Proposed development of a North of Scotland Elective Care Centre in Inverness.

Report by Eric Green Head of Estates and Capital Planning on behalf of Deborah Jones, Director of Strategic Commissioning Planning and Performance.

The Board is asked to:

- Approve the Initial Agreement for the North of Scotland elective Care Centre in Inverness.
- Support the regional working underpinning this Initial Agreement
- Support the collaboration with UHI and HIE.

Contribution to Highland Quality Approach Strategic Framework and Annual Objectives

This report contributes to the following:

- Ensure our Treatment time guarantee is met in a more consistent basis.
- To attract staff and improve our staff experience working for NHS Highland
- Quality – we relentlessly pursue the highest quality outcome of care this will improve quality of care in these specialities.
- This is one of our transformational projects.

1 Background and summary

NHS Highland has identified for a number of years that changing demographics would mean an increase in Orthopaedic and Ophthalmology procedures in the North area, which would result in physical capacity constraints at Raigmore Hospital, both in theatre space and outpatient space.

In 2016 Scottish Governments announced investment in Elective Care capacity across Scotland, Inverness was one of the sites listed for increased capacity in line with NHS Highland predictions.

This Initial Agreement proposes a new Elective Care Centre on the Inverness Campus Site across the A9 from Raigmore Hospital. This building will offer a best in class delivery of Knee, hip and cataract surgery as well as the full range of Ophthalmology outpatient services.

It will also offer a collaboration with the UHI, space for new research and development opportunities based around the Elective Care Centre activity. This will serve to embed the healthcare improvement agenda and will aim to push the facility performance to world class levels of performance. Also included is a collaboration with HIE, to provide incubator space to ensure that the benefits of this collaboration are commercialised for the benefit of the Highlands.

The Initial Agreement was considered by Scottish Government Capital Investment Group on the 4th of July, NHS Highland has been asked to submit a further letter to CIG by the end of August once the national work around capacity modelling and capital affordability have been completed.

Introduction

Scottish Government recognise that the investment in new elective care capacity needs to be
about much more than new buildings. Scottish government have set clear investment objectives they expect to be met, as follows:

1. Safe, timely effective patient care provided locally.
2. Capacity to meet demand through improved services and facilities
3. Improved recruitment and retention of staff.
4. Repatriation of patients from out of area
5. Opportunities for collaborative working with partners.

**Regional Collaboration**

The strategy underpinning this business case is a regional case for change included in the Initial Agreement document. It is key that major investments like this are planned across the population of the North, this case for change has been prepared in conjunction with NHS Grampian and NHS Tayside and with full cognisance of the needs of the island boards as well.

This document has the support of the other boards and the Regional Chief Exec, subject to Scottish Government approval of the Capital position in relation to the regional partners.

**Strategic Fit**

This business case follows the strategy set out in the SG 2020 vision, the National Clinical strategy, Realistic Medicine, the National Health and Social Care delivery plan and the NHS Highland Quality and Sustainability Plan.

Therefore, this proposal is fully aligned with the strategic direction Nationally, Regionally and locally.

**Workforce**

This project is as much about workforce transformation as it is about building new facilities. In order to achieve the best in class performance target that SG have set for all new facilities the workforce model needs to deliver a paradigm shift in performance. Currently NHS Highland achieves the Scottish average for cataracts and joint replacement, this facility needs a 50% improvement in productivity if it is to be successful.

A workforce transformation plan is being developed in parallel to the building, the two are inextricably interlinked. In accordance with the Highland quality approach work is on-going to establish a high-level process map and value stream for the current state and preparations are being made to work on the future state model. If this IA is approved by Scottish Government then it is intended that a 3P process (Production, Preparation and Process) is used to inform the design, this is a powerful process that gets all stakeholders together for two weeklong sessions and the output is a building design.

This ensures that the fundamental principles of lean are embedded in the new facility, process, set up reduction and standard work will all be built in to the building to ensure that the flow of patients encourages and enables the productivity improvements required.
Collaboration

This project offers opportunities to expand on the growing relationship with the University of the Highlands and Islands (UHI) to look at new and exciting areas of research and development that will look at further improvements to the services offered out of the new facility with a clearly stated ambition that this becomes a world class facility.

This is also expected to improve the recruitment and retention of key staff in this service as we will be able to offer career progression in this key area making NHS Highland a much more attractive offer to potential staff.

The relationship with HIE is also key to this as the space they intend to build will allow SME’s to interact and collaborate with both NHSH and UHI and ensure any commercial opportunities are realised and transformed into long term employment opportunities.

Finance

The capital cost of this would be £27m, for the elective care centre. The revenue costs are currently estimated at £5m per annum, however this assumes all the extra capacity and some of this cost would be met from additional enrac funding for additional patient numbers, some would be from out of area patients and some would be costs incurred anyway as doing nothing will also have a cost. These costs will be further developed in the OBC and FBC as the process becomes clearer.

Conclusion

This business case offers a unique opportunity to provide the needed extra capacity in Inverness, to provide our workforce with development opportunities and hopefully assist in our recruitment and retention while building on the very positive relationships with the UHI.

It will also provide a best in class facility for our patients, ensuring the people of the Highlands have the best available treatment.

2 Recommended way forward

Support the proposal that the board approve this IA. It is also recommended that the board support the development of the collaboration with HIE and the UHI.

4 Governance Implications

The governance arrangements are defined in the IA, there is a national elective care board, a regional elective care board and a joint Project board for this project with UHI and HIE. To progress the project, we have an NHS Highland Project board with an appointed SRO in line with SG requirements. This is a clear and robust governance structure.

5 Risk Assessment

The risks associated with this proposal are detailed in the risk register and are being progressively managed through the governance structure.

6 Planning for Fairness
This paper is compatible with obligations under planning for fairness.

7 Engagement and Communication

No outstanding issues have been identified around engagement or communication.

8 Equalities Implications

This paper has had outline assessment against protected characteristics and no significant issues have been identified.

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