

1. NHS Highland Board Meeting, 7th February 2012

- 1.1. All the papers from the most recent Board Meeting which was held on 7th February are available [here](#) and key updates summarised below:
- 1.2. Membership of the [new CHP Committee](#) – Health and Social Care Partnership - was agreed, as per paper. Pending formal approval by Cabinet Secretary, existing governance and CHP committees to remain in place. A Group will be set up to oversee all elements of the business during the transition period. These arrangements will also open up new ways of involving the public about decisions on their care and services (also Item 1.10).
- 1.3. New senior management [structure](#) for Health and Social Care Partnership was endorsed. Work is ongoing to recruit to senior posts, including Chief Operating Officer.
- 1.4. [Planning for Integration](#) is still on course to come to fruition on 1st April 2012. A special meeting of Board will be required in March to ratify the next stage, subject to formal approval by Cabinet Secretary. It is emphasised that this marks the start of the wider work to fully integrate and align all services.
- 1.5. NHS Highland is forecasting a £20m savings target for next year. For this to be realised we need to reduce the element of this year's savings that are non-recurring from £8m down to around £5m. Plans are in place to do this and if achieved the 'new'; savings required for 2012/13 will be c£15m (see further information, under Section 2).
- 1.6. The Medical Director highlighted that Scottish Patient Safety Programme must be a specific item on CHP agendas (see further information, under Section 3).
- 1.7. The Board Director of Nursing provided an update on Infection control including a summary of the recent outbreak on *Clostridium difficile* at Raigmore. Regular Media releases were produced during the outbreak re available [here](#). Further information, under Section 10.
- 1.8. A review is underway of Older Adult Mental Health Services (Northern Highland). This will look at ways of investing in community services. See [Item 6 CEO Report](#) and Section 6. Work is already underway in Argyll and Bute.
- 1.9. The Board welcomed the report on Highland Alcohol and Drugs and approved the Partnership Strategy, 2012-2015 and action plans. The priority areas for action are highlighted (Section 7). It was noted that the plans related to Highland Council area and that a report for Argyll and Bute will be submitted to a future Board meeting.
- 1.10. The report by Maimie Thompson (Head of Public Relations and Engagement) setting out a proposed new approach to improve [engagement and communications](#) with people was well received. The need to continue to work with patients, staff and public was highlighted. Work will be ongoing to consult on the purpose, principles and approach and a more fully worked up strategy and plan will be brought back to the Board in April.

2. NHS Highland Financial Position 2012/13

NHS Highland has received an increase of £5 million (1%) on our baseline revenue funding and also an increase of £700,000 on the Change Fund (also Section 5). Our capital allocation of £5.4 million, while similar to last year, is significantly lower than in previous years. We are currently working on a five-year programme to address the most significant issues. See also item 4 below.

3. Ongoing Service Improvement

There is wide range of work ongoing to reduce Pressure Ulcers; Falls; Surgical Site Infections and Catheter Associated Urinary Tract Infections. Some of this work is being delivered through the Scottish Patient Safety Programme. Scotland is the only country that has taken on Patient Safety Programme as a nation. The results so far include ~ 60% reduction in the Ventilator Associated Pneumonia rates and 90% reductions in *Clostridium difficile* rates and Central Line Infection rates. Most impressive is the fact that for three months during 2011 there were no central line infections in any ICU within the whole of Scotland.

4. NHS Property Survey – Response to CEL 35(2010)

The Scottish Government has been co-ordinating a review of all NHS properties and an update is expected on this benchmarking exercise is expected in early February 2012. All Boards have used the same methodology to assess the condition of buildings across six key areas:

Criteria	Description
1. Physical Condition:	This look at the structures that make the building work and ranges from new to unfit for purpose
2. Statutory Compliance:	Analysis of compliance against relevant statutory regulations
3. Environmental Compliance:	Analysis of compliance with relevant environmental regulations
4. Functional Suitability:	Assessment as to how well the building meets its current uses (as opposed to what it was originally built for)
5. Space Utilisation:	How well the space is utilised ranging from overcrowded to empty.
6. Quality:	This takes into consideration the environment the patient is being treated in, and the staff are delivering services from. It takes into account issues privacy, dignity ability to clean etc

With respect to Highland our original findings were reported at the NHS Highland Board Meeting in June 2011 [Item 5.1](#), which described around £74Million of repairs, maintenance and upgrading works just to bring sites up to minimum national requirements. The most recent update estimates the total cost at around £80 million. The property review forms part of NHS' Highland's wider strategic plan which is looking at more community based and integrated services, less reliance on hospital beds and overall using fewer buildings. This was summarised in [Health Check](#). The context of this review is very relevant for some of the updates provided in Section 5 below.

5. Service re-design linked to Community and Hospital Services

In planning services there are range of other factors which need to be taken into consideration, including: (i) Profile of population; (ii) Supporting people to be independent for longer in their own home (iii) Integration of services with Highland Council, (iv) Condition of buildings, (v) use of new drugs, technologies, equipment, staff and other new pioneering approaches, (vi) Current use and need for service and (vii) Financial position.

To support some of the re-design work around older people services additional resources has been allocated through the Change Fund. This fund was introduced last year to support re-design of services for older people in collaboration with local authorities and the voluntary sector.

The plans will focus on reducing delayed discharges, reducing unplanned emergency admissions to hospital and making more innovative use of care home placements. There will also be improvements in care-at-home provision, housing related support and how we support unpaid carers.

To support our strategic planning, modelling work is ongoing to look at what acute and community beds are likely to be required going into the future. It is too early to conclude exactly what the outcome of this process will be but it is likely that there will be a rationalisation of our hospital resources in the medium to longer term. Some updates are outlined below:

5.1 West Caithness

Discussions have been ongoing in West Caithness around service re-design for some time including setting up an initial Steering Group in July 2009. The issues to be considered related to the condition of the buildings (Dunbar and Thurso Health Centre), low occupancy of in-patient beds, low activity of minor injury unit out with core hours and a desire to provide more care in the community.

All of the work culminated in a review and evaluation of options which was fed into an [Extraordinary meeting](#) of the North Highland CHP Governance Committee on 20th December. The Committee did agree that there had been good public consultation and evidence that the voice of the public had been heard. Members, however, were concerned around some of the conflicting clinical views about some aspects of the model. Some of the background information is [here](#)

As part of our ongoing review around Engagement, Communications and Service re-design (item 1.8) above we have already expressed our commitment to continue to build better relationships with patients, staff and wider public, at all times but particularly around service change and clinical concerns. We continue to learn lessons and we believe by going back a few steps it will further help to develop trust and foster and a more collaborative approach.

In any case moving towards integrating services opens up huge opportunities to redesigning services in ways that haven't been possible until now. It's really important that public, patients and clients are at the centre of those discussions. A further update will be brought to the next [Committee Meeting](#) to be held on 21st February 2012.

5.2 East Sutherland

Joint work is underway to look at improvements to the conditions and efficiency of Lawson Memorial Hospital and Cambusavie Unit (Golspie). Work of over £3 million would be required to bring the Lawson up to standard. The re-design is being supported by the Lawson Community Group. The most recent meeting was held on 25th January. Further information is available [here](#)

5.3 Mid Ross

A second event giving people living in Dingwall and the surrounding area a chance to be involved in designing health services for older people in their area was held in Dingwall on 9th December. The event, which was attended by 60 people was run by the Ross Memorial Hospital Designing Services for the Future Steering Group. A number of potential options to re-design services have been identified and work is ongoing to assess these options against agreed criteria. An update on the review was provided at the Mid-Highland Governance Committee held on Friday [16th December 2011](#) with a further update going to the [Committee](#) on 24th February 2012.

5.4 Badenoch and Strathspey

Representatives from NHS Highland met with members of the St Vincent's Hospital Support Group to give an update on the long term future of the hospital, and in particular, the physical condition of the building. The meeting was requested by the Support Group following an earlier meeting in December 2011. While there are no plans to close the hospital in the short term the longer term challenges do need to be addressed.

During discussion the option of building a new hospital in the Badenoch and Strathspey area was brought up. The process that NHS Highland would have to go through to secure a new community hospital was explained including the need for robust community engagement. Similar meetings will take place with local other communities in Badenoch and Strathspey. This is very much early dialogue which will start to shape a longer term process.

5.5 Mull and Iona

Work is nearly finished on the new £8 million Mull and Iona Progressive Care Centre and Community Hospital in Craignure. Work started at the end of 2010 and the centre should open in August this year.

The purpose built centre will include three beds for in-patients, a two bay community casualty unit as well as facilities for outpatients. There will also be 12 individual supported living flats within the new centre which will be managed by West Highland Housing Association.

5.6 Islay

At the beginning of February Primary Care Services in Bowmore moved from their current location to the nearby local Hospital. This was due to us being unable to agree a lease to remain at the current Bowmore Practice location and we were informed we had to vacate the building by the end of January 2012.

6. Service re-design linked to Older Adults with Mental Health

Scottish Government policy is aimed at supporting those living with dementia to remain in their own home for as long as it is safe for them to do so. NHS Highland is redesigning the existing resource to improve community services.