

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 26 July 2006 in the Carrington Suite, Scottish Health Service Centre, Crewe Road, Edinburgh.

Present: Mr B Cavanagh (Chair); Mr R Y Anderson; Professor J J Barbour; Mr D Belfall; Mr D A Bolton; Mr R Burley; Mr D Crichton; Mrs T Douglas; Mr M Duncanson; Mr E Egan (Vice-Chair); Mr R Flint; Mr J T McCaffery; Dr A K McCallum; Cllr A McCarthy; Mr J Matheson; Cllr D Molloy; Mrs P Murray; Mr S Renwick; Mr S H Smith; Dr R Strachan; Dr C P Swainson; Dr A Tierney and Ms H Tierney-Moore.

In Attendance: Mr G McKenzie (For item 47); Mr S McLaughlan (Shadowing the Vice-Chair) and Mr D Weir.

Apologies for absence were received from Mr P Gabbitas, Ms L Jamie, Dr I McKay, Cllr G Morrice, Mrs J K Sansbury, Professor J Savill, Cllr K Thomas and Cllr I Whyte.

33. The Late Mr Bill Bennett

33.1 The Board observed a minute's silence in memory of Mr Bill Bennett, Non-Executive Board member who had died unexpectedly. The Chair advised he had written a letter of condolence to Mr Bennett's family on behalf of the Board.

34. Declaration of Financial and Non-Financial Interest

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

35. New Board Members

35.1 The Chair welcomed Mrs T Douglas, Dr R Strachan and Dr A Tierney to their first meeting of the Board. Board members provided a brief synopsis of their background and experience.

36. Update on NHS Lothian Annual Review

36.1 The Chief Executive provided background to the Annual Review process for the benefit of new Board Members. He advised the meetings were held in public and were chaired by the Minister for Health. The structure of the day allowed for genuine and transparent engagement with patients, the Area Clinical Forum and the Area Partnership Forum.

- 36.2 The Chief Executive reported the Minister had commented that NHS Lothian was a successful organisation which was reflected on the positive assessment of services provided by NHS Lothian to its residents. The process had been rigorous, with the Board having been held to account in respect of the outcomes of the Jarvie Report, which had been commended as an example of good practice which would have implications for the wider NHS in Scotland. The Minister had also heard about issues around MRSA and Cancer waits and had been reassured that actions were in place to resolve outstanding issues.
- 36.3 The Chief Executive advised the Minister had concluded NHS Lothian was a successful and proactive organisation that recognised problems and dealt with them in a positive manner in dialogue with patients and staff. It was important to pay tribute to all staff who had contributed to the overall performance of NHS Lothian over the previous year. The Chief Executive also paid specific tribute to Board Members, who had been supportive throughout the process.
- 36.4 The Chief Executive stressed the importance of the organisation building on the success of the Annual Review process by moving forward and delivering on current year targets, particularly those relating to finance and waiting times.
- 36.5 Board Members who had attended the Annual Review process provided feedback on how they felt the process had gone. They had been impressed by the Minister's breadth of knowledge and the ability of Executive Directors to respond to questions put to them by the Minister and his colleagues. Dr Strachan questioned the Non-Executive Board Member role as the NHS panel had been constituted solely of Executive Director colleagues.
- 36.6 The Chair commented the role of the Non-Executive Member was important. The reason the process had been positive was in large part down to the work of Non-Executive Members in undertaking scrutiny around risk and putting in place plans to address risk. The Chair commented there was also a need to use staff more innovatively as advocates of the service.
- 36.7 The Chief Executive advised he would ensure the Annual Review letter, once received in final form, was circulated to Board Members. JJB

37. Minutes of the Previous Meeting of Lothian NHS Board held on 24 May 2006

- 37.1 The Minutes of the meeting of Lothian NHS Board held on 24 May 2006 were approved as a correct record.
- 37.2 Mr Weir undertook to produce an action note for future Board Minutes. DW

38. Minutes of the Special Meeting of Lothian NHS Board held on 27 June 2006

- 38.1 The Minutes of the Special Meeting of Lothian NHS Board held on 27 June 2006 were approved as a correct, subject to the following amendments.

Minute 31.2 – last sentence to read "Ms Jamie, Chair of the Lothian Audit Committee ... and approved the accounts the previous day".

Minute 31.8 – delete "Mr Belfall and ..."

39. Committee Minutes for Adoption

- 39.1 Area Clinical Forum – Minutes of the Meeting held on 20 June 2006 – the Board adopted the Minutes of the Area Clinical Forum meeting held on 20 June 2006.

- 39.2 Audit Committee – Minutes of the Meeting held on 26 June 2006 – the Board adopted the Minutes of the Audit Committee meeting held on 26 June 2006.

- 39.3 Finance and Performance Review Committee – Minutes of the Meeting held on 14 June 2006 – the Board adopted the Minutes of the Finance and Performance Review Committee meeting held on 14 June 2006.

- 39.3.1 Mr Crichton thanked the Vice-Chair for Chairing the meeting in his absence. He drew the Board's attention to the need for an update on the Midlothian Community Hospital. Mr Matheson advised this had emerged at the Annual Review meeting. Issues were being taken forward with the Scottish Executive in respect of preferred bidder status.

- 39.3.2 Mr Matheson advised there was a need to prepare and submit a detailed planning submission to Midlothian Council. Mr Matheson confirmed funding for the purchase of the land was in the capital programme and he was keen to progress to purchase.

- 39.3.3 The Vice-Chair expressed concern about the further delays in the process despite earlier requests for the timescale to be truncated. He was surprised the land purchase had not been progressed. Mr Matheson advised that advice from the Project Manager was that planning issues needed to be resolved before land was purchased.

- 39.3.4 Cllr Molloy stressed he was also concerned about the slipping timescale and stated that planning issues could not be clarified until a detailed planning proposal was submitted to the Council.

- 39.3.5 The Chair asked that Mr Matheson arrange an urgent meeting with Mr G Power, General Manager, Midlothian CHP, who was leading the process, to ensure a detailed plan was put in place. Residual issues around the preferred bidder status should also be resolved as a matter of urgency.

JM

39.4 Healthcare Governance and Risk Management Committee – Minutes of the Meeting held on 13 June 2006 – the Board adopted the Minutes of the Healthcare Governance and Risk Management Committee meeting held on 13 June 2006.

39.4.1 Mr Smith reported it was the intention that an analysis of incident reporting would be scrutinised by the Healthcare Governance and Risk Management Committee with reports being made through the Minutes to the Board.

39.4.2 Mr Belfall advised he was grateful to the Committee for its engagement in child protection issues, and also to Mr McCaffery and Ms Tierney-Moore in relation to filling Health Visitor vacancies.

39.4.3 Mr Belfall reminded colleagues that the Clinical Governance Strategy, previously agreed by the Board, had stated that by July 2006 new proposals for identifying poor performance in clinical services would be brought to the Board. Dr Swainson advised the delay in implementation had arisen as a consequence of difficulties in identifying valid information. In addition, the Chief Medical Officer in England had published his report on how doctors should be performance managed across the UK. The Chief Medical Officer for Scotland would be producing a Scottish response to that. Dr Swainson commented a more realistic revised timescale would be February 2007.

39.4.5 The Chief Executive advised the English CMO report would influence Scottish arrangements and it would be appropriate for this to be considered by the Healthcare Governance and Risk Management Committee. Dr Swainson would progress. The Chair asked that the Board should receive a progress report in advance of February 2007.

CPS

39.5. Primary and Community Partnership Committee – Minutes of the Meeting held on 27 June 2006 – the Board adopted the Minutes of the Primary and Community Partnership Committee meeting held on 27 June 2006.

39.5.1 Mr Burley advised a useful meeting had been held on the future role of the Committee, with a draft remit being brought forward to the next Committee meeting. At its September meeting the PCPC would be discussing how best to engage in the Primary Care Modernisation Strategy.

39.5.2 The Vice-Chair advised he had concerns about some independent contractors not behaving in a corporate manner. An industrial tribunal was currently in process in that regard.

39.5.3 Mr McCaffery advised some independent contractors were potentially in breach of TUPE arrangements in respect of the transfer of staff following the change in VAT arrangements. He would address this through Mr D Small, General Manager, Edinburgh CHPs and ask him to meet independent contractors to resolve the issue.

JTM

39.6 Staff Governance Committee – Minutes of the Meetings held on 29 March and 31 May 2006 – the Board adopted the Staff Governance Committee Minutes of the meetings held on 29 March and 31 May 2006.

39.6.1 The Vice-Chair advised NHS Lothian was well on target to meet sickness and absence requirements through proper partnership engagement. There was a need to proactively look at ways of staff returning as early as possible to work, even although this might entail them undertaking duties other than those directly related to their substantive post.

40. Chief Executive's Report

40.1 The Board received the Chief Executive's report, which focused on:-

- East Lothian Joint Inspection
- Court of University of Edinburgh co-opted membership of Chief Executive
- Award Ceremony Stevenson College
- South East and Tayside Regional Planning Group – June 2

40.2 The Chief Executive commented initial feedback in respect of the East Lothian Joint Inspection was positive. with the formal report expected at the end of August.

40.3 The Vice-Chair reported staff engaged in matching panels for Agenda for Change were being subjected to personal abuse. He was grateful that the Chief Executive had attended a matching panel. The Chief Executive advised the work of the matching panel had been impressive and was a major contribution to the successful Annual Review appraisal around Agenda for Change.

41. NHS QIS Learning Disabilities

41.1 Dr Swainson updated Board Members on progress taken as a result of the NHS QIS local report on NHS Lothian Learning Disabilities services. Mrs Sansbury was making good progress in respect of the Learning Disabilities Strategy review, which was progressing as per timetable.

41.2 Mr Burley commented this was an excellent report which highlighted the benefits of people being engaged in the early stages of planning of services. The criticism made in the report in this regard should be reflected in the recommendations. Dr Swainson would progress.

CPS

41.3 Mr Crichton referred to comments in the report about staff working well in the service and making best use of limited resources, particularly when short-term funding was an issue. Dr Swainson advised the issue highlighted in the report related to patients moving from institutional care into the community. Mr Duncanson advised through the "In Control" project referred to in the report, opportunities were provided to both patients and carers in respect of engagement.

41.4 Dr Strachan advised commendable work had been undertaken during the period of service transition, which had allowed alignment with engagement

principles. Issues of transition were not solely restricted to the move from Paediatrics to Adolescent but also had to consider the move to adulthood.

- 41.5 The Board endorsed the progress in developing a robust strategy for Learning Disabilities in NHS Lothian and endorsed the decision taken at the NHS Lothian Service Redesign Committee to support the "In Control" project.

42. Primary Care Modernisation Strategy Update

- 42.1 Mr Flint advised a draft consultation document had been prepared but it had been felt it would benefit from a further period of engagement with key partners prior to it coming forward to the Board for approval. Discussions would be held in that regard with CHPs and other professional groups in order to ensure colleagues understood the processes that needed to be undertaken prior to consultation commencing.

- 42.2 Mr Flint advised consultation arrangements were being developed with the Scottish Health Council and would be included as part of the consultation proposals brought forward for approval at the next Board meeting. The paper in its totality would be discussed at the 13 September PCPC Committee meeting, to which all Non-Executive Members were invited.

- 42.3 Mrs Sansbury would bring forward the final draft Primary Care Modernisation Strategy to the 13 September meeting.

JKS

43. Implementation of Improving Care: Investing in Change

- 43.1 Mr Flint provided the Board with an update on progress with implementation of Improving Care: Investing in Change (ICIC) following approval of proposals by the Minister for Health in July 2005.

- 43.2 Mr Flint commented the ICIC portfolio of programmes was so wide ranging that it had become important to assess and restate the role and vision for the future for all hospital sites in Lothian. This work was ongoing. The Chair commented it was important, for the avoidance of doubt, to reaffirm that there was no question around the future of St John's Hospital and its attendant services. He reminded colleagues the St John's service had already been well defined as a consequence of the ICIC consultation.

- 43.3 The Board noted the report's positive news in respect of the Musselburgh service re-provision. Mr Flint undertook to ensure an update in respect of Royal Victoria Hospital was provided in the next report to the Board.

RF

- 43.4 The Chief Executive advised he had met with Ms Susan Deacon MSP the previous week and she had welcomed progress in respect of Musselburgh. She had hoped there would be no further delay in progressing through the East Lothian Council planning process. The Chief Executive advised he had reminded her that NHS Lothian had done what had been asked of it in respect of securing the site, which Ms Deacon and East Lothian colleagues

had preferred. He had pointed out that NHS Lothian was developing a basket of services on the site in agreement with local residents. The Chief Executive commented he had assured Ms Deacon that he would be assiduous about tracking the planning timescale.

43.5 Mr Crichton commented, although the report was a good summary of progress, it did not identify where gaps in implementation had occurred and what steps were being made to resolve these. He was of the view the report would benefit from being exception-focused, with clear delivery targets identified. Mr Flint would discuss with Mrs Sansbury to ensure future reports reflected this requirement. Mr Renwick concurred with these views advising that a basic risk matrix was required.

RF

43.6 Mr Burley commented in respect of hospital sites and the Four Sites Review he had previously led that there had at that time been no vision for priority care services. He had been assured work was ongoing in this regard and he had found a recent presentation by Mr McCaffery and colleagues helpful. Mr Duncanson advised he felt visioning was evident in both the fields of learning and physical disabilities. Mr Burley suggested the issue was about interaction as patients generally did not present with one condition and there was a need for cross-fertilisation.

43.7 Dr Strachan concurred with the need for more information to support discussion. She advised the Complex Care Group had discussed the fact that children presenting with complex care needs also had physical care needs and this had been discussed with acute care colleagues.

43.8 The Chair reminded colleagues in June the Board had received a Property presentation which had been well received and had been imaginative in respect of possible opportunities. There was now a need to tie together service vision with site vision and this was an ideal opportunity for Non-Executive Members to engage in this process.

43.9 Mr Belfall reminded colleagues that the National Suicide Prevention and Awareness Week would take place from 4 to 11 September. The target for reducing the number of suicides was very challenging. It would be helpful if details of events during the week could be circulated to Non-Executive Members in order that they could be encouraged to participate.

43.10 The Vice-Chair commented there was a lack of Human Resource/organisational development resource being applied to ICIC. Mr Flint undertook to discuss issues in relation to the Perinatal Unit with the Vice-Chair outwith the meeting. Mr McCaffery advised he would also discuss Human Resource/organisation development issues with Mr Matheson and Mrs Sansbury.

RF JTM

44. Financial Position to 31 May 2006

44.1 Mr Matheson advised the 2005/06 financial out-turn had been confirmed as break even. This had required non-recurrent support of £26 million which,

although a reduction on previous year's levels, remained too high. In line with the Board's long-term financial plan, this requirement had been reduced to £8.5 million in the current financial plan, which had been approved by the Finance and Performance Review Committee, the Board and the Scottish Executive.

44.2 Mr Matheson reported an overspend position of £6.1 million for the end of May increasing to £8.1 million for the end of June. The main components of the overspend were around efficiency savings still to be achieved and additional pressures around nursing in the University Hospitals Division; grading of psychiatric nurses in primary care and pressures on eating disorder patients.

44.3 Mr Matheson advised the position, and possible remedies, had been discussed in significant detail by the Executive Management Team with a detailed report being prepared for the Finance and Performance Review Committee meeting on 16 August 2006. Mr Matheson stressed there was a clear and ongoing commitment from Executive Management Team colleagues to deliver financial break even as this was one of the Board's statutory requirements. Mr Egan indicated that this was an issue for the whole of NHS Lothian and not just the Finance Director and his team.

44.4 Mr Matheson advised the financial position being reported from University Hospitals Division took into account the financial issues in respect of pharmacy payments which had emerged in 2005/06 and slippage in full year delivery of 2005/06 efficiency savings and additional clinical pressures. Mr Matheson reminded Board members that for a variety of reasons, including investment in Pay Modernisation and reduction in non-recurrent funding, that the financial position would be extremely tight and that the identified risks, previously highlighted to the Finance and Performance Review Committee and the Board, would have to be proactively managed.

44.5 The Vice-Chair questioned whether financial targets would be met, given the reduction in non-recurrent support available in the current year. The relocation of the cervical screening laboratory (a key move in the implementation of the Pan-Lothian Laboratory Review (PLLR)) would not happen this year, and this would have a significant impact on the implementation of the Laboratory Services review. He also expressed his concern and frustration that the redeployment of the mortuary attendants at St John's Hospital has still not occurred. He could not relate or reconcile the extent of the worsening financial position with the position reported at the previous Board meeting, when University Hospitals Division had been positive about the financial foundation being established.

44.6 Mr Bolton advised he would meet with colleagues in respect of issues around mortuary attendants and reassured the Board he remained committed to achieving Laboratory savings of £550,000 in the current year. **DAB**

44.7 Mr Bolton advised within the University Hospitals Division the three main areas of overspend were within nursing; drugs and clinical supplies. Significant work had been undertaken to reduce sickness and absence levels

in order to reduce dependence on nurse bank and agency staff. During April and May, Mr Bolton felt there had effectively been a second winter at the front door of the Royal Infirmary of Edinburgh because of respiratory illnesses, predominantly within the elderly population resulting in the re-opening and staffing of winter beds. These wards had now been closed in order to avoid recurrent expenditure patterns. Mr Bolton advised transient costs had been expended in treating a significant number of inpatient/day cases in May and June in order to meet waiting list targets.

- 44.8 Mr Smith, as the Divisional Chair, re-emphasised his and the Divisional Management Team's commitment to ensure financial balance was achieved, advising a line-by-line approach was being undertaken in respect of budgetary management. The Divisional Management Team and Clinical Management Teams had the financial position as a main area of focus on their respective agendas. It would be important to continue to examine day-to-day budgetary spends.
- 44.9 Mrs Murray reported work being undertaken by the Medicines Planning Group would have an impact in August and would help the financial position. She further advised non-medical prescribing was being considered and would be linked to a prescribing strategy.
- 44.10 The Chair commented the Minister at the Annual Review had spoken highly about Lothian's financial position and commented that the system had a good risk approach to financial matters. There had been an issue about slowness in meeting targets at the beginning of the year. The Chair reminded colleagues that financial delivery provided the freedom to undertake the innovative work proposed at the Annual Review meeting. The Chair commented in particular that he would like to see proposed substitution work around statins progressed.
- 44.11 Mr Matheson advised issues around statins substitution had been discussed in detail at both the Finance and Performance Review Committee and the Executive Management Team with commitments given for substitution delivery commencing in September or October.
- 44.12 Mr Belfall sought an update in respect of single system savings, particularly in regard to Facilities and energy costs where predictions had risen. He questioned whether an energy campaign was being planned.
- 44.13 Mr McCaffery advised he was the accountable Director for Facilities. Energy costs had risen from a projected increase of £5.8 million to £7.4 million, although steps were being put in place to attempt to keep as close to the £5 million budget increase as possible. He reported that an 8% energy efficiency target had been achieved in the previous year. Mr McCaffery advised an energy efficiency campaign would be commencing in the near future. In respect of the Facilities CRES target of £7.4 million, significant work was ongoing with Finance on areas such as rates recovery. It would be important, in conjunction with other Chief Officers to reduce duplication in the way premises were used. Mr McCaffery commented he would work with the Area Partnership Forum on this issue.

JTM

44.14 The Board received the report on the financial position to 31 May 2006 and noted progress being made to reduce the overspend.

45. Waiting List Management

45.1 Mr Flint updated the Board on the current position on waiting times across a range of areas. Particular focus was being given to inpatient Cancer waiting times as well as other inpatient areas. Over the piece, the position on waiting list performance was positive.

45.2 Mr Flint provided the following progress reports on specific issues:-

- at the end of May NHS Lothian had surpassed the June revised local delivery milestone for patients waiting over 18 weeks of 810. It was anticipated that when June figures were finalised Lothian's performance would be close to the original June milestone of 661
- outpatients were continuing to be treated within the 26 week guarantee and the numbers over 18 weeks fell slightly during May, with NHS Lothian ahead of trajectory
- audited information on Cancer performance during January-March 2006 demonstrated improvements in six of the nine areas available so far, with three of the tumour sites achieving the 95% level required by June
- the Health Department's Director of Delivery had asked to discuss NHS Lothian's participation in the first wave of weekly Cancer waiting time monitoring commencing by September
- the number of patients with Availability Status Codes (ASC) had risen and was being addressed to ensure the September milestone of 5,798 was achieved.

45.3 Mr Belfall commented he was pleased Cancer waits were moving in the right direction and it was important to acknowledge efforts in achieving this progress. He questioned when the system as a whole would meet the 95% target. He reminded colleagues Non-Executive Board Members had an ambassadorial role and the national 62 day standard was difficult to explain to the public. It would be useful to have details of the median wait and the interval between actual diagnosis and treatment. He commented that this information would help to provide explanations to the public in a meaningful way.

45.4 The Chief Executive commented it was correct to have the focus described by Mr Belfall. He reminded colleagues of an earlier presentation given to the Board by Dr Anna Gregor which had highlighted complex pathways and difficulties in collecting data. The move to weekly counting of Cancer waits had been reported at the Annual Review and would have positive outcomes for patient treatment profiles. As weekly monitoring became common, it would be phased into the report provided to the Board as would the provision of median data. The Chief Executive advised that addressing Cancer waits was one of the two streams of work being developed with GE Healthcare.

The purpose of this was to remove administrative barriers in order to make the patient pathway quicker.

45.5 Cllr McCarthy commented she was pleased to see an improving position in respect of Audiology. The Chief Executive commented that Mr Stuart Ross, who himself was profoundly deaf had been involved in significant work with the Audiology department resulting in improvements in processes through application of "lean" technologies, also the focus of the Board's work with General Electric. Mr Bolton concurred with this statement advising that the Division would meet its Audiology targets.

45.6 The Board received the report detailing the current position on waiting times.

46. Tackling Delayed Discharge

46.1 Mr Flint informed the Board of performance across Lothian in relation to the 2006-08 targets for reducing the number of patients whose discharge from hospital was delayed. The data in respect of the April census target was very positive and was well ahead of the target agreed with the Minister.

46.2 Mr Flint reminded the Board that the Scottish Executive Health Department had issued revised targets to NHS Boards as follows:-

- for 2006-07, to reduce all delays over 6 weeks by 50%
- for 2006-07, to free up 50% of all beds occupied by delayed patients in short stay beds
- for 2007-08, to reduce to zero patients delayed over 6 weeks
- for 2007-08, to reduce to zero those delayed in short stay beds
- to ensure no patient was delayed for more than 12 months at any time

46.3 Mr Flint commented that in order to achieve the 6-week target there would be a requirement to smooth the patient pathway. The GE Healthcare exercise had chosen delayed discharges as its second stream of work. An Away Day meeting was being held to look at system issues which would assist in driving forward targets. Mr Flint advised he was in the process of finalising the distribution of funding in respect of delayed discharges and would report back to the Board in due course.

RF

46.4 Mr Crichton commented in previous years delayed discharge targets had suffered from significant "bounce back". He was pleased to see this was less of an issue in the current year, which would suggest there had been systemic improvements in processes.

46.5 Mr Anderson noted the new ways of expressing targets and questioned whether these could be broken down in the delayed discharge report in the same way as the old targets. He also questioned whether there was a need to revisit and expedite the provision of 60-bedded accommodation. Mr Flint commented there still remained a care home capacity issue and the 4x60-bedded units were still required.

- 46.6 The Vice-Chair, in relation to the work being undertaken to consider the implications of the winter/delayed discharge zero-based budgeting exercise, questioned whether resource transfer was the best way forward. The Chief Executive commented the redistribution of resources related to the so-call "Chisholm monies" to support an increase in delayed discharge activity. Concerns had been raised by Local Authority partners in the past about the previous allocation methods. In response to this, it had been agreed to undertake a zero-based allocation which would address previous issues around mal-distribution and also ensure account was taken of acute issues. It was important to understand the issue was not about providing additional funding but to ensure that existing allocations were properly and equitably distributed.
- 46.7 The Board received the update report in respect of delayed discharge processes.
- 47. Presentation by the Keeper of the Records of Scotland on the Health Service Archive and Support for the Way Forward with the University of Edinburgh**
- 47.1 The Board received an informative presentation from Mr George McKenzie, Keeper of the Records of Scotland. Mr McKenzie emphasised the historic and cultural importance of the archive to the NHS as a rich resource for social history and epidemiological research. He reminded the Board that it was their own heritable property and assets and that this was a good time to renew and update the partnership with the University of Edinburgh. The overall management of administrative records helped with the efficient implementation of the Freedom of Information Act. He commended the report commissioned by LHSA from Julia Shepherd, Wellcome History of Medicine Institute.
- 47.2 Mr Burley commented as Chair of the Endowments Advisory Committee (EAC) he had heard concerns about the appropriateness of using Endowment funding to support a service that was crucial to the Board's mainstream business. The EAC had been keen that Endowment funding should be used to provide the "special touch". The EAC had been keen to be reassured central budgets were being used to support this important area. Mr Burley stressed his comments were not intended to undervalue the benefit of the Archive service, which was considerable. Mr Smith concurred with Mr Burley's comments. He noted the important service the Archive provided in respect of responding to Freedom of Information requests and stressed this function should not be funded from Endowments. He agreed with the need to retain the ownership and identity of the Archive service provided by the University of Edinburgh.
- 47.3 Cllr McCarthy advised East Lothian Council had also required to address archiving services. In that regard, the Council had appointed a Records Manager and was planning a building facility for archiving purposes. She questioned whether there was any potential for income recovery through a fee charging system.

- 47.4 Mr McKenzie commented if record management was undertaken properly there might be some marginal savings in respect of office space and staff time. Proper records management would also provide the organisation with an ability to comply with the Data Protection Act and Freedom of Information requests. However, there were not significant amounts of money to be obtained in respect of income generation and the issue was more around cost recovery opportunities.
- 47.5 Dr Tierney commented there appeared to be other similar services replicated within Scotland and questioned why it was not possible to move to a single national archive. Mr McKenzie commented he would welcome such a move although he did not know how practical this would be at this stage. Dr Tierney commented that current usage figures were low and she suggested these would be improved if archive services were brought together. Mr McKenzie concurred that by bringing NHS together better penetration could be obtained. He pointed out that the use of the Lothian archive was high in comparison to other archive collections. The National Archives of Scotland had educational packs for schools, which they would share with LHSA.
- 47.6 The Board confirmed its continuing support for the LHSA, and agreed in principle to establish a new long-term agreement with University of Edinburgh. The Board agreed with the present split of one third revenue and two thirds endowment funding for the archive and asked Dr Swainson to bring forward a report to a future meeting addressing funding issues. **CPS**

48. Healthcare Associated Infection

- 48.1 Dr McCallum commented she was happy to give the Board the same reassurances she had given the Minister at the Annual Review about improvements being made in the management of healthcare associated infection.
- 48.2 Dr McCallum provided the Board with an update on the position in respect of colonisation in the Neonatal Unit. In the previous year there had been an increase in numbers because of improvements in surveillance techniques which picked up problems earlier. She advised the recent incidents in the Neonatal Unit had been managed through an Incident Management Team adopting the Watt Report guidance and in close conjunction with partnership colleagues. She reminded the Board it was important to remember the issue was around reported cases of colonisation and not illness.
- 48.3 Dr McCallum advised babies were now screened on admission and weekly thereafter. A systematic approach to improvements in the Neonatal Unit were being undertaken and staff screening was being progressed in conjunction with Health Protection Scotland and would be subject to appropriate audit.
- 48.4 Dr McCallum advised the Minister had been reassured about the way the issue had been handled. It was her fervent belief that the NHS Lothian would

have a positive position to report on hospital acquired infection at the Annual Review meeting for 2006/07.

- 48.5 Mr Bolton advised the Incident Management Team had been led by Ms Carol Fraser, Nurse Consultant and this position would remain for the next few days. Thereafter, management of the Neonatal Unit would move over to the Division, which would ensure an action plan was in place to safeguard against a repeat of previous issues. Lessons had been learned across the Division and not just within the Neonatal Unit.
- 48.6 The Vice-Chair commented he welcomed Mr Bolton's assurances. However, there was an issue about the need for an early alert system to Board Members as issues developed. The Chair commented this was a fair point and asked Mr Smith, as the new Chair of the Healthcare Governance and Risk Management Committee to look at some of the risk issues and how these were reviewed, to include a view on the appropriate chain of command. Dr Swainson and Dr McCallum would assist Mr Smith in this work. **SHS/CPS/AKM**
- 48.7 Mr Belfall noted that the Clinical Governance Strategy previously approved by the Board included the commitment to "Aim for a substantial reduction in HAI and decontamination outcomes by requiring the Infection Control Committee to submit a costed plan to the Clinical Governance Committee by March 2006". He questioned what the new time line was for the production of this plan. Dr McCallum advised the process had been delayed as a consequence of the introduction of national guidance to underpin arrangements and also because of a lack of consensus between clinicians. In the absence of national guidance, NHS Lothian had commenced with work through the Control of Infection Committee. The Committee hoped to produce a draft plan shortly.
- 48.8 Ms Tierney-Moore commented that the real issue in progressing management of healthcare associated infection was about how the problem was actually viewed and acknowledged across the system by all staff. It would be important that action plans and appropriate performance targets were developed by Clinical Management Teams and CHPs in conjunction with Control of Infection staff.
- 48.9 The Chair, in response to a comment by Mr Anderson, advised the Minister at the Annual Review meeting had been at pains to point out the position in respect of the Royal Infirmary of Edinburgh had been fundamentally different from issues which had recently arisen in respect of Stoke Manderville Hospital.
- 48.10 The Board noted the update position in respect of the management of healthcare associated infection.

49. Pay Modernisation

- 49.1 Mr McCaffery advised the purpose of the report was to update the Board on progress with the implementation of the pay modernisation benefits delivery forward plan to 30 September 2006.
- 49.2 Mr McCaffery advised a pay modernisation benefits target of £12.5 million had been set for the current financial year. To date, £6.9 million of savings had been identified with workstreams underway to identify the balance by the end of September. He would be moving to monthly reporting of savings and would ensure there was no double counting.
- 49.3 Mr McCaffery advised the current focus was on high cost areas and an update report would be provided to the Finance and Performance Review Committee at its August meeting. **JTM**
- 49.4 Mr McCaffery advised discussions around maximising the forthcoming Pharmacy contract had been discussed as a significant modernisation lever.
- 49.5 The Chair commented that the Minister had praised NHS Lothian's productivity agreements, as well as the management of the whole pay modernisation and clinical practice agenda. He was of the opinion pay modernisation was beginning to make a difference.
- 49.6 The Board noted the update on progress with the implementation of the pay modernisation benefits delivery forward plan to 30 September 2006.

50. Lowering Hurdles to Health Improvement – The 2005 Annual Report from the Director of Public Health

- 50.1 Dr McCallum advised the circulated report was in final draft format. The report was independent but dependent upon the quality of advice and support she received from colleagues and other partnership agencies. It would be her intention to ensure more inclusive partnership engagement in future iterations of the Director of Public Health annual report.
- 50.2 Dr McCallum advised the title of the report "Lowering Hurdles to Health Improvement" was inspired by the vision of "Improving Health for All" and built on the health inequalities work outlined in the 2004 Director of Public Health annual report.
- 50.3 Mr Belfall commented the report was well presented. He was disappointed at the lack of reference to CHPs given their leadership role. Dr McCallum would reflect this in the introduction to the report. In particular, Mr Belfall raised concerns about the major planned developments at the Waterfront and Eastern Leith. There was a need to plan and manage these in ways which maximised the potential benefits, including the potential health benefits, for the adjacent areas of deprivation. Mr Belfall felt NHS Lothian should push to have more influence in such developments at the early stages of planning. **AKM**

- 50.4 Dr McCallum advised discussions were being held with national colleagues about engaging in the regeneration and sustainability debates. The following year's report would focus more on CHP work and the joint vision for improving health.
- 50.5 The Chief Executive advised, with reference to Mr Belfall's point, that he had raised with the Chief Executive of the City of Edinburgh Council issues around planning and the need for planning benefit to take account of health considerations. There was an issue about developing a mechanism to influence planning and the Edinburgh Partnership Board needed to discuss this at the very highest level.
- 50.6 The Chair commented the report covered an impressive range of issues. He advised Board Members that as the report was draft, any comments and views could be included in the final version. Dr McCallum undertook to take account of detailed comments made by colleagues in the final version of the report. **AKM**
- 50.7 Dr Tierney questioned the audience of the report and what happened to the report once it was published. She also questioned how the annual report fitted with the planning and budgetary cycle. Dr McCallum advised the intention was to position the Director of Public Health report in a way that informed investment and the planning cycle. The report was designed for Non-Executive Board members, lay members of the health service and staff in training, as well as people in healthcare education and Local Authorities. The report was written in a way that would be of interest and capable of being understood by non-experts. She reminded colleagues the CD accompanying the final report contained significant and wide-ranging background data. Dr McCallum explained the relationship of the Director of Public Health with the Board, Local Authorities and the Scottish Executive.
- 50.8 The Chief Executive advised that the final version of the report would be brought back for endorsement and would be accompanied by a Communications Plan, along with an offer by the Director of Public Health to engage actively with partnership organisations to elicit key messages and discuss methods of joint planning. Dr McCallum would progress. **AKM**
- 50.9 Mrs Douglas questioned whether there was a need for the report to be produced in a different format to take account of minority language speakers and Braille readers. Dr McCallum commented this had not been routine practice. In the past, a version of the report had been produced on audiotape. Past experience had shown that translation beyond the Executive Summary had resulted in marginal benefit. For future exercises it would be important to address on a more personal basis issues around people of differing abilities.
- 50.10 Mr Anderson commented it would be helpful in the 2006 report if there was a separate section on a themed basis encouraging and supporting people to take more responsibility for their own well-being. Dr McCallum advised the 2006 annual report was about realising potential and this would build on the suggestion made by Mr Anderson.

- 50.11 The Board received the draft Director of Public Health annual report and noted the final version would be brought forward to a future Board meeting.

51. The NHS Lothian Older People's Champion: Three-Month Update

- 51.1 Ms Tierney-Moore advised she was presenting the report on behalf of Ms Jarvie. The purpose of the report was to provide the Board with a preliminary update on Ms Jarvie's activities as NHS Lothian Older People's Champion since her appointment in May 2006.

- 51.2 Ms Tierney-Moore advised Ms Jarvie was of the opinion that NHS Lothian was showing real commitment to making changes. Ms Jarvie had undertaken work with senior nursing and clinical colleagues in respect of cultural issues. A six monthly update report would be brought to the Board via the Healthcare Governance and Risk Assessment Committee. A matrix approach had been developed to monitor progress across all Divisions and CHPs. Ms Jarvie would take the ultimate overview on how real progress had been.

- 51.3 The Board received the update report.

52. Healthcare Governance and Risk Management Report

- 52.1 The Board received the update report from Dr Swainson on Healthcare Governance and Risk Management. Dr Swainson commented in respect of blood stock management that blood wastage had been reduced substantially over the course of the previous few months.

- 52.2 Ms Tierney-Moore reminded the Board at its previous meeting it had been agreed that she progress issues in respect of recruiting a regional officer for the Midwifery Supervisory Authority. An individual was now in post and that the annual local report would be submitted to the Healthcare Governance and Risk Management Committee in September.

HTM

53. Communications Received

- 53.1 The Board received the list of communications received from the Scottish Executive.

54. Date and Time of Next Meeting

- 54.1 The next meeting of Lothian NHS Board would be held at 9.30am on 27 September 2006 in the Carrington Suite, Scottish Health Service Centre, Crewe Road, Edinburgh.