



SCOTTISH EXECUTIVE

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Dear Brian

NHS Lothian Accountability Review 2003 - Wednesday 18 June

I am writing to record the issues raised during the Accountability Review meeting when I and Health Department colleagues met with Chairs, Chief Executives and Board members to discuss NHS Lothian's performance during 2002-2003, and your plans for the provision of health care to the local population in 2003-2004.

Firstly I would like to convey our thanks to everyone who was involved in the arrangements for the day, and to express our appreciation of the hospitality we were shown. I would also be grateful if you would pass on our thanks to Mike Grieve, Alison Bonney and Mike Corbett, and those at the Royal Infirmary for the very informative presentation and tour. We were all impressed at how well the system is working, and pleased at the smooth way in which the commissioning was carried out.

Given the complexity of the project, it is remarkably well managed, and reflects the enormous effort which was put into it by all partners.

Meeting with Area Clinical Forum

We had a very good and positive discussion with members of the Area Clinical Forum (ACF). This appears to be a very active group, which is fully involved in all the major issues in Lothian. The Group is pleased with the support which it gets from the Board. **The ACF would value greater clarity about how and when they are engaged, and how to communicate to staff what work the Forum undertakes. The idea of developing a website seemed a good one.** Overall the message received was a very positive one.

MEETING WITH STAFF SIDE PARTNERSHIP FORUM

The feedback we received at our meeting with the Staff Side Partnership Forum was very positive. Staff side members thought that senior HR management in LUHT could be more committed to and involved in partnership working. We heard that this concern had already been recognised by the Chief Executive, who is also acting to improve staff communication. The Forum is very well in tune with current issues, such as the move to single tier working, which it welcomes. There was active involvement in all 6 pan-Lothian projects, including Better Acute Care. **Concern was raised over the heavy workload of the Employee Director, and this needs to be reviewed.**

PERFORMANCE IN 2002-03

You told us that this had been a good year for NHS Lothian. Key points included meeting your financial targets, the completion of the new Royal Infirmary on time and on budget, meeting inpatient waiting times ahead of the national target date, and a significant reduction in delayed discharges, reflecting good partnership with the Local Authorities and voluntary sector.

We heard that collaborative working had not been easy given the size of the organisation, but significant issues had been dealt with. Effective links had been forged with the voluntary and private sectors. Significant progress had been made with the Local Health Plan. Looking ahead, this year will see the dissolution of Trusts, and you recognise the need to work across NHS boundaries and the importance of continuing to engage the public in developing services.

We were told that, since last year's meeting when concern was expressed over occupancy of the Orchard Clinic, its occupancy had almost doubled, and beds were now being used significantly by other Boards. We discussed the Oral and Maxillofacial Service at St John's Hospital, and learned of the good progress which has been made, with the addition of a consultant on secondment from Forth Valley. Authority has been granted by the Postgraduate Dental Dean to reinstate Senior House Officers (SHOs). The Board has also agreed additional investment to recruit a further consultant, bringing the total to 4. The service is scheduled to transfer to the Royal Infirmary later this year.

PERFORMANCE ASSESSMENT FRAMEWORK (PAF)

We reviewed areas of performance highlighted by PAF indicators. You told us that the Board supported the introduction and development of the PAF. Information from the PAF had been included in the Health Plan and was subject to detailed scrutiny by the Finance and Performance Review Committee of the Board. The Non-Executive Directors had found the reports most informative. Audit Scotland has also recognised your Finance and Performance Review Committee as a model of best practice. We highlighted some specific areas in your self assessment:

Immunisation - we discussed performance in seeking to maintain childhood immunisation rates, in particular MMR. This presented a challenge throughout the country. Lothian is among the top 3 performing Boards. You told us that you are addressing the problem sensitively, with the help of a network of health visitors, and that you intend to share this practice with other Boards. Other childhood vaccination rates have also dropped. This is a major public health concern. MMR continues to feature high on the Board's agenda.

Sexually Transmitted Infections - we heard that a positive reaction to the Healthy Respect Project had resulted in increased levels of reporting of sexually transmitted diseases, especially chlamydia. You pointed out that only one person in ten who has contracted chlamydia knows it. We agreed you were right to encourage reporting as a step towards effective control.

Mental Health Expenditure - we noted that the proportion of spend in the community seemed to have reduced. You advised that about 20% of core service funding is on community-based services, and that investment overall had increased by 15% over the past year. As a result of the recent commissioning of inpatient facilities such as the Orchard Clinic and the Young Peoples Unit, which provide services to non-Lothian patients, the percentage of expenditure on Community Services had not grown as expected. You confirmed that The Board was investing a further £0.5m on methadone prescribing and that £0.5m from the Change and Innovation Fund is also being invested primarily in community based services.

Drugs Prescribing - you described the joint formulary used by all clinicians in Lothian. This enables Scottish Medicines Consortium (SMC) approved drugs to be approved for use in Lothian. We heard that Lothian does not use as many statins as other Boards, which reflected the systematic audit of statins demonstrating that statins were being used in a focused way. More funds have been put aside in the coming year for the targeted use of statins within the total additional investment in excess of £10m. The creation of a specific fund to recognise SMC recommendations was also welcomed.

Mortality Rates - premature mortality rates for coronary heart disease (CHD), and survival rates for acute myocardial infarction (AMI) are above average, whereas those for ovarian cancer are lower. You told us that there had been a change in classification of ovarian cancers, which helped to explain the apparent fall.

MRSA infection rates - we learned that the 3 Trusts are fully engaged in addressing this issue. We look forward to hearing the results from the major piece of research being undertaken at the new Royal Infirmary. An example was the Royal Edinburgh Hospital which scores very highly in terms of cleanliness, partly reflecting improved recruitment arising from the NHS Lothian initiative to increase minimum wage levels. We were told that St John's Hospital has the lowest rate of MRSA in any mainland DGH.

LOCAL HEALTH PLAN

We commended you on a very clear, comprehensive and informative Plan. We were impressed by the level of public involvement and how you had highlighted the PAF indicators throughout. You were encouraged by the fact that you had received 7,000 responses to your Health Plan questionnaire.

(i) Finance

We were grateful for the frank and informative presentation given by the Board's Director of Finance. We recognise that financial targets continue to be met, and were reassured by the plan. However we are concerned that more work is needed to fully resolve issues previously raised in respect of LUHT on a sustainable basis. You assured us that more rigorous controls had been put in place in LUHT, which increase confidence that the plan will be delivered.

We discussed risks and sensitivities around the financial plan, including achievement of your stretching Cash Releasing Efficiency Savings targets. **You agreed to provide updates throughout the coming year, and how CRES targets are being met.** So far as the impact of the low pay deal is concerned, you advised that one area which touches on this indirectly is the money spent on agency nursing. You told us that the Acting Nursing Director at NHS Lothian is producing an action plan in respect of this area of expenditure. We commended you on the recruitment/retention initiative you have agreed in discussion with the Partnership Forum.

(ii) Waiting Times

Lothian's performance was very strong. Against the background of the transfer to the new hospital, it was to Lothian's credit that the December 2003 target of 9 months maximum wait for patients with a guarantee had been achieved early. In the next year you appear well placed to maintain progress to the 2005 targets. Staff are to be congratulated on their efforts which made this performance possible.

You also told us that you are focused on achieving the 48 hour Access in Primary Care by March 2004.

On plastic surgery, on which there is considerable pressure, we heard that a review was being undertaken. You were confident that solutions would be found to improve overall performance, so that activity could meet demand. **It would be helpful to see a copy of the report when prepared.**

(iii) Delayed Discharges

The excellent performance, with local authority partners, in exceeding delayed discharge targets was attributable to very substantial investments, creation of additional capacity, and strong partnership working with local authorities and the independent sector. We were pleased to learn from the Council that there was a feeling of greater joint working and shared ownership of the problem over the last year, but heard that guardianship issues presented problems. We

commended you on progress in this area, and the good links with Councils, and advised you that the Scottish Executive continues to be committed to developing community planning.

(iv) Healthcare Associated Infection (HAI) - Lothian's performance as reflected in the CSBS report and the Audit Scotland Review left room for improvement. Tackling HAI was now a standing item on the Board's agenda. Lothian has now appointed its first nurse consultant on health protection. You accepted that the Board needed to demonstrate evidence of meeting required standards. Your action plan has been audited, and you are clear about the further action to be taken.

LOCAL ISSUES

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(i) Management of Capital Schemes

We are aware that Lothian has handled a number of high profile capital schemes, and that there are others in train. You have 8 Business Cases, 2 of which (Findlay House and Leith Community Treatment Centre) will soon be completed. We asked about progress on the Musselburgh Primary Care development. **You recognised that progress had been slow, and agreed to provide an action plan, detailing how you intend to move forward, by early July.** You had set up a task force to progress the project, and the LPCT Chair will shortly be meeting with the developer. You gave a personal assurance that the project would move forward to an acceptable timetable.

(ii) Mental Health Strategy

We agreed that the Board's strategy should address a reduction in the number of sites delivering acute inpatient care. You will take a deeper look at Haddington, Midlothian and the Royal Edinburgh Hospital. All partners, including local authorities, carers and users should be involved. **We noted that a revised version of the Strategy would be produced by October 2003.**

(iii) Better Acute Care

This was one of 6 cross-system projects and reflects the need to maximise the benefit of investment in the new Royal Infirmary and the Anne Ferguson Building. You told us that you expected broad conclusions to emerge in next year's Local Health Plan. Current inequalities in the provision of acute care must be addressed. You advised that you have invited Fife and Borders to participate in the steering group, and are keeping in touch with Forth Valley and Lanarkshire who have also expressed interest. We described some of our thinking around national tertiary services and agreed a separate meeting soon to discuss further.

PARTNERSHIP FOR CARE

(i) Regional Planning

I was pleased to hear of your continuing commitment to active regional planning in SEAT, including discussions with other regions, putting in place a workforce development 'champion', focusing on a coherent work programme over the coming year, and deeper support for SEAT. **It is important to maintain momentum here.**

(ii) Moving to Single System Working

We have received your proposal to move to a single system. Your approach seemed appropriate and realistic.

(iii) Senior Team Working

A number of issues had been recognised, including the need to further develop inter-working across the NHS in Lothian. There were leadership issues for all Chief Executives, and you were working constructively on these. As you move towards single system working, we were confident that the system is working very well.

(iv) Pay Modernisation

This was a key issue for Chief Executives to lead. Money has been earmarked and people have been identified to take work forward., A key challenge is to deliver improved ways of working in return for additional financial investment.

(v) Health Improvement

We told you that, in terms of PAF, Lothian's performance is impressive. Linkage to public involvement is positive. Lothian has a huge opportunity to help focus this agenda. A community based, bottom-up approach is required, and the opportunity to achieve this will be taken at your forthcoming summer roadshow. You felt that last December's launch of Lothian's Public Health Network had been a very positive step. We heard that you have established a public health partnership forum, and local authorities are on board. A number of initiatives are underway, specifically targeting particular deprived areas.

NEW DEAL COMPLIANCE

You were concerned about compliance. Lothian's projection to August was for a compliance rate around 68%. You were looking at actions to improve the position, such as cross-system working. You acknowledged that you must strike a better balance with your junior doctors, particularly on the need for regulation and monitoring, and that only by working together can compliance be achieved.

CONCLUSION

Overall, I believe the NHS system is working very well in Lothian. The system's progress over the last 12 months represented another year's impressive performance. I summarised the issues which I thought required to be addressed:

- There is a need to establish a consistency in how and when the Area Clinical Forum is engaged in considering issues.
- The Chief Executive of the Acute Trust to continue to address the issue of commitment to partnership working.
- You have plans to address the MMR vaccination issue.
- We will continue to maintain regular contact on your financial position; and look forward to receiving updates.
- We noted your excellent progress on Waiting Times and Delayed Discharges.
- We were reassured that HAI is clearly on Lothian's agenda, and that you have an audited action plan in place.
- You have undertaken to provide us, within 2 weeks, with an agreed action plan on how you are moving the Musselburgh Primary Care development forward.
- Mental Health Strategy to be produced by October.
- We agreed to meet to discuss Better Acute Care farther.
- I expressed our gratitude and congratulations for the smooth commissioning of the new Royal Infirmary.
- The Pay Modernisation and New Deal agenda is complex: we are reassured that you are addressing it.
- Your approach to Health Improvement is to be commended.

I am copying this letter to Patricia Peattie, Garth Morrison and Stuart Smith.

Yours sincerely



TREVOR JONES