NHS Highland is launching a staff awards scheme.

The monthly Highland Quality Award has been designed to reward and promote the spirit and values captured in the Highland Quality Approach.

In a report to the board, director of quality improvement Linda Kirkland will explain that, while staff do a great job on a daily basis, the new monthly award will demonstrate quality improvement, or where individuals or teams have gone out of their way to provide outstanding quality of care and compassion.

The first winner of the award will be announced at NHS Highland's Annual Review on 9th June.

The director's report will also outline some of the other quality improvement measures taking place within NHS Highland.

She will tell board members of ongoing work to develop a physicians/staff compact, which will set out what an employee can expect of NHS Highland, and vice versa.

She will also report on the various events and discussions that have been taking place with external organisations as NHS Highland seeks to learn from others, and she will list a number of forthcoming events.

Her report will explain that NHS Highland was in the process of getting a quote from the Virginia Mason Medical Centre in Seattle for ‘sensai’ services, which are designed for organisations with external organisations as NHS Highland seeks to learn from others, and she will list a number of forthcoming events.

Her report will explain that NHS Highland was in the process of getting a quote from the Virginia Mason Medical Centre in Seattle for ‘sensai’ services, which are designed for organisations such as NHS Highland that have begun to transform their approach using the methods and principles of a production system developed by car manufacturers Toyota. The aim of sensai visits, the director will explain, is to help accelerate the implementation of this method.

The use of the Scottish Patient Safety Programme is a key part of the Highland Quality Approach, and the board will be told that NHS Highland has been “very successful” in delivering the programme's key objectives.

Through the programme, Raigmore Hospital has seen a 20.6 per cent reduction in its hospital standardised mortality ratio, Belford Hospital a 10.2 per cent reduction,

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NHS Highland launches quality award scheme

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Caithness General a 12.6 per cent reduction and Lorn & Isles Hospital an 8.9 per cent drop.

With successes having been achieved in acute adult healthcare, work is now taking place to expand the work of the programme into other sectors, such as paediatrics and primary care.

NHS Highland met the national targets for both *Clostridium difficile* (C. diff) and *Staphylococcus aureus* bacteraemia (SAB) in the period between October and 13th December, the board will be told.

And a report to the board will show that, according to as yet unvalidated data, the targets were also met in the period from January to 14th March.

Infection control manager Catherine Stokoe will report that NHS Highland had 13 C. diff cases as against a target of 78 by the end of March, and five SAB cases against a target of 60.

She will also report on several current initiatives, such as the “significant progress” made by the new, NHS Highland-wide SAB and C. diff working group, and the complete review of weekly and monthly surveillance reports for C. diff and SAB.

**Point of contact – Catherine Stokoe, infection control manager**

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**Item 5.7: Infection prevention and control**

**On target**

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She will also report on several current initiatives, such as the “significant progress” made by the new, NHS Highland-wide SAB and C. diff working group, and the complete review of weekly and monthly surveillance reports for C. diff and SAB.

**Point of contact – Catherine Stokoe, infection control manager**

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**Item 5.3: Financial position, and Item 5.4: Revenue budget**

‘Robust’ savings plans needed

NHS Highland’s need for £2.5 million of brokerage – effectively a loan – from the Scottish Government to allow it to break even at the end of the 2013/14 financial year was “clearly disappointing”, the director of finance will tell board members.

In his report, Nick Kenton will state that the arrangement “emphasises the need for robust savings plans and controls”.

And he will tell the board that it is expected that repaying the extra £2.5 million will take place over three years, starting with £500,000 in 2014/15.

In a separate report, Mr Kenton will remind board members that when they approved NHS Highland’s revenue budget for 2014/15 they recognised the need to deliver savings of £21.9 million.

However, Mr Kenton will tell the board that this figure has increased to £22.4 million as a result of the brokerage deal.

“In addition to these savings requirements, cost pressures will need to be managed in order to ensure successful achievement of financial targets,” the director will tell the board.

**Point of contact – Nick Kenton, director of finance**

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**Item 5.8(8): Veterans First Point Service**

Model that’s for and by veterans

MEMBERS of the board will be told that in 2007 a Veterans Advisory Group made up of veterans with experience of using NHS mental health services was established to design a new model of service provision for veterans.

Health boards across Scotland have been in discussions about establishing similar models locally, and the board will hear that NHS Highland has just signed up to the model.

A report will explain that NHS Highland’s nurse director, as ‘Veterans Champion’ for the board, will be progressing this work to establish a model of service delivery that’s run by veterans for veterans and which is supported by the local community and related agencies and voluntary organisations.

**Point of contact – Linda Kirkland, director of quality improvement**
WITH the replacement Tain Health Centre about to open, the board will be asked to declare the health centre building in the town's Scotsburn Road as surplus to requirements, and agree to its disposal.

The building was constructed over 30 years ago and is considered no longer fit for purpose. The board will be told that a separate, leased dental clinic in Tain will also no longer be required when services are transferred to the new health centre, and this lease will be terminated.

Point of contact – John Bogle, acting head of capital and property planning

AT its meeting on 1st April, the NHS Highland board endorsed the model by which the integration of health and social care can be achieved in Argyll & Bute.

And the “body corporate” model for the Argyll & Bute Health and Care Partnership will be outlined to the board's meeting on 3rd June.

A report by Stephen Whiston, head of planning, contracting and planning for Argyll & Bute Community Health Partnership, will explain that three options were considered in relation to the scope of services to be delegated to the integrated partnership.

Members of the board will be asked to endorse the preferred option, which would pave the way for the integration of all NHS services in Argyll & Bute with the adult and children's services currently provided by Argyll & Bute Council.

The board will also be asked to remit the programme board steering the partnership to continue with its work towards integration.

Mr Whiston's report will explain that under the preferred model of integration, the majority of staff contract arrangements would be unaffected although there would be "substantial" changes to the management arrangements for all staff.

But the key purpose of integration, he will explain, "is about placing people at the centre of their care".

Point of contact – Stephen Whiston, head of planning, contracting and planning, Argyll & Bute Community Health Partnership

NHS HIGHLAND has been advised by the Scottish Government and the Scottish Futures Trust that the project for the reprovision of in-patient mental health services in Argyll & Bute was not large enough to offer value for money under the “hub” model, and that it needed to be bundled with another hub project.

The project has now been bundled with the NHS Grampian Inverurie Health Centre project.

The bundle board has held its first meeting, and plans have been submitted to Argyll & Bute Council for planning consent.

The board will be told that it is anticipated that the demolition of some buildings will begin by the end of June as part of the project enabling works. Construction should commence in autumn 2015 and be completed in spring 2017.

Point of contact – Stephen Whiston, head of planning, contracting and planning, Argyll & Bute Community Health Partnership
Item 5.8 (3): Major service change, Badenoch & Strathspey, and Skye, Lochalsh & SW Ross

Three-month public consultations now under way

The board will be given an update on public consultations on proposed major service changes in Badenoch & Strathspey and Skye, Lochalsh & South West Ross. Public consultation for a period of three months is under way in both areas. In Badenoch & Strathspey, the consultation was launched on 21st April, and a wide range of meetings and drop-in events have already taken place. A mail drop of the summary consultation document took place in the week beginning 19th May.

Item 5.6: Joint inspection report on services for children and young people

Inspectorate issues report on findings

In October and November 2013, the Care Inspectorate carried out a joint inspection of services for children and young people in the Highland Community Planning Partnership area. The full report will be presented to the NHS Highland board on 3rd June, along with a summary of its key findings by Margaret Somerville, director of public health and health policy.

Her summary will show that the report focuses on nine quality indicators, and evaluates seven of these as “very good” and two as “good”. Those graded “very good”, which means that the Care Inspectorate identified major strengths, were:
- Proving help and support at an early stage
- The impact on children and young people
- Planning and improving services
- The participation of children, young people, families and other stakeholders
- Planning for individual children
- Leadership of improvement and change
- Improving the wellbeing of children and young people

Those graded as “good”, which means that the Care Inspectorate identified important strengths, with some areas for improvement, were:
- The impact on families
- Assessing and responding to risks and needs

The board will be asked to note the report’s findings.

Point of contact – Margaret Somerville, director of public health and health policy

Item 5.8 (4): Model publication scheme

Information now on line

The board will be told that NHS Highland, like all public-sector authorities, is required under Freedom of Information legislation to maintain a publication scheme. This involves publishing the classes of information that NHS Highland makes routinely available, and telling the public how to access the information and whether or not it is available free of charge.

NHS Highland’s model publication scheme has now been published on the internet.

Item 5.1: Standing orders

Key changes

Members of the board will be asked to approve a revision to NHS Highland’s standing orders, which regulate how the board operates.

Board secretary Kenny Oliver will recommend three significant changes to the standing orders to reflect additional responsibilities associated with the delivery of adult social care services, increase by one the number of non-executive directors and reduce the number of community health partnerships.

Point of contact – Kenny Oliver, board secretary

Item 5.8 (2): Freedom of information

Requests tabled

NHS HIGHLAND received 117 requests for Information under the Freedom of Information Act in the first quarter of this year, the board will be told.

Of these, 85 per cent were responded to within the statutory timescale.

The Scottish Information Commissioner ruled in favour of the applicant in relation to one appeal against NHS Highland.