, allowing them to remain in their own homes. The Chair noted that relationships with Councils bring a different challenge, with different dimensions – each of the 4 local authorities has different skills to offer. But, he suggested that elected representatives on the Board provided real added value.

15. Mr Kerr was assured that NHS Lothian is working closely with NHS 24, and that, despite earlier problems, the situation is improving, personal relationships are good, and staffing difficulties have been recognised. More recently, ways of altering algorithms have been explored. The Minister heard that a meeting is to take place with NHS 24 in September to explore matters further.

16. The Chair highlighted the good relationships between the Board and the private sector and with the Golden Jubilee National Hospital.

Infection Control

17. The Minister noted that during his visit to the Minor Injuries Clinic earlier in the day, he was pleased to see the use of alcohol gel handwash as a step towards control of infection. This whole question has to be recognised as a big issue for patient confidence. In response to the Minister’s question about the Board achieving compliance with the 69 QIS Infection Control Standards, the Chair provided assurances that this had been achieved, or would be shortly, and that the whole issue was taken very seriously, with the subject being a standing item on the Board meeting agenda. Mr Kerr noted that the Board is on track to meet the other requirements, such as education and training.

NHS Employment Contracts

18. The Chair indicated that the Board had complied with the first phase of the requirements on Modernising Medical Careers, as well as producing plans on Phase 2. This is a significant issue, involving medical directors and clinical directors, with the Hospital at Night programme being used to drive it forward.

He went on to indicate that the Board is now looking at 2 or 3 different options on how Consultant Contracts, GMS contract and Agenda for Change can be improved.

Efficiency

19. The Minister asked what was being done to tackle Day Surgery Rates. Firstly, the Chair noted that the change of procedures from inpatient to day cases was not taken into account in the Day Surgery Rates. However, he indicated that performance had already improved by 3-4%. A number of activities have changed the picture – more procedures had moved to become day cases; the introduction of nurse follow-up; the employment of nurse practitioners, and other innovative ideas had improved the situation. Mr Cavanagh suggested that the use of minimally invasive surgery by a consultant at St John’s Hospital would see an improvement in general surgery statistics.

20. On Cancelled Admissions, the Minister heard that the situation is improving due to the introduction of patient focused booking and the consultants’ contract. Efforts are being made to establish the reasons for cancellations, and a number of ideas are being explored, particularly in orthopaedics. All of this work is being linked to Pay Modernisation.
21. The Chair acknowledged that reducing Agency Nurse spending is a high priority for NHS Lothian. The Board has already reduced spend by £1.2m; taken Bank staffing up to 76%; recruiting staff more quickly; and looking at ways of addressing sickness absences. By September the Board plans to have one Lothian 'bank', with lessons being learnt from Tayside. The Chair indicated that another way forward is to maximise family friendly policies.

22. On Unit Costs, the Chair acknowledged that part of the driver of Improving Care, Investing in Change is maximising the use of the estate and staff resources across Lothian, to see a better distribution. He also said that the Board takes very seriously the importance of Cash Releasing Efficiency Savings (CRES) targets, and that they are confident about delivering CRES targets in 2005/06. These targets are monitored through the Board’s Finance and Performance Review Committee and, as part of the formal mid year review process, proposals will be proactively brought forward for CRES in 2006/07.

Finance

23. The Minister acknowledged that the Board has shown good financial management over the past year. However, he raised the question of the Board's Capital Projects, some of which have been on the stocks for some considerable time.

The Chair indicated that he regarded it as essential to get the projects moving, particularly Midlothian Community Hospital and the Musselburgh Primary Care Project. Mr Kerr highlighted the Leith Community Treatment Centre as a model of good practice.

Matters specific to the Board

Older people’s strategy

24. The Chair indicated that the events which took place in 2 wards of the Royal Infirmary of Edinburgh in April were unacceptable, and the Minister commended the Board on taking swift action by setting up a Group to look at how any deficiencies might be rectified. Mr Kerr was pleased to hear that a number of actions have already been taken, and that the Board does not intend to wait until the Group has finalised its deliberations, but that it will act quickly if that should prove necessary. It is important that the public is reassured that any shortcomings are going to be put right. The Minister suggested that the Chair’s apology, and the actions already taken, will go a long way to ensuring this.

Improving Care, Investing in Change

25. This had already been touched on in the meeting, but Mr Cavanagh emphasised the importance of having appropriate services in place before any closures are undertaken.

Conclusion

26. In conclusion, the Minister acknowledged that the past year had again been a successful one for NHS Lothian, and he congratulated the Chair and the Board for meeting and addressing the challenges which have presented. The Board has shown good financial management, has not only met but exceeded inpatient targets, and has demonstrated good work on tackling delayed discharges. One of the contributory factors is partnership working which is also a strong feature within NHS Lothian.

27. The Minister went on to note that the year ahead will see further challenges facing the Board, when taking forward the proposals arising from Improving Care, Investing in Change, but indicated that he was confident that the Board will tackle this with energy, enthusiasm and a determination to succeed.

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