



NHS Highland Annual Report

2007/2008



Working with you to make Highland the healthy place to be

A dh' ionnsaigh Gaidhealtachd slàn, fallain

NHS HIGHLAND Annual Report 2007/2008

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Bengali:

"আপনি যদি এই তথ্যটির কিছু কিছু অংশ অন্যান্য হরফে/আকারে বা ভাষায় পেতে চান, অনুগ্রহ করে ওপরে দেওয়া যোগাযোগের বিস্তারিত তথ্য ব্যবহার করুন"

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*The Black Isle
from the air.
Courtesy of
NHS Highland
employee Lynn
Robinson*



NHS Highland looks after the health of 300,000 residents within the Argyll and Bute and Highland Council areas. We also see a proportion of our patients from the influx of tourists to the Highlands, which at certain times of the year can double or even triple the local population. Our 11,000 staff provide care to patients in 26 hospitals, over 110 community clinics and health centres, and in patients' own homes across all Highland towns and villages, including 30 inhabited islands and many small, remote communities.

We have two main roles. One is to promote good health and wellbeing in our communities. We cannot do this alone, so we work closely with local people and with partner organisations such as the local Councils. We also provide a huge range of clinical services for people who have ill health.

NHS Highland is governed by the NHS Board. The role of the NHS Board is to:

- Improve and protect the health of the local people
- Improve health services for local people
- Focus clearly on health outcomes and people's experience of their local NHS system
- Promote integrated health and community planning by working closely with other local organisations
- Be accountable for the performance of the local NHS system



Saligo Bay, Islay

Care and services across the huge territory of NHS Highland are provided by our five Operational Units – four providing cover in geographical areas, and one running our main district hospital. Services in each geographical area are organised and run by a Community Health Partnership. The Community Health Partnerships each have their own local managers and clinical leaders, and they work with local patients, carers and with a wide range of partners to plan and deliver services. The acute hospital services provided by staff in Inverness are managed and led by the Raigmore Hospital Management Team. Highland patients also use specialist services through regional and national centres, such as Aberdeen or Glasgow.

Community Health Partnerships

Argyll & Bute Community Health Partnership provides services for 91,306 people across 2,600 square miles, including 26 inhabited islands.

Mid Highland Community Health Partnership provides health services to around 80,531 people across 4,950 square miles, covering Lochaber, Skye and Lochalsh, Ross, Cromarty and West Ness.

South East Highland Community Health Partnership provides health services to around 89,410 people across 5,900 square km including the city of Inverness.

North Highland Community Health Partnership provides health services in Caithness and Sutherland for around 38,973 people across 7,800 square km.

Chair's Foreword: Garry Coutts



NHS Highland has never been busier. We're supporting more people to live healthier, longer lives and speeding up the care we provide. This year we've met a series of national targets helping to improve quality of life for thousands of people in need of treatment. This includes:

- Outpatient appointments within 18 weeks
- Surgical operations within 18 weeks
- 98% of A&E patients treated, discharged or admitted within 4 hours
- 95% of cancer patients urgently referred in treatment within 62 days

Behind these achievements lie hundred of stories of innovation and service improvement. This year's Annual Report records just some of these stories and documents the progress we are making to improve people's health.

This is a never-ending story. We are about to witness some of the most significant change in the history of the NHS. We have a raft of new service improvement programmes to implement including better Mental Health services, a new approach to supporting patients with Long Term Conditions, raising standards with the Scottish Patient Safety Programme and a new waiting times target which will transform the way patients receive care. This is all coming at a time when health budgets will not rise as fast as they have in previous years. All of this means that we need to remove waste ensuring that every health pound we spend is delivering for patients. This doesn't mean less care but it does mean doing it differently in some cases.

I am confident that this is not a mission impossible and that by using the talents of our staff and working with patients, carers and communities we will succeed. I would like to thank everyone who has played their part in the past year and I look forward to tackling these new challenges together.

Garry Coutts
NHS Highland Board Chair



Developments: The best start in life

Breast feeding

All maternity units in NHS Highland are working towards achieving Baby Friendly status which shows that they offer high quality support to encourage women to breastfeed.

Caithness General has recently passed stage 1 which means it has the mechanisms in place that enable the Baby Friendly standards to be implemented and maintained.

Raigmore Hospital already has a Baby Friendly award.

NHS Highland now has 33 breastfeeding management trainers who are spreading a UNICEF/WHO training package throughout NHS Highland. This means that mums and babies across Highland will receive consistent support to give their babies the best start possible in life.

NHS Highland relaunched its “Baby Welcome” sticker scheme in 2007. The sticker is displayed in premises that have ensured their staff are aware that it is against the law to ask a woman to stop breastfeeding a child under two in a public place. This reassures mums that they are not going to face a confrontation just to be able to feed their baby.

Pupils from Kilchoan Primary School visit Sanna Beach as part of Healthy Highland 2007



Health Promoting Schools

All children and young people in education across the NHS Highland area are officially attending Health Promoting Schools. The milestone was reached in December 2007. Health Promoting Schools recognise that environmental factors have a great influence on the choices people make. They aim to make it easy as possible to pick the healthy option.

Healthy eating is recognised as a major contributor to future health and wellbeing; teaching children the importance of good nutrition sets them up for the future. Training on the National Guidance on nutrition in nurseries has been rolled out to pre school settings, supported with continued health improvement funding for fruit provision and new curriculum materials. Work to improve food in schools has continued, working towards compliance with the Schools (health promotion) (nutrition) Bill, for example:

- New seasonal menus for primary school pupils
- Reduction on sugary drinks, crisps and snacks in secondary schools
- Celebration of food related activities throughout the whole school day in two 'Healthy Highland' weeks as part of the Highland Year of Culture

“Drop Zones” in schools

In response to the needs of young people in rural communities, Drop Zones are now based in high schools throughout the area of the North Highland Community Health Partnership.

Young people can be reluctant to seek advice or support from their primary care team, particularly in small, rural communities, so local staff take their services into the schools. School nurses and health visitors provide drop in sessions, ‘Drop Zones’, usually over a lunch or break time. The children can talk to clinical staff about health issues – personal health concerns, questions, fears or worries, or more general health and wellbeing matters. They also provide a means of taking specific services directly to young people, for example, smoking cessation support. In addition, the ‘Drop Zones’ support other activities to promote good health, such as alcohol awareness.

Healthier Highland

Smoking Cessation

More Highland smokers are trying to kick the habit with the help of smoking cessation services. There has also been an increase in the number who have managed to stay stopped a month into their attempt.

1,785 people used our Smoking Cessation Services in 2007, three times more than in 2006. 42% said they had quit within a month of starting to receive support and advice from a trained Smoking Cessation Advisor compared to 173 or 29% in 2006.

Improving Mental Health

Additional clinical staff have been appointed to support a number of developments in mental health services, and other new appointments are progressing into 2008. One key area of work has been the introduction across Highland of guided self help workers for people affected by depression.

The Guided Self Help Workers support people with mild to moderate depression. They work in local communities with individual patients guiding them to sources of self help materials. This approach assists the individual to feel in control and at the same time helps to reduce unnecessary reliance on medication. In addition, there is evidence which sug-

gests that this approach helps individuals develop personal skills which enable them to respond better to challenges in future. As an additional result, GPs and clinical mental health specialist staff are able to provide more targeted support to patients with more complex needs.

Alcohol Awareness

An information leaflet on health issues relating to drinking alcohol was distributed to every household across Argyll and Bute as part of an initiative to increase people's knowledge about alcohol.

It is hoped the information in the leaflet will help the people of Argyll and Bute to make informed choices about their alcohol use. If people know more about alcohol they will be able to make choices that could have a positive effect on their health in the short and long term.

Public Health Nursing and Community Nursing

Nurses working in community settings such as Health Visitors, School Nurses and District Nurses focused on a range of public health initiatives such as breastfeeding, reducing underage pregnancies, child healthy weight, MMR vaccinations and coronary heart disease. There has also been a real focus by our community nurses on preventing hospital admissions and looking after patients after discharge at an earlier stage to avoid unnecessary hospital stays and delayed discharges.

Closer to home

NHS Highland's plans for improving services emphasise the importance of reducing unnecessary travel.



Cataract Surgery in Caithness General

From February 2008 the specialist surgical team from Raigmore has joined forces with the staff at Caithness General Hospital (CGH) to provide patients with cataract surgery in their local hospital.

The ground work involved ensuring that all the specialist equipment was bought and staff trained. This has involved fantastic teamwork between staff in Bignold Wing and Theatres of CGH and the Ophthalmology ward and ophthalmology theatres in Raigmore.

Operation First for Highland

During the year, the first NHS Highland patient had an implantable defibrillator inserted at Raigmore Hospital. Previously patients had to travel to Aberdeen or further to have this device - known as an Automatic Implantable Cardioverter Defibrillator – put in. Patients can now have this service at Raigmore Hospital in Inverness, another step forward in keeping Highland patients closer to home.

Direct referral to Echocardiography Services

Following a pilot early in 2007 in the South East Community Health Partnership, GPs in many areas of Highland are now able to refer their patients for an ultrasound of their heart, called an Echocardiograph, without having to first send them to an outpatient clinic. This reduces the need to travel for an additional appointment, speeds up diagnosis and frees up appointments in outpatient cardiology clinics.

Learning Disability Services

Work has been ongoing to support the movement of Learning Disability clients out of hospital and into their own accommodation in the community. Additional staff have been employed to provide support and there has been close liaison with GPs and other services in order to make the transition as smooth as possible.

Increased use of Community Hospitals South East Highland

This year saw an increased use of inpatient beds in the four community hospitals in South East Highland Community Health Partnership. The hospitals are working closely with Raigmore Hospital, local GPs and others to make sure that wherever possible patients needing a hospital bed can be looked after closer to home in a local Community Hospital.

Cowal Integrated Care

The Cowal Integrated Care team, a joint venture between Argyll and Bute Council and NHS Highland, was launched in September 2007. The team provides integrated services for patients to help promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and help maximise independent living.

It builds on the existing support that is already available in the community through helping with supported discharge from hospitals as well as acting as an alternative to hospital admission to help maintain people in their own home whenever possible.

New Fort William Health Centre.
See page 14 for details.



Improving patient care through technology and development

Official Opening of Raigmore Hospital Wyvis Suite

After a £600k refurbishment Raigmore Hospital's Wyvis Suite now houses the Pre-Operative Assessment department and Cardiac ultrasound facilities. It was officially opened on Thursday 1st November. Patients attend the department to have a general health check and assessment of a number of factors including blood pressure, weight, height and medical history. This identifies conditions which may influence the arrangements for the patient's surgery, and helps to ensure there are no unplanned delays for individual patients. This in turn promotes effective management of admissions, and operating theatre time.

Stroke Services

In 2007 Thrombolytic (clot busting) therapy was proved to be an effective treatment for selected patients with ischaemic stroke. The Stroke Managed Clinical Network formed a working group to implement stroke Thrombolysis in NHS Highland and they developed the Hyper-Acute Pathway for Stroke for use in Raigmore Hospital. The success of the pathway required a review of current NHS 24 and ambulance triaging, rapid recognition of symptoms by clinicians, immediate access to CT scanning, immediate reading of scan results and rapid administration of the Thrombolysis drug treatment. The cooperation and joint working of several departments has seen this successfully implemented for 30 pa-

tients between June 07 and March 08. This amounts to approximately 6% of the stroke patients presenting and is well above the National average of 1-2%.

Rehabilitation for stroke patients continues to develop. The Therapeutic use of the Wii Games System in the Raigmore Stroke Unit has been a great success with patients of all ages. A substantial amount of work has also gone in to developing a Driving after Stroke Protocol for NHS Highland and this was presented at the Occupational Therapy National Conference early in 2008.

New equipment saves patients a trip to theatre

A new Fluroscan at Raigmore Hospital will help up to 200 patients a year avoid a trip to an operating theatre. Not only is this more convenient and comfortable for patients, but it frees up operating time, and beds, for patients needing more extensive surgery. The Fluroscan allows clinicians to see the bones in the hands and feet so they can inject treatments accurately between the bones. It is usually used to treat arthritic conditions.

*Mr Quentin Cox,
Orthopaedic consultant and hand surgeon using the new Fluroscan to guide a pain relieving procedure*



New Health Centre opens in Fort William

The Fort William Health Centre was opened in October 2007. The new health centre brings together all three of Fort William's GP Practices, alongside community nursing and therapy services, child health and five dental surgeries. This bright, modern facility provides a wide range of services to local people. His Royal Highness the Earl of Wessex officially opened the Centre which cost approximately £7 million.

New Technology for Eye Patients

New equipment which revolutionises how the back of the eye can be seen, arrived at Raigmore Hospital in April 2007. Optical Coherence Tomography (OCT) provides very detailed images of the retina and can help with the diagnosis and treatment planning of various conditions affecting the retina such as diabetes, uveitis and macular degeneration, all of which can seriously affect people's vision.

Working Together

Multiple Sclerosis in Argyll & Bute

An innovative project in Argyll and Bute is now completed and demonstrating positive results by creating improved local services for people affected by Multiple Sclerosis. Statutory agencies, voluntary organisations and local people affected by Multiple Sclerosis have been working together to share experiences, promote good practice and raise awareness of what services and support are available. The input of service users has been an important part of improving local services.

Image by Medical Illustration

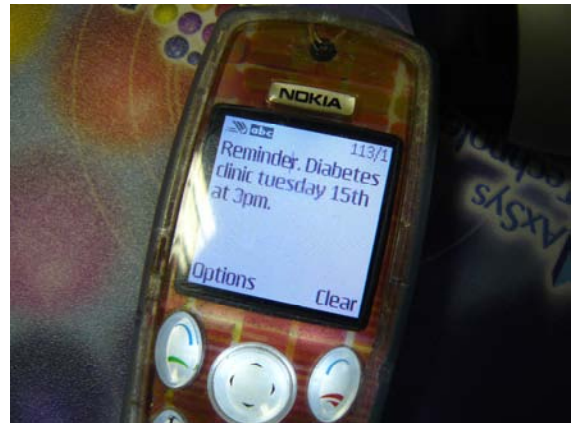


Emergency care centre

Patients in the Inverness area who need emergency care now have easy access to a range of clinical staff when they attend Raigmore. The Inverness local Out of Hours Service and Raigmore Accident and Emergency centre merged on 1st April 2007 to form an integrated Emergency care service.

The appointment of a number of specialist clinical staff - Emergency practitioners and Unscheduled care practitioners to join the existing staff is helping to ensure that patients are treated by the most appropriate person for their needs, whether that be a nurse or doctor, and in the most appropriate environment, clinic room or emergency bay.

Text Message Reminders for Diabetes Clinic Patients



Highland patients are benefiting from a new approach to reminders about hospital appointments. People due to attend the Diabetes clinics are sent reminders by text message in an effort to drive down the number of missed hospital outpatient appointments. This helps to ensure that patients receive the care they need, and helps to reduce the time lost through missed appointments. Those affected by diabetes were involved in the redesign of working systems and, as well as text message

Learning and Development

Stroke Training and Education has been delivered in all CHPs by the Stroke Unit Teams, local therapists, Chest Heart and Stroke Scotland (CHSS) Stroke Nurses and Stroke Coordinators. More than 200 health professionals (excluding students) accessed this training in 2007/08. The launch of the National STARS on line learning stroke programme will add another option to enhance the current training being delivered. It is available on: www.StrokeCoreCompentencies.org

Looking Ahead

Further Developments in Stroke Services

The Hyper-Acute Pathway for Stroke developed for use in Raigmore Hospital will, in 2008/09, be rolled out to Caithness General and Lorn and the Isles Hospitals. A Highland wide review of Stroke Services began in 2007 with the aim of mapping out the current services available. This work continued into the autumn of 2008 and the outcome reported in 08/09.

Coronary Care Unit

The main focus in the Coronary Care Unit (CCU) at Raigmore Hospital this year has centred on plans to improve the management of patients with chest pain / acute coronary syndrome before they attend hospital. Our aspiration is to improve the number of eligible patients who receive life saving thrombolytic therapy in the community prior to transfer to CCU. To achieve this a number of developments are taking place. These include:

- A nine month in-house training programme designed to equip a team of 10 CCU nurses with advanced skills in chest pain assessment and cardiac monitoring (ECG) recognition. Clinical protocols have been drawn up to enable nurses to administer coronary thrombolysis.
- The installation of a telemetric link from the Scottish Ambulance Service (SAS) to CCU in Raigmore that SAS crews can send ECGs to CCU. These ECGs will be analysed by the trained nurses who will advise SAS colleagues of pre-hospital care.
- We also have plans in place to have a system of direct admission to CCU to speed up admission to hospital.

Extension of Occupational Therapy Services at Raigmore

During the year, the Occupational Therapy (OT) Team at Raigmore Hospital has been investigating ways of extending the OT service to the acute wards and emergency department, in order to reduce patient length of stay and facilitate more hospital discharges over the weekend. Evidence from an initial pilot indicated that having an OT service available at the weekend was well received by patients and staff and could be influential in reducing patient length of stay in the acute setting.

Graphic showing how completed Nairn Town and County redevelopment will look.



Nairn Town and County Hospital Development

Building work got underway this year on the new Nairn Hospital and Primary Care Centre. Phase 1, the hospital unit, will be completed by May 2009, while Phase 2, GP and social work accommodation, will start in June 2009 and will be completed by May 2010.

Review of Mental Health Services in Argyll and Bute

Argyll and Bute Community Health Partnership, in partnership with Argyll and Bute Council and ACUMEN has been developing detailed plans for the future of mental health services including how they will be provided and where they will be located. This is subject to a formal consultation starting in January 2009.

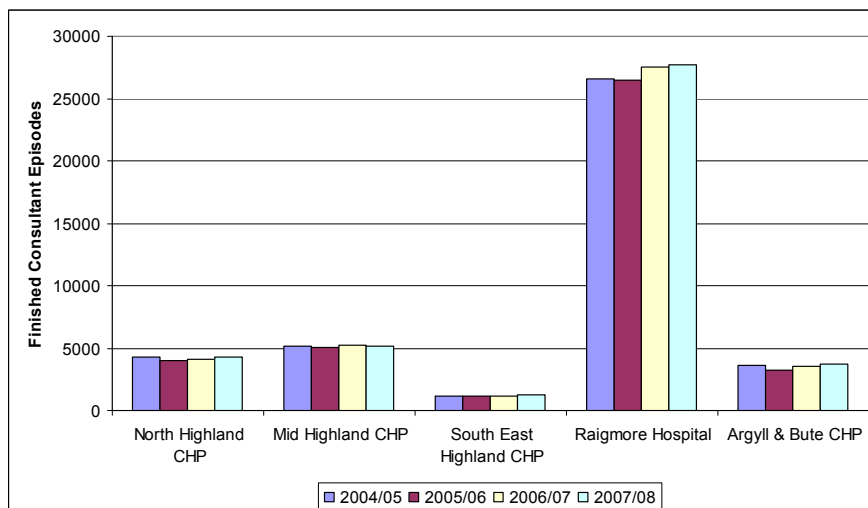
Waiting times: faster diagnosis and treatment

NHS Highland has never been busier. In the year 2007/2008 there were:

- More than 42,000 in patients in our hospitals
- More than 21,000 patients were treated as day cases
- More than 65,000 new out patient appointments
- More than 10,000 attendances were recorded at A&E

This is just a fraction of the work done by NHS staff and contractors including GPs, dentists and community pharmacists. 90% of patient contacts take place in the community not hospitals.

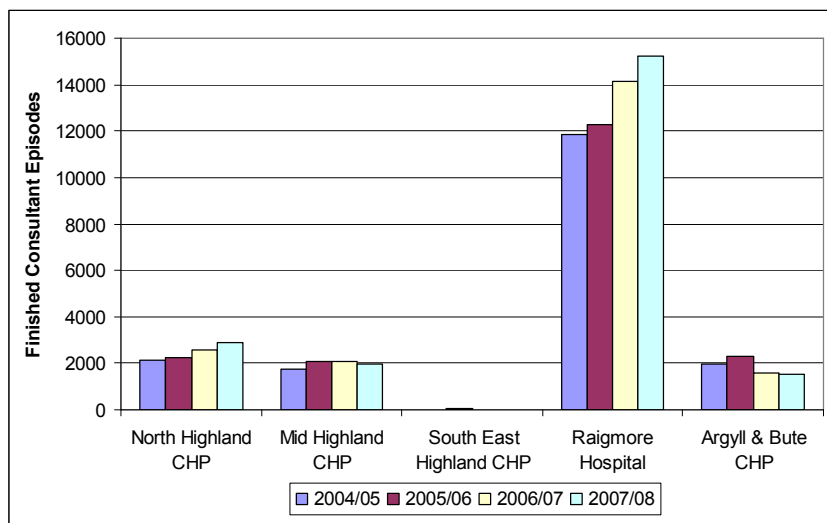
In patient activity



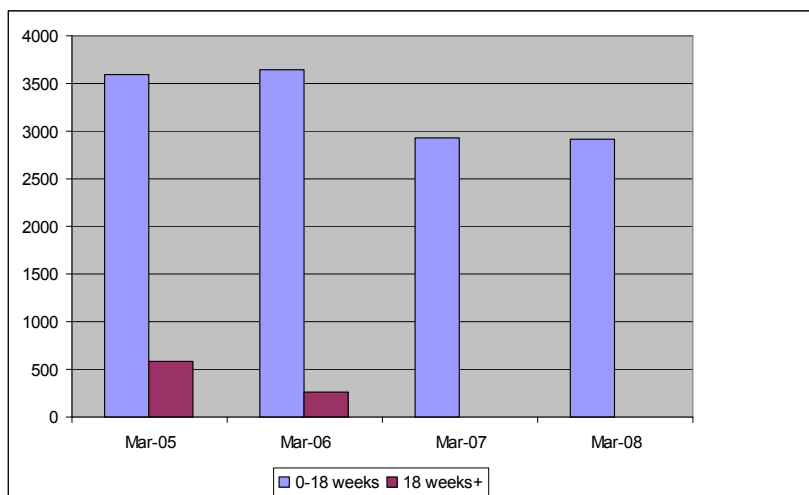
In patient activity has risen by more than 15% in the past four years. We aim to manage demand by increasing the number of people who can be treated as a 'Day Case' which means they are admitted, treated

and discharged on the same day. In the same four year timeframe Day Case surgery has increased by almost 38% and we expect it to become even more common in the years ahead. Increasing day case means patients need to spend less time in hospital which is good for them and helps to reduce pressure on hospital beds.

Day case activity

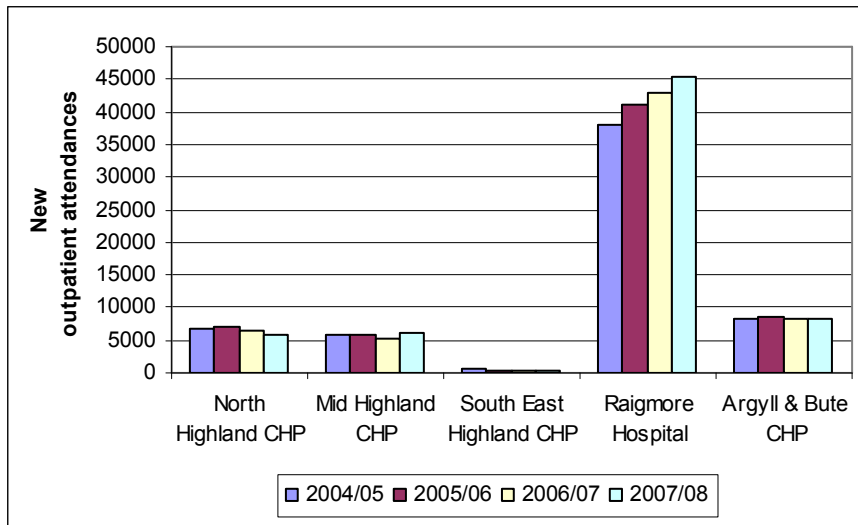


Number of Patients waiting for inpatient or day case treatment, split by band of wait



NHS Highland effectively met the waiting time target to ensure that patients waited no longer than 18 weeks between the decision to treat them and the date of their surgery or their treatment starting.

Out patient activity



The number of new patients attending their first outpatients appointment has increased by more than 10% since 2004/2005.

Accident and Emergency Performance

Attendances at accident and emergency departments have risen by more than 11% in the past four years. NHS Highland wants to reduce the number of people who suffer the pain and distress of a health crisis which leads to an emergency admission to hospital. Our plan is to invest more in services that keep people well. This means we need to identify people who are at risk of admission or readmission to hospital and ensure they have the support they need to manage their health problems in their own homes. A&E will always be there for those who need it but avoidable admission to hospital means unnecessary deterioration of health and even loss of life so reducing emergency admission is good for patients.

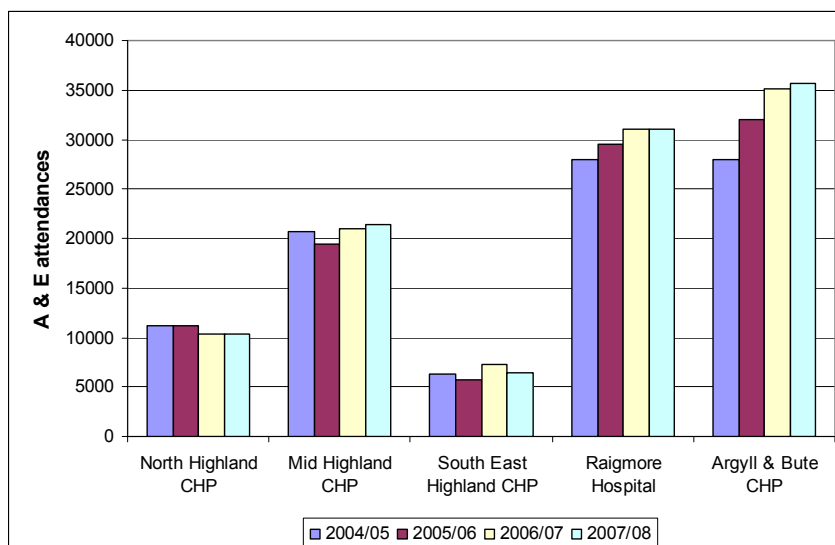


Table showing the rise in A&E attendances.

Valuing staff

NHS Highland Staff Awards

One way of recognising the commitment and innovation shown by NHS Highland staff is through the Staff Awards Scheme. In 2007 there were 10 categories – Community Staff, Support Worker, Hospital Worker, Improving Patient Services, Volunteer, Best Publication, Best Team, Mental Health or Learning Disability staff, Public Involvement, and Behind the Scenes worker. Staff are nominated by colleagues, patients and carers, and public partners are involved in the judging of entries. This was the second Staff Award Scheme and the winners in all 10 categories were recognised at a ceremony in the Waterside Hotel, Inverness. The Staff Awards Scheme also provides an ideal opportunity to share good practice.

The NHS Highland staff awards showcase the passion for improving patient care that is the hallmark of our employees. Barbara Oliphant (right) was just one of the winners in 2007. She lifted the Community Award for her success at developing the role of Community Children's Nurse in the Dunoon and Cowal area. As the first person to hold the post she greatly reduced the need for sick children and their families to travel to receive treatment.





Pictures of Shona Robison meeting a range of NHS staff, local authority and voluntary agency staff at an exhibition on alcohol services.

Annual Review

The Annual Review is an important opportunity for the Scottish Government and members of the public to hear about the progress we're making to improve health and health services in Highland.

This year's Review was chaired by Minister for Public Health Shona Robison MSP. The minister met groups of staff, patients and public in the morning. Later she met with a group of people from the NHS, local authority and voluntary organisations who all provide services to people experiencing problems with alcohol misuse.

The afternoon public session included an opportunity for members of the public to ask questions of NHS Highland Board members, the Minister herself and senior Executives from NHS Scotland.

A letter from the Minister for Public Health, Shona Robison, records the main points covered and key actions agreed during the process. The full letter can be seen on our website www.nhshighland.scot.nhs.uk in the publications section. A summary of the letter follows.

Minister for Public Health Shona Robison MSP chaired the NHS Highland Annual Review and wrote to our Chair to record the main points.



Dear Garry

NHS HIGHLAND ANNUAL REVIEW

I am writing to summarise the key points and actions agreed during our discussion at the Annual Review and associated meetings in Inverness on 27 August.

I want to restate my thanks to you, Roger Gibbins and others from NHS Highland for organising a very positive and helpful programme. It was very useful indeed to have the opportunity to cover a range of issues with you and colleagues in the Board area, and to hear practical examples of developments in the way services are provided. I found it particularly helpful to meet and discuss issues with staff and patients.

- **ACTION POINTS**
- **Consider how the Board can better support carers, and in particular how to involve carers in the planning of services to support not only the patient but also other family members**
- **Keep the Health Directorates updated on investment decisions for extra Scottish Government funding for alcohol initiatives**
- **Keep the Health Directorates informed on the rollout of the Counterweight programme**
- **Continue to progress the important work on the cost cube analysis, in which there was interest at a national level, and keep the Health Directorates informed of developments**
- **Keep the Health Directorates informed of progress on linking mental health services with GP practices, especially around depression and suicide**
- **Inform Health Directorates of outcomes from Board group on increasing dental registrations**
- **Keep Health Directorates updated on progress on orthodontic services**
- **Maintain progress towards meeting 31-day target for commencing breast cancer treatment**
- **Submit final Carers' Information Strategy immediately following Annual Review**

Complaints

We need to know when things go wrong, so that we can put them right. Complaints are viewed positively, as a way in which we can learn and improve what we do. Here are three examples of how we have used complaints to improve services and procedures.

- A patient had a long wait to get an appointment at another hospital out with NHS Highland. When the other hospital was contacted it was found that they had not received the referral. As a result of this complaint a procedure has been implemented in this clinic for the consultant's secretary to follow up all referrals outside NHS Highland.
- A patient raised concerns about the staff lack of hand washing between patients. Staff have been reminded about the importance of adhering to the hand hygiene protocol. All relevant medical staff have been issued with their own personal alcohol gel dispenser bottle.
- A young patient with special needs had to wait a long time for an x-ray and as a result became very anxious and distressed. This patient should have been identified as someone who required priority to Radiology staff. Procedures have been put in place as a result of this complaint to ensure these patients are prioritised over other patients in a radiography queue.

Volume of complaints and speed of response

- Number of complaints received 393.
- 77% of complaints were responded to in 20 working days.

Outcome Overall

- 22% of complaints were upheld
- 46% of complaints were partly upheld
- 32% of complaints were not upheld

Main Issues Raised and Outcomes 2007/08

Issue	Number	Percentage	Outcome	Number	Percentage
Attitude/Behaviour	61	16	Upheld	9	15
			Partly Met	30	49
			Not Upheld	22	36
Clinical Treatment	90	23	Upheld	6	7
			Partly Met	41	46
			Not Upheld	43	48
Communication	64	16	Upheld	18	28
			Partly Met	32	50
			Not Upheld	14	22
Date of Appointment	17	4	Upheld	5	29
			Partly Met	7	41
			Not Upheld	5	29
Shortage availability	53	14	Upheld	17	32
			Partly Met	23	43
			Not Upheld	13	25
Competence	29	7	Upheld	8	28
			Partly Met	11	38
			Not Upheld	10	35

The Complaints Team

NHS Highland

PO BOX 5713

Inverness

IV1 9AQ

Phone: 01463 705997

Fax: 01463 711322

Email: complaints.mailbox@haht.scot.nhs.uk

If you need help to make a complaint a Complaints Officer will either help you or advise you how to get independent help if you would prefer that. **Complaints regarding GPs, dentists, pharmacists or opticians:** if your complaint is about any of the above services you should complain directly to the practice or the individual concerned. However if you would prefer to talk to someone not involved in your care you can contact the Complaints Department as above.

Financial Commentary

The Scottish Government sets three financial targets for Health Boards:

- To operate within the given revenue budget (the Revenue Resource Limit)
- To operate within the given capital budget (the Capital Resource Limit)
- To operate within the given cash allocation

In 2007/08, Highland Health Board met all three targets and, in addition the Revenue Resource Limit has been underspent by £5.3 million and this was carried forward into 2008/09. This provides non-recurring resource to support the revenue position in 2008/09.

Capital expenditure was £21.044m against an allocation of £21.071m and as such shows an underspend of £27k. Capital funding of £13 million has been banked with the Scottish Government for use in future years and supports the capital expenditure plan approved for 2008/09 and beyond.

Operating cost statement for the year ended 31 Mar 08

	2007/08 £m	2006/07 £m
Clinical Services Costs		
Hospital and Community	435.6	410.1
Family Health	141.4	137.4
Total Clinical Services Costs	577.0	547.5
Other Non Clinical Costs	17.5	13.5
Gross Operating Costs	594.5	561.0
Less: Income	49.3	48.7
Net Operating Costs	545.2	512.3

Summary of Revenue Resource Out-turn

	2007/08 £m	2006/07 £m
Net Operating Costs	545.2	512.3
Less: Capital Grants (to) Other Bodies	(3.0)	(2.4)
Profit on disposal of fixed assets	0.5	0
Less: FHS Non Discretionary Allocation	(25.9)	(24.0)
Net Resource Outturn	516.8	485.9
Revenue Resource Limit	522.1	492.7
Saving against Revenue Resource Limit	5.3	6.8

Balance Sheet as at 31 March 2008

	2007/08	2006/07
	£m	£m
FIXED ASSETS		
Tangible Fixed assets	273.8	254.2
	<hr/>	<hr/>
Debtors falling due after more than one year	10.7	11.4
CURRENT ASSETS		
Stocks	4.4	3.8
Debtors	24.8	16.6
Cash at bank and in hand	0.1	1.6
	<hr/>	<hr/>
	29.3	22.0
	<hr/>	<hr/>
CURRENT LIABILITIES		
Creditors due within one year	(68.2)	(61.7)
	<hr/>	<hr/>
Net current (liabilities)	(38.9)	(39.7)
	<hr/>	<hr/>
Total assets less current liabilities	245.6	225.9
	<hr/>	<hr/>
CREDITORS DUE AFTER MORE THAN 1 YEAR	(14.5)	(14.5)
	<hr/>	<hr/>
PROVISIONS FOR LIABILITIES AND CHARGES	(8.8)	(6.8)
	<hr/>	<hr/>
	(23.3)	(21.3)
	<hr/>	<hr/>
	222.3	204.6
	<hr/>	<hr/>
FINANCED BY:		
General Fund	124.0	118.5
Revaluation Reserve	93.8	81.5
Donated Asset Reserve	4.5	4.6
	<hr/>	<hr/>
	222.3	204.6
	<hr/>	<hr/>

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

I have examined the summary financial statement which comprises the Operating Cost Statement, the Balance Sheet and the Remuneration Report.

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

Respective responsibilities of the Board and Auditor

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

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

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

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

Opinion

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

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

David McConnell
Assistant Director of Audit (Health)
Audit Scotland
7th floor, Plaza Tower
EAST KILBRIDE

October 2008

The NHS Highland Annual Report 2007/2008

For more information on services and how you can participate in the constant work to improve care in Highland visit our website www.nhshighland.scot.nhs.uk and click on the Get Involved button.

Front page shows some of the winners, judges and guests at our Staff Awards 2007