

Team Update



Issue 49 August 2008

www.nhshighland.scot.nhs.uk

Fighting Cervical Cancer

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All your questions
answered!

More than 200 nurses and doctors in NHS Highland's area have attended education sessions to help them prepare for the launch of the HPV immunisation programme to protect girls against cervical cancer later in life.



On 1 September the HPV immunisation programme is starting across the UK. Girls will be invited to receive the HPV vaccine at 12 to 13 years of age when they are in S2. In addition, there will be a three year catch-up campaign which will ensure that the vaccine is also offered to all older girls up to and including 17 years.

This immunisation programme represents a significant step forward in improving Scotland's health by helping to protect women against cervical cancer which currently results in 300 new cases reported each year in Scotland, and 100 deaths.

HPV is the main cause of cervical cancer – and is a very common infection, transmitted by any intimate skin-to-skin sexual contact. We know that about 75% of women will have been infected by the age of 50. There are many different types of HPV, and the vaccine will protect against the two high risk types, 16 and 18, which together are responsible for over 70% of cervical cancers. That means that for every 10 women who will develop cervical cancer, the vaccine can prevent it in seven.

Screening still essential

Because there are other high risk types of HPV that can cause cervical cancer, it is essential that all women continue to attend three yearly for cervical screening which is offered between the ages of 20 and 60 years of age.

The NHS Highland implementation group chaired by Ken Oates, Consultant in Public Health Medicine, has been meeting regularly since December 2007, and a huge amount of preparatory work has been undertaken by both NHS and local authority staff to ensure the success of the programme.

If you want to know more about the HPV immunisation programme, information for professionals is available at: www.healthscotland.com/immunisation, and for the public at: www.fightcervicalcancer.org.uk

NHS Highland Annual Review 2008

NHS Highland Annual Review is taking place on Wednesday 27 August 2008 at 2.00pm in the Lecture Theatre, Centre for Health Sciences.

Video links to the review are taking place in the Boardroom, Aros, Lochgilphead, Fort William Health Centre, Fort William, Community Room, Lawson Memorial, Golspie and Seminar Room, Caithness General Hospital, Wick.

We are also aiming to provide a live webcast of the review however computers require to have a sound card and speakers / earplugs. For more information please contact the Public Engagement Team on 01463 704862 or email nicola.morrison@hnb.scot.nhs.uk

Migdale Hospital Progress

Plans are progressing for the proposed new build Migdale Hospital in Bonar Bridge. A Project Team, with members from the local community, hospital nurses and the Sutherland Access Panel, has been meeting regularly and a second draft of the new hospital's proposed design is being worked on by the Design Team appointed by NHS Highland.

Georgia Haire, Assistant General Manager (Sutherland), Ross MacKenzie, North Highland CHP Head of Finance and Iain Wylie, architect for the project met on Monday of this week with the Central Sutherland Community Council representatives to show them the draft designs and to outline the progress made.

Ms Haire said: "We had a useful meeting on Monday with the Community Council to explain where we are. We want to keep the community up to date on everything that happens and see these meetings as a valuable way of doing that.

We are now in the process of preparing detailed plans and costs to allow us to submit the Full Business Case to the Scottish Government in 2009."

NHS Highland is planning a public event in mid September in Bonar Bridge to show people the proposed design of the new hospital.

Recruitment Scam

Staff are reminded when dealing with recruiting managers could you please advise them of scams involving companies attempting to confirm details of adverts NHS Highland has placed with them. In fact we have not placed these adverts at all, these companies are picking up our adverts and contact details from legitimate adverts we have placed.

Managers should be advised that any queries received regarding adverts from advertising companies are directed to Employment Services or Medical Staffing as appropriate. Recruiting managers should not be signing off adverts from agencies or invoices for adverts, as this all comes via Employment Services or Medical Staffing for checking.

There have again been recent targets, where companies contact the informal contacts named on adverts in an attempt for them to agree to placing an advert with their company. If this is agreed by the manager the company then faxes in a copy of the advert with an invoice which could potentially be signed off as the real thing.

While this practice is largely aimed at medical posts the latest scams have involved a company called Nursing Today. Therefore, please ensure contacts or documentation of this sort is referred on to Employment Services.

From the editor ...

Welcome to the August issue of Team Update, NHS Highland's staff newsletter.

This issue includes an Agenda for Change and KSF Special, all your questions answered.

If you would like to write an article or submit information (letters or photographs) for future issues of the Team Update, please email the

Communications Team via the email address on the NHS Highland Website:
staff@haht.scot.nhs.uk or contact
Christina.macdonald@hnb.scot.nhs.uk

Remember, **your** news and views are important!

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Agenda for Change Special Issue

This month's Team Update focuses on updating staff about the implementation of both Agenda for Change and the Knowledge and Skills Framework within NHS Highland.

The Agenda for Change update takes the form of Frequently Asked Questions. These build on and update the FAQs already on the AfC page of the Intranet.

Agenda for Change FAQs

What effect has Agenda for Change had on salaries?

It's important to remember that Agenda for Change was brought in to ensure equal pay through the application of a common set of terms and conditions, including pay and grading, for nearly all NHS staff. It was not designed specifically to regrade jobs or to deal with existing recruitment and retention problems. However, in practice, around 90% of staff in NHS Highland have been assimilated to a pay band where the maximum point is higher than the Whitley grade, and less than 2% of staff are on protection. Increases for individuals vary widely, both at the point of assimilation and in the longer term, but overall the introduction of Agenda for Change has increased the pay bill for NHS Highland by 7.7%, including additional National Insurance and superannuation costs; this figure rises to 8.6% when the additional costs associated with the AfC annual leave entitlement are included. All the above figures are approximate because assimilation is not yet quite complete.

Why have all staff not been assimilated on to AfC Pay Bands?

Almost all staff outwith Argyll & Bute CHP have now been assimilated. Those remaining are mainly staff where we are still awaiting a job description or where we have no data or incomplete data to tie them to a particular job. The situation within Argyll & Bute CHP is different in that the numbers still to be assimilated are higher. This is due to a number of factors, many of which relate to the period before staff in Argyll & Bute CHP transferred to NHS Highland. We have put additional resources in place to close this gap and ensure that Argyll & Bute staff are assimilated as quickly as possible.

Why are jobs in NHS Highland sometimes banded differently from jobs in other NHS organisations? Surely pay rates should be consistent across the UK?

If the Job Evaluation (JE) scheme is applied robustly and consistently by each NHS organisation, then the pay bands for comparable jobs will indeed be the same across Scotland and indeed the UK. The responsibility for implementation of Agenda for Change lies at individual Board level, and our first task was therefore to ensure we applied the JE scheme consistently within NHS Highland – that is, across professions as well as within them. All our original matched outcomes were monitored at Scottish level by the Job Evaluation Monitoring Group (JEMG) which fed back advice on those jobs it looked at – but that could be as few as 5 -10% of the jobs submitted in any one batch. It was never intended that all jobs would be looked at outwith Boards – neither the timescales nor the resources available ever permitted this –and the remit of JEMG was always to advise and inform on the use of the JE Scheme rather than to dictate outcomes to Boards.

Inevitably in any exercise of this scale there will be small numbers of inconsistencies within Boards and between Boards, but these do not invalidate the exercise. While it can be frustrating to see that an apparently similar job is graded higher in a neighbouring Board, close examination often shows that that job is significantly different in terms of job content and/or reporting arrangements. In the small number of jobs where that is not the case, NHS Highland cannot apply a different Band if it is not justified through the job evaluation scheme; to do so will create internal inconsistencies which undermine the Board's commitment to equal pay.

At Scottish level, JEMG2 is now analysing outcomes by Pay Band within occupational and professional groups. Boards where the distribution of Pay Bands for a staff group is significantly different from the norm are contacted by JEMG2 and asked to either justify the difference or remedy it, either via the review process or by some other means. This is a rolling programme and not all staff groups have been covered to date. It should be emphasised that NHS Highland has only received a small number of such requests (12 to date, including 2 specific to the former NHS Argyll & Clyde) and that most of the variances can be explained by the remote and rural setting of the jobs concerned. In

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those cases where this does not explain the variance, we are as likely to find ourselves above the norm as below it. It is important to emphasise that no evidence has been produced so far to indicate that NHS Highland has misapplied the Job Evaluation scheme for any group of staff.

Why is the Review process taking so long? When will it be finished?

All staff who submitted reviews prior to February 2008 have already received a letter explaining why there have been delays in the review process. There have been more review requests than we expected – although a comparable level to those submitted in other Boards – and we are constantly trying to increase our matching resources to deal with this. The biggest single delaying factor, however, has been the need to complete the initial matching and assimilation exercise across NHS Highland, including Argyll & Bute CHP.

At this stage, we don't know when the exercise will be complete because we don't know how many review requests are still outstanding. We anticipate that further requests will be submitted as remaining staff are assimilated and as staff who have left the organisation receive matched job reports. Rather than set an overall timetable for completion at this stage, then, we are more likely to set ourselves monthly targets for reviews and to set an overall target once we know the scale of the task. As we switch resources away from matching and on to reviews, the numbers processed every month should rise. But be aware that some reviews are very complex indeed, with up to 30 pages submitted in support, with detailed evidence which needs to be carefully checked, and in these circumstances panels can only get through a small number in a session.

Wherever possible, we are reviewing related jobs together to ensure consistency of approach and outcome, so inevitably the outcomes will not come back to you in the order they were submitted. We are still prioritising reviews for staff on protection, so again this will delay dealing with reviews for staff who submitted earlier but are not themselves on protection.

How does the Review process actually work in practice?

All review panels are constituted in partnership, thus ensuring there will always be at least one staff side

nominee on each panel. The job of the review panel is to examine the original matched job report in the light of the evidence submitted and to consider whether that evidence supports the use of a different National Profile and/or different levels for one or more of the 16 factors. If the person requesting the review has identified a National Profile that he/she feels is more appropriate, the panel will start by looking at that, but they will also look at alternative possible Profiles until they are satisfied they have identified the one that seems to most closely reflect the job under review. Only then will they look at the factor levels to determine whether these have been inappropriately scored. Where the person requesting the review has not identified a possible Profile, of course, the panel look at all available Profiles which would reflect the evidence put forward. For example, if you have asked for the Knowledge, Training and Experience factor to be changed from level 3 to level 4, the panel will look at all potential Profiles with KTE at level 4 to try to identify the one which seems most suitable.

The review panel will as a matter of course look at all the factors you have identified as being wrongly scored, but the panel also needs to ensure that other relevant factors are considered too. This normally works to the advantage of the person seeking the review, because often he/she has not identified factors where levels are likely to change as the result of other factor levels changing. So if the Freedom to Act factor is revised upwards, that is likely to have an impact on other factors, particularly Analytical and Judgemental Skills and Planning and Organising Skills. The object in every case is to ensure the outcome of the review is robust – and that may mean checking all factors, not simply the ones identified. This is also the process if the panel feel that the evidence for individual factors is compelling but the resultant Profile less so.

It needs to be emphasised that the matching and review processes are built round the National Profiles and that selecting the appropriate Profile is the key to robust and consistent use of the Job Evaluation Scheme. In many cases, review requests focus on individual factors rather than the choice of Profile, and staff have sought to provide evidence to score sufficient additional points to bring the job into the next pay band rather than to justify the use of the National Profile for that band. Successful reviews based purely on

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points score have been identified by the Scottish Lead for Job Evaluation as posing a high risk to ensuring equal pay across NHS Highland, and in these cases it is essential that review panels satisfy themselves that the higher score is justified by the National Profile as well as the points score.

Once the panel has finished its work, the outcome is passed to the Quality Control Group (QCG), which looks at the outcome in the light both of the application of the job evaluation scheme and in the light of outcomes for comparable jobs within NHS Highland. Where comparable jobs are awaiting review, the QCG may well decide to defer consideration until all have been reviewed. In most cases, the QCG supports the view of the review panel and the staff who sought that review are duly advised of the outcome; the manager is also advised if the pay band changes. Occasionally, the QCG does not agree with the view of the review panel – perhaps because the evidence is weak or because the job has been scored differently from similar ones - and the job is returned with comments to a further review panel for a final outcome.

The above is a very brief description of a highly complex process with a huge amount of paperwork involved. NHS Highland is satisfied that the right checks and balances are in place to ensure that review requests are dealt with fairly and consistently, and that the outcomes will continue to ensure equal pay across NHS Highland.

I have recently received a letter telling me my Review request has been unsuccessful. How can I be sure you have actually looked at my Review evidence?

The outcome of your review request is a revised matched job report for the post in question. This gives the rationale for scoring each of the 16 factors at the level stated. If your review has been unsuccessful, with no factor levels changing, it is possible that the rationales are exactly as in the original. You will see from the preceding question that processes are in place to ensure all jobs are seen by a review panel and by the Quality Control Group, so it is not possible for a job to go through the process without being reviewed. However, panels have now been requested to “refresh” the evidence wherever possible for each factor in dispute, to demonstrate clearly that the factor was indeed looked at.

Why are review panels not taking qualifications into account when looking at review requests? My job description states the level of qualification my manager thinks is appropriate – why is this not being accepted?

This issue most commonly arises for those non-clinical jobs where there is either no recognised qualification or where possession of that qualification is not necessary. It also occasionally arises for clinical support roles.

As explained above, the review panel's job is to match the job description as a whole against the appropriate National Profile before attempting to score each of the 16 factors.

One of the factors – and a key one, because it carries the highest points tally – is Knowledge, Training and Experience, and the panel in this case is looking at the knowledge required to do the job, not the qualifications the manager may seek or indeed the qualifications the jobholder may have.

Where a job description includes a qualification that appears at odds with the knowledge required for the job, the review panel will ask “what evidence is there that this qualification is genuinely required?” and will only score at the level of the qualification if it is justified by the remainder of the job description. This was the approach taken by NHS Highland in the initial assimilation exercise and has been confirmed as correct by the Scottish Lead for Job Evaluation.

Why have managers not been more involved in Agenda for Change Reviews?

The Job Evaluation Handbook is clear that it is the jobholder's decision whether to submit a review request, and of course in some cases the jobholder may feel that he or she would not have the support of the manager in submitting that request. Accordingly, there is no requirement for the jobholder to seek the manager's agreement before submitting the review request, or indeed to advise the manager that the request has been submitted. In most cases, the manager has been involved and may even have helped the jobholder draft the review request – but the review has to be regarded as being in the name of the jobholder, and therefore it is inappropriate for the Agenda for Change Team to give the manager the kind of

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formal role in the review process that was normal under Whitley.

Managers do have roles to play, however. There is an optional exploratory stage in the review process, which takes the form of a discussion between the employee or group of employees and their operational manager, involving personnel staff and trade union representatives if requested by either party. The purpose of this discussion is to:

- clarify the matching or evaluation outcome
- ensure a shared understanding of how the matching and evaluation process works
- identify in the light of the above whether or not a reasonable case may exist
- provide guidance on the steps the employee or group of employees has to take

Even where the employee decides to forego this stage, the manager may be involved when the job is going through the formal review stage, for example where the review panel requires confirmation or clarification of the evidence submitted by the jobholder if it appears inconsistent with the original job description.

For reasons outlined above, it is not appropriate to routinely advise managers on the outcomes of review requests. If the review request is successful, however, the manager will be advised of the new Band outcome for that job as this is essential management information for eg future recruitment.

How are you prioritising the different activities?

The Highland Partnership Forum agreed in June 2008 that Agenda for Change activities should be divided into three priority levels, with the clear understanding that these will be revisited regularly as the situation changes.

Priority 1 activities are:

- completing matching and assimilation for all current staff, including bank staff, across NHS Highland (ie including Argyll & Bute CHP)
- ensuring assimilated current staff receive arrears of pay where these are due
- ensuring new jobs are matched to allow recruitment

Priority 2 activities are:

- ensuring staff who have left NHS Highland receive arrears where these are due

- ensuring all review requests are processed and staff advised of the outcome

Priority 3 activities are:

- re-assimilating staff linked to successful review requests and re-calculating their arrears
- confirming the placing on pay bands of staff who have moved from other NHS organisations
- amending pension details for retirees following assimilation or re-assimilation
- ensuring "significantly changed" jobs are matched, outcomes provided to managers and staff re-assimilated if band outcome different

At present, resources allow us to progress all priority 1 and 2 activities; as these tail off or more resources become available, we will be able to deal with priority 3 activities. It is accepted that not progressing priority 3 activities is frustrating to current and former staff and managers, but experience has shown that trying to make progress on all fronts at the same time is not possible, as some activities are dependent on others being complete. For example, re-assimilating staff following a successful review outcome is not possible if some staff linked to that job have not been assimilated for the first time.

How will you keep staff informed of progress with Agenda for Change?

We will continue to update you monthly in Team Update. We are also updating the AfC page on the Intranet to ensure that all relevant information is readily available.

Breast Feeding Awareness - Oban

National Breast Feeding Week in May was promoted in Oban by Health visitor Andrea Lines, Midwife Liz Crawford and Health Care Assistant Julie McQueen.



Current breast feeding information, balloons and shopping bags were distributed and our thanks to all the Co op customers who took part in a questionnaire on breast feeding.

We would like to extend our thanks to the Co op Manager and staff for providing space at the store for the promotion.

KSF Special Issue

This article will –

- Refresh your knowledge of KSF;
- Update you on current progress;
- Advise you about next steps; and
- Inform you on how KSF can be used to benefit you and the organisation.

What is the NHS KSF?

The NHS Knowledge and Skills Framework (KSF) and Personal Development Planning and Review Process (PDP&R) defines and describes the knowledge and skills which NHS Highland employees need to apply in their work to deliver quality services. It provides a single, consistent, comprehensive framework on which to base review and development for all staff.

The KSF and its associated PDP&R process lie at the heart of career and pay progression strand of Agenda for Change, and is designed to apply across the whole of the NHS for all staff groups who come under the Agenda for Change agreement.

What this means for you is that you will have an Outline for your post which details the actual requirements of your job in terms of the knowledge and skills that you need to apply. This is the **first stage** of KSF.

KSF Outlines must reflect the requirements of the job – not the abilities or preferences of the person who is employed in that job. They must be developed in partnership by people who understand what is required of that job.

Every KSF Outline will identify an appropriate level from each of the six Core Dimensions. Further Dimensions (called 'Specific' Dimensions) will also be applied in order to develop a full KSF Outline for each post.

Everyone involved in the development of the KSF Post Outline should be realistic about what to include. The Outline will inform decisions about the learning and development needs of the post holder in their Personal Development Plan (PDP); and the individuals pay progression. The organisation is committed to supporting the PDP learning and development needs, which support you as the post holder in meeting the needs of your KSF Outline.

It is essential that any new employee is made aware of the KSF Outline for their post and the implications of this at appointment and as part of

their Induction.

The KSF Outline differs from a Job Description. Whereas a Job Description identifies the range of tasks that need to be achieved, a KSF Outline defines the knowledge and skills that require to be applied in order to achieve those tasks.

Where are we?

In NHS Highland we have approx. **7,900 staff** needing KSF Outlines (exc. Bank staff). As of mid-July 08, **73%** of staff in NHS Highland had an Outline submitted. It is hoped to complete this stage by **Sept. 08**.

Completion of this stage is essential if staff are to progress to a planned, agreed way forward for their development. Outlines, in the main, are organised at your line manager level. You should have/can expect the KSF Outline to be done in partnership between your line manager and you. This will ensure everyone understands what competences are appropriate to their post and why.

Personal Development Planning

Just as you can be assured of being involved in agreeing your KSF Outline, it is essential that you are involved equally in determining where you are in relation to meeting the needs of the post; and consequently what training and/or development you require. This is the **second stage**, or Personal Development Planning and Review (PDP&R). To ensure your development matches the changes to meet your own personal needs, career aspirations or changes to service need, this PDP&R needs to occur at least every year. This partnership approach takes the terms of you as the member of staff ('reviewee') and your line manager or person appointed by them with appropriate skills and authority ("reviewer").

The PDP&R will look at the way in which an individual is developing in relation to the;

1. Duties and responsibilities of their post;
2. Application of the knowledge and skills as detailed in their KSF post outline; and
3. Subsequent learning and development requirements of the individual.

It is appreciated that KSF is still relatively new in relation to being implemented. This may cause you a small amount of fear and confusion. The KSF Team understands this and is available for contacting re any queries. Specifically we also work with teams/wards/depts in doing training sessions – indeed many of you have already had sessions with our facilitators. A timetable of sessions is currently being developed and dates

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can be viewed at -<http://intranet.nhsh.scot.nhs.uk/Training/LearningAndDevelopment/KnowledgeSkillsFrameworkNHSKSF/Pages/Default.aspx>.

Don't worry about your level of understanding at present. Sessions can be as comprehensive as required, covering –

- the creation of KSF post outlines,
- PDP&R documentation (Information Pack, Preparation Document and the Development Review Mandatory Paperwork),
- the Joint Review Process,
- Portfolio Compilation, Evidence, and
- KSF Gateways.

If you would like more information regarding PDP&R training or would like to arrange some training you or your team/department please contact Paul Simmons, 01463 706885 or Paul.Simmons@hpct.scot.nhs.uk

e- KSF

There has been software purchased by the NHS to further the support of KSF implementation. It will assist you as your career develops throughout the time you remain with the NHS. This is called the electronic Knowledge and Skills Framework (**e-KSF**).

e-KSF is an online software tool that supports all elements of your development process. This stores your KSF Post Outline and Personal Development Plan (PDP). It also provides a structured approach to conducting and recording of your Personal Development Review (PDR). You will use e-KSF in conjunction with your line manager or designated reviewer to carry out annual PDRs – providing a permanent record that can be accessed anywhere via the internet, **yet personal and confidential to you!** This could mean that wherever you work in the NHS in the UK, it will be possible to electronically have a record of your development, skills and experience to pull up on computer. It moves with you and is kept live and up to date as a matter of routine good working practice with your line managers. Understanding of the software and training are key to making this fully functional across NHS Highland. Access and infrastructure are likewise important to ensure it can be used by all staff. These matters are all being addressed currently to ensure you are supported in this area as and when you complete the first two stages above.

If you or your team would like to start using e-KSF please contact Iain MacDiarmid to set up your accounts and then arrange training with one of our trainers:

e-KSF Account: iain.macdiarmid@hpct.scot.nhs.uk 01463 706721

e-KSF Training: pamela.fraser@nhs.net 01463 257500 (Highland area); dtempleton@nhs.net 01546 604978 (Argyll & Bute area)

e-KSF Information: www.e-ksfnow.org

e-KSF has been designed to help you with your personal development; so why not start now by logging in at www.e-ksf.org. Alternatively if you want to book yourself/team member on to a course for e-KSF please log on to the following link - [eKSF Training Details and Materials](#)

Workforce Planning

Developing you and your colleagues also helps the NHS deliver on its need to have the right people in the right place at the right time with the right skills. At a local level there may be a good understanding of what is needed in terms of support and development in your team. NHS Highland, however, covers a very large area and has many teams and departments; all of which have different needs. Collation of all of these needs and determining where to target efforts for maximum benefit has been very difficult in the past. With access to anonymised data from e-KSF this will be significantly easier to manage once we are all working with this software.

The requirements of most jobs in the NHS will have changed over the last 5 years. This would have been true of the years before too and is very likely for the future. This means that we have to adapt for these changes – and the best way to do this is for staff to fully meet the needs of today.

You will be aware that the NHS is an equal opportunities employer and with that has to comply with a great deal of legislation. This necessitates the development of local policies such as our Equality and Diversity policy. The anonymised e-KSF data will ensure that staff in the different operational areas are being managed consistently with regards KSF; i.e. by staff group, band, ethnicity or gender. Essentially it allows another level of support for you in ensuring you are being equally treated to that of your colleagues within the organisation.

Succession planning is another key aspect of service delivery where e-KSF can provide supporting information. Just as it is possible to determine areas of under provision, it is possible to

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identify activities that are outwith the band but within the staff grouping needs. It is such activities that allow staff to gain the skills for career progression – if well coordinated. This is essential if the organisation is to proactively develop staff today in readiness to take on more senior roles tomorrow.

Benefits of KSF / Summary

At first glance it all seems a bit daunting – producing an Outline, having regular review meetings in relation to your development, and capturing all this on e-KSF. It will take time but feedback from those that have done each stage is that the best learning is in the doing of it. This is when the different bits fit better and make more sense. In summary however the benefits can be seen as follows –

You

1. Clear understanding of what is expected of you in doing your job in relation to the skills and competences required.
2. Agreed levels of support to develop in areas where current level of competence is less than needed to fully meet the needs of the job.
3. Assurance that time and appropriate resources will be put in to supporting any development
4. Equal expectations from all staff within the same type of post
5. Equal opportunity to develop in relation to the needs of current post and as the service needs to change
6. Consistent process for you and your colleagues

as part of NHS Highland; regardless of grade, gender, race or religion

7. Consistent supporting documentation within Highland for all staff
8. Nationwide agreed and implemented software that allows career progress to be recorded and useful in developing you regardless of who your NHS employer may be in the future.
9. Ease of comparison of Outlines for similar posts; or areas to target development needs if considering career promotion or change

Organisation

1. Line Managers are clear what can be expected of staff members in carrying out the duties of the posts they are recruited to.
2. Consistency of process allows pre-planning and effective use of time and resource in carrying out the various activities
3. Identification of Line Managers not carrying out the full requirements of supporting their staff and addressing this shortfall very quickly
4. Identification of any areas not meeting the full equality requirements of NHS Highland
5. Earlier strategic planning measures to meet the future needs for services by reviewing staff numbers, age profile, skill mix and location along with other organisational information in combination with these.
6. Developing training and development opportunities based on good information distilled from e-KSF that meets the needs of services both today and in the future – and in the most cost effective ways.
7. A longer period in each band for staff, with more increments, providing a more stable workforce that moves less often.

Research and Development on the road

NHS Highland's R&D Development Department are trying to raise awareness of the innovative work that is being done in our area and the help they can provide to people with bright ideas. They're taking their message on the road in September.

NHS Highland's Office R&D Development Office and Scottish Health Innovations, a publicly owned company which helps take ideas to market, will stop at Raigmore Hospital on the 8th, Caithness General Hospital on the 9th, County Hospital Invergordon on the 10th, Invermoriston Village Hall on the 11th and Argyll and Bute Hospital on the 12th. Call Frances Hines or Sheena Anthony on 01463 667308 for more information.

Still time to take part in R&D Survey

NHS Highland's Research and Development Office and the Nurses, Midwives and Allied Health Professionals R&D Group are running a survey to find out about the work that is being done in Highland and what they can do to help. This can be accessed easily through a web based site which can be found at: http://www.surveymonkey.com/s.aspx?sm=Ho8R8oXH5G7_2fdVw9hAvvsw_3d_3d or if somebody wants to use a Word document they can use the following address: <http://intranet.nhsh.scot.nhs.uk/Organisation/ClinGovRiskMgt/Research/Pages/Default.aspx>

If there are any problems please contact Frances on 01463 667317 or frances.hines@haht.scot.nhs.uk

Inverness patient benefits from telehealth first

The Foresterhill-based Scottish Centre for Telehealth has started the first service redesign study in Scotland to provide long distance, real-time specialist support to patients and carers in their own homes dealing with a long-term neurological conditions.

The first patient to try the system lives in Inverness and he is one of 45 patients, across the whole of the north of Scotland, under the care of one Motor Neurone Disease (MND) specialist, Dianne Fraser, based in Aberdeen. A consultation visit to Inverness involves more than five hours on the road and some of Dianne's patients live a road journey, plus one and even two air or ferry journeys away.

After SCT researched the study they arranged for a small (half the size of a laptop) videoconferencing (VC) unit to be installed in the patient's home, Dianne was able to speak to him and his partner from the comfort of their bedroom. His respiratory nurse, Wendy Douglas, who visited him later that day said his face lit up when he spoke about talking to Dianne and he said he had got a lot out of it.

So instead of spending the whole day travelling to and from Inverness, Dianne was able to provide a clinical intervention to this patient, as well as having the rest of the day helping other patients and health care professionals.

With the support of a technician, a laptop-sized VC unit was connected to the patient's broadband system. He and his carer were given simple instructions on how to operate it and with the press of two buttons, he was in direct contact with Dianne.

Dianne used the VC equipment at Forresterhill for this first long distance consultation: "I was surprised how easy it was. The technician showed me how to switch on the equipment and work the remote control. He then dialled the number for me and my patient popped up on the screen. The technician was there in case I had a problem, but we made sure it was a confidential consultation." Dianne was surprised by how intimate the session was and that it helped that she and the patient already knew each other quite well.

Cathy Dorrian, Service Development Manager for Telehealth and Dianne are discussing how to expand this service to more of her patients. It would provide a regular source of expert support

to patients with MND, who can often feel isolated. In the 10 years Dianne has worked as Clinical Specialist for MND her caseload has doubled, with no additional resources. This has meant less home visiting to patients. Telehealth has the potential to offer patients more regular contact, support and advice on every aspect of MND. Dianne said: "The patient could invite their GP, family member or carers to be part of the conference, which would help improve communication and to share good practice."

Often people with MND find mobility an increasing challenge, having a VC Unit in the home would mean an MND multi-disciplinary clinic, for example, could still be carried out.

Cathy Dorrian researched and set up the new service model along with Miss Lynn Robinson VC Advisor from Raigmore, David Seivewright AV Technician in Aberdeen and Barry Herd VC Manager VC Manager in Aberdeen, and says the opportunity came about in a very unexpected way:

"The mother of Tracy McMillan, our Administrator at SCT, swims and trains with Dianne. They got talking poolside whilst competing in The Scottish Masters Swimming Championships and on discovering Tracy worked with SCT and hearing what we did, Dianne asked if we could help her work.

"I contacted the VC technician in Aberdeen and Inverness on ways of delivering the service. They both suggested different ways of using technology to facilitate the session with Dianne. We found that using the small videoconferencing unit worked best and that is what we installed in the patients home.

This first step in providing specialist care at home, without involving clinicians or patients in lengthy journeys, has great potential.

Cathy Dorrian: "A cornerstone of SCT is enabling services to be delivered to remote places and we hope to extend this service to more MND patients' homes and provide a much needed service to patients and carers. Lessons learned from this work will inform new service developments for long-term conditions. The benefits are clear for specialists, making the most of their clinical rather than driving skills, and for patients and carers, it offers/provides continuity of care and the reassurance they need when they are feeling very isolated.

www.sct.scot.nhs.uk

Black Isle Show



Above: The art of resuscitation

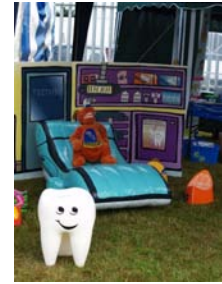
People attending the Black Isle Show were invited to mark the 60th anniversary of the NHS with a visit to the NHS Highland stand. Star attractions were demonstrations by the resuscitation

team (pictured) and 5 minute health promotion MOTs.

Despite competition from the "Chocolate Heaven"

stand opposite the team were visited by many people keen to have an MOT or just pick up leaflets giving advice on healthy eating and exercise.

Also at the show were the NHS Highland Oral Health Promotion Team with a separate stand to get out the message about Childsmile the national programme to reduce tooth decay in children.



Above: Childsmile

Communities in Wick and Inverness will be the first in Highland to receive Childsmile services later this year. Watch this space for more information.

Use of USB Memory Sticks

The use of USB Memory Sticks is strictly controlled.

NO USB Memory Sticks must be used unless it is purchased via the e-Health Department.

All USB Memory Sticks supplied by NHS Highland are encrypted before issue to users and therefore if the device is inadvertently lost then the data stored in the encrypted area is inaccessible.

Patient/Staff Identifiable Data or any other Confidential Data must not be stored on any Mobile Device or Removable Media that is unencrypted. If the Removable Media is not capable of being encrypted then the file should be

encrypted before saving.

You are reminded that in accordance with NHS Highland Mobile Devices Policy which states:

"Only PDA's and other peripheral devices such as USB Fobs (memory sticks), Bluetooth devices etc, that are owned and provided by NHS Highland may be connected to NHS Highland owned pc's and laptops.

No PDA, or other peripheral devices such as USB Fobs (memory sticks), Bluetooth devices etc, that is personally owned may be connected to NHS equipment, nor will the eHealth Department provide support for non-NHS owned equipment."

Should you have any queries please contact the e-Health Help Desk on 01463 704999.

Ties and White Coats - To Wear or Not To Wear?



The ENT department in Raigmore Hospital (pictured left) recently carried out a pilot study looking at patients' attitudes to doctors' appearance in the outpatient clinic. This was in response to the Department of Health Working Group review on Uniforms and Workwear which suggests that due to infection risks healthcare professionals should wear short-sleeved shirts and avoid wearing white coats. This also states that it is poor practice to wear neck-ties or hand/wrist jewellery in any care activity involving patient contact. At present there is a wide range of practice within our department and throughout the hospital. There was some concern that 'dressing down' may cause an erosion of professionalism and have an impact

on trust and the doctor-patient relationship.

However, the results of the questionnaire based study showed that the majority of our patients thought that ties and white coats should not be worn by doctors (76%, 63% respectively) and they preferred the more informal, relaxed atmosphere created, as long as the doctor still appears professional. The pilot study suggests that changes to the traditional, expected appearance of a doctor is not unpopular with our patients. With hospital-acquired infections being an important and topical issue, losing our white-coats and ties may be the future.

Review of Nursing in the Community



Progress

- Work continues in Lead pilot sites on Local Implementation plans and the actions with lots of good work going on so well done everyone for all your enthusiasm and hard work.
- Following the Pan Highland Team Leader Action Learning set on 27 June with the focus on caseload profiling, a meeting of volunteers and the clinical effectiveness team was held in July to progress this work.
- There was a RONC Community Health Needs Profile meeting on 18th July with various actions agreed to progress this in the pilot sites.
- There was a pilot site TL VC link up at the end of July that TLs found helpful with discussion and sharing of where people were at and how they were doing things
- The HR subgroup met on 6 August and dates to pilot sites for visits by Staffside and HR are being agreed
- A 1 year on report is being developed by the Scottish Government. TLs in the pilot sites, Lead Nurses and the Project Manager have had an opportunity to feed in key lessons learnt and key achievements over the last year.

Q&As

A revised version has now been sent to the Steering group, with work on some sections being done by the Subgroups of HR and Education & Training. The aim is for this to be ready by the end of August.

KSF outlines for the new service model

The full outlines (KSF exemplar templates) developed by the group in Argyll & Bute for Advance Practitioner/Team Leader, Staff Nurse and Health Care Support Worker have been circulated. They also went to the July Programme Board who expressed their thanks for the hard work on these.

Education

Costings of education and training have been developed and submitted to the Scottish Government.

Evaluation

- A Questionnaire has been sent to community nursing staff by the research team as part of the baseline. Please do fill this in and encourage your colleagues to do so. It gives staff the opportunity to input their knowledge and views into the baseline evaluation. There will be

reminder questionnaires sent.

- The Evaluation subgroup is developing the tender for the evaluation of the new service model. Timelines are still being discussed at the Programme Board

Patient Information Leaflet

The leaflet is being localised for Highland and will be available very soon.

Events

- The 4th meeting of the Education & Training Sub group is on Monday 18th August, 1pm
- The next date for the Pan Highland Team Leader Action Learning set will be confirmed as soon as possible via email
- The next VC link up of Team Leaders in the pilot sites is being set up for September – date to be confirmed via email

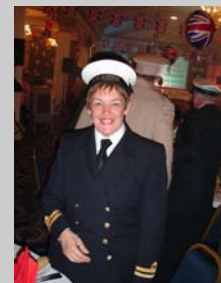
Thank you for everyone's continued support and work on this project

Please contact me if you have any comments or suggestions on what you would like to see in the Team Update or on the website, if you have any queries or would just like to chat about the project.

Fiona Sharples, Implementation of the Review of Nursing in the Community Project Manager
Mobile: 07824 473 829, Email: fsharples@nhs.net
or via RONC@hnb.scot.nhs.co.uk

Back in time...

Lynn Garrett, Project Manager for Integrated Equipment based in Lochgilphead attended the yearly National Association of equipment providers Conference back in June.



As it was veterans week the Conference supported the British Limbless Ex service Mans Association (BLESMA) with people at the event asked to dress up in fancy dress of the 40's/wartime theme.

The whole hotel was themed 1940's and raffles and quizzes were held throughout the days to raise funds and the pre dinner address was given by a major from BLESMA.

Lynn is pictured above in her 1940's get up.

Introducing... Dan Jenkins

Name: Dan Jenkins
Role: Health Promotion Specialist,
(Healthy Weight)
Base: NHS Highland, Assynt House,
Inverness

Dan Jenkins has recently taken up post and faces the goal of implementing the NHS Highland Healthy Weight Strategy. He took a brisk walk with Communications Officer Jo Taylor and here's what she asked him:

What job did you do before?

I've had a few jobs but most recently I've been a Community Development worker for Yorkshire MESMAC (sexual health project for gay men in North England) and prior to that (with a couple of years travelling in between) I was working in health promotions in Glasgow.

Why are you here?

I'm here to put the Healthy Weight Strategy into place, which will mean supporting initiatives throughout the region that can make a difference to how people feel in terms of health and general wellbeing. I've visited the Highlands lots of times before through family connections, and when this job came up the breadth of the role really appealed to me, and I'm looking forward to being part of a team that can help make a difference.

Biggest challenge?

It's easy to say that we can all eat better and exercise more but, for many people, in reality it's not that simple. We've recognised that lifestyle, environment, family attitudes and our job can all affect the way that we live. We now have to support each individual and community to identify ways to make small changes and build on them. We have a lot of work to do to help people get motivated and keep that feeling – some people need a bit more support to achieve and maintain long and lasting results. We also need to keep an eye on the bigger picture ourselves. The whole obesity thing didn't happen overnight, and it's not going away fast either. There's a whole cultural and social shift that needs to happen.

What do you do to stay healthy and well?

I walk whenever I can. I get out into the fresh air as much as possible and we're really lucky that we have great air here so we should make the most of it. I play squash and generally try to eat well but



also in balance. To really get the benefits, we need to enjoy what we're doing and eating. There's no point in denying

yourself a wee treat if you feel really glum about the sacrifice. It's much better to be more active and eat in a balanced way than to deny yourself every bar of chocolate and feel unhappy. There are easy things you can do – dance when you're hoovering, play like a kid (or with kids if you have them around). Be creative and enjoy it!

Isn't it hard trying to feel great when you're in an office all day?

It can be, but there are simple things that people can do. They can do what we're doing now (have meetings while you're walking!), or just make sure that they take regular breaks away from their desk. We've got fruit downstairs so if you're suddenly hungry you don't have far to go. Also there's great Market Stall selling loads of lovely fresh, local produce at the Raigmore Hospital canteen on Thursday lunchtimes, so treat yourself. I've also just volunteered to be a workplace walk leader so once I'm fully trained I'll be organising mini walks for everyone to join in

Are you a secret lunchbox inspector and should we feel nervous about being caught with something forbidden?

Nothing is really forbidden; it's about balance. I am very conscious if people get twitchy when they see me in the staff room over lunch but I don't have a nutritional or a clinical background and I'm not going to embarrass anyone about what they eat. It's a huge part of my job to discuss health and wellbeing but I can talk about lots of other interesting things too!

Where can we find you?

I'm based in the Public Health Department at Assynt House in Inverness (middle floor). I'm always happy to chat to people about new ideas or ongoing projects so you can call me on 01463 704 855 or email dan.jenkins@hnb.scot.nhs.uk

Raigmore Students Raise Cash for Cancer Care

A group of Polish domestic assistants has helped top up the funds of Macmillan Cancer Care after a sponsored 'Speak English Day' at Raigmore Hospital in Inverness.

The domestic assistants have been learning English in ESOL lessons (English for Speakers of Other Languages) at Raigmore Hospital, and thought that it would help them to further develop their skills by speaking English to each other.

Their teacher, Jane McAllister (Workers Educational Association) said: "Learning to speak English in a class situation is very different from having the confidence to speak it all the time in an every day environment so this was a really worthwhile part of the learning process."

Accepting the cheque for just over £100, local Macmillan Fundraising Manager Fiona Hawthorne said: "It's great to receive a boost to our resources. This will be credited to the Highland



Above: L-R Janina Ribicka, Teresa Galkowska, Jane McAllister, Fiona Hawthorne, Maria Lapinska and Beata Grochocka

appeal to help fund cancer services. It's lovely to see such a different and innovative idea being put into action by all members of our community."

Esther Dickinson, Policy Manager for NHS Highland said: "We fund the

courses for employees and it's fantastic to see them put in such effort and contribute to a local charity. These classes have become a valuable part of staff development. Their growing confidence in speaking English will benefit patients, services and staff."

Exercising Health Benefits

The push to raise awareness of the benefits of breastfeeding is on its way to the Great Wall of China.

Ross Mackay, who works at Lifescan, is taking part in a challenge to raise awareness about diabetes. Evidence suggests that the chances of developing diabetes are reduced if you were breastfed so our Infant Feeding Advisor Karen Mackay (no relation), has asked Ross to sport an NHS Highland breastfeeding awareness T-shirt during his Great Wall of China trek.

The walk will take place over six days with the Lifescan group (in conjunction with Juvenile Diabetes Research Foundation) covering 15 miles each day.

Ross said: "We'll be walking in 30 degree heat so no doubt there will be blisters and maybe even some tears. I'll be wearing my breastfeeding t-shirt and hope that plenty of people who see it will want to know more about it."

Karen added: "I'm so thrilled that Ross is going to do this. We spend a lot of time explaining the benefits of breastfeeding but it is still a taboo subject to some people. I read recently that a mum was asked to leave a McDonalds in England for breastfeeding her baby. She went back in with six of her friends and they all fed their babies in

Breastfeeding helps protect your baby against:

- ear infections
- diabetes
- gastro-intestinal infections
- chest infections
- urine infections
- childhood diabetes
- eczema
- obesity
- asthma

Breastfeeding helps protect mothers against:

- ovarian cancer
- breast cancer
- weak bones later in life

protest until the manager apologised."

"It's really obvious that there is a lot of work to do in educating people that breastfeeding is natural and socially acceptable. The health benefits are enormous so Ross adding his voice to the chant is a real boost."

If you have an awareness raising idea or can offer any support to our infant feeding advisors call Karen Mackay or Janet Kellock on 01463 704 842.

From a tiny seed big things can grow...

The Bruce Gardens day centre in Inverness, which provides services for adults with severe and enduring mental illness, has been revamped to make it a fun and attractive place for staff and patients.

Around 30 employees decided that instead of paying for an activity day they could tackle the day centre's garden, *Ground Force* style, and give a massive boost to staff and patient morale.

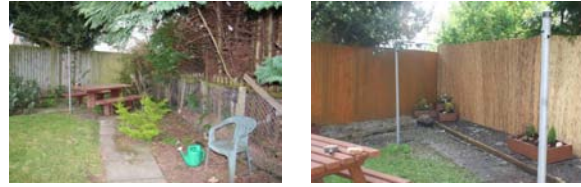
Community Psychiatric Nurse Kieran Moran said: "We decided that instead of opting for white water rafting or paint balling we could do something a lot more worthwhile. The grounds needed love and attention so we spoke to local councillors Pauline Munro and Alec Graham who gave us some



Above: A work in progress

funding to buy plants, garden furniture, planters, stone chips and anything else we thought would help us to improve what we have to offer.

"It's made a massive difference and it's



Above: Before and After

now a place that people value and choose to be. There are already more opportunities at the centre in the form of tai chi, creative groups, and benefits advice. People can see that it's being well looked after and because it's far more welcoming it's being well-used.

"The adults who come here are thrilled to see it's had a makeover. It gives them some reassurance that it is a facility that we're serious about maintaining and improving."

"In terms of team-building it was a brilliant thing to do because everyone mucked in and even if you didn't have any gardening skills you had something to offer and that's what counts."

The South East Highland Community Health Partnership helped secure funding to improve the inside of the Bruce Gardens Day Centre.

Union Learning - Events

There will be a meeting of NHS Highland's Union Learning Steering Group on August 20th in the Anteroom, John Dewar Building, at 13.00hrs. If there are any points you would like discussed in relation to Union Learning or NHS Highland's Learning Partnership Agreement, please contact a Steering Group member.

If you are interested in becoming a Union Learning Rep (ULR), please contact your local Union / Staff Organisation Representative or a Steering Group Member.

Steering Group Members; Shona Grant (RCN), shona.grant2@nhs.net; Muriel McNab (RCN), muriel.mcnab@haht.scot.nhs.uk; Janette McQuiston (Unison), highunison@btinternet.com; Karen Doonan (Unison), Karen.doonan@hpct.scot.nhs.uk; John Evans (UNITE), john.evans@haht.scot.nhs.uk; Michelle Williams (L&D Team, NHS Highland), Michelle.Williams@hpct.scot.nhs.uk.

NHS Highland Union Learning Representatives

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Pat Morton, Theatres, Raigmore

UNITE

John Evans, L&D Team, John Dewar, john.evans@haht.scot.nhs.uk

Highland Youth Voices

Highland Youth Voice, the elected youth parliament for the Highlands, which gives young people a chance to meet directly with decision makers who are delivering services to young people, came together in June for a weekend conference at Sabhal Mor Ostaig on Skye. The conference programme had been designed in response to requests from Youth Voice members to be more aware of health issues for themselves, their friends and young people in general.

Gillian Slider, the Highland Youth Convener and Gillian McCreath, a 'Health' Children's Champion in Highland welcomed Highland Youth Voice members and introduced the health theme for the event. Over the weekend, the young people took part in a Panel Question Time (hosted by Iain Macdonald, BBC Highland) with such topics as mental health, wellbeing, skin conditions, sexual health, drugs and alcohol and much more. This was an opportunity for young people to talk about health issues in their lives and the lives of other young people. They had the opportunity to take part in Yoga, boxercise and dance workshops, a healthy cooking demonstration and tasting and a health fair.

There are clear issues that arose from this conference. Firstly, Highland Youth Voice



Above: Alice Green, Laura Matheson and Dylan Gray with the "beer goggles"

members do not believe that young people know enough about their health especially sexual health – understanding young people's rights and responsibilities. Personal and Social Education (PSE)

sessions in schools could be improved to educate about this. There were also serious concerns with confidentiality as many young people did not understand that doctors, nurses and receptionists are all bound by the same confidentiality laws and if anyone breaks these laws there would be serious consequences. Also many young people thought they had to tell the receptionist why they were at the doctor even though they do not.

Gillian Slider, The Highland Youth Convener said: "The young people of the Highlands see health as a top priority. I hope they will use their knowledge and experience to benefit their own health and safety but also the people around them, and that they will use what they have learnt when making decisions in the future and will lead them to live a healthy lifestyle. The Highland Youth Manifesto shows real progress and will work towards a Highlands that we will be proud to call home"

Raigmore Doctor Signs up for Heartbeat Challenge



Above: Dr Stephen Cross in training

"Many of the organisers of this event have benefited from the expertise of the Cardiology Department at Raigmore and would like to give something back," as said by John Considine, Rector of Inverness Royal Academy, speaking last year about the Heartbeat Challenge, of which he was a participant, an annual charity

event held to raise funds for Cardiology at Raigmore.

The Heartbeat Challenge, a run/walk for 12 miles from Nairnshire to Moy Estate, with a 10 mile return cycle along the old A9, started as an idea from three friends who have all had heart problems and credit the fact that they are still here, enjoying an active life to the Cardiology Dept at Raigmore Hospital.

This year the event is being held on the 6th September and Dr Stephen Cross, Consultant

Cardiologist for NHS Highland, has been persuaded to take part. He said: "I was involved on the organisational side of the event last year and attended as a helper. I was overwhelmed by the number of people putting themselves out to raise funds for our department. I decided that this year it would be much more appropriate if I took part rather than sit on the sidelines. I'm looking forward to doing my bit and I also have an added bonus in that preparing for the event is getting me fitter and I'm losing weight."

It is hoped that the combined fundraising of this years and last years event will amount to £25,000 which will be used to buy a Tran Oesophageal Probe (TOE Probe) which allows you to take high quality ultrasound pictures of the heart.

Anyone interested in taking part in the Heartbeat Challenge can get further information at www.heartbeatchallenge.co.uk, entries need to be in by 30th August. There is also a 7.5 mile walk for those who are keen to help but can not make the whole challenge.

Protecting Patients & Staff

The Scottish Government Health Department (SGHD) issued new guidance on 'Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV' on 6 May 2008 to all NHS Employers in Scotland with the aim of better protecting patients and staff.

The guidance builds on existing screening procedures and now requires newly recruited Healthcare Workers i.e. those with regular direct contact with patients to be offered tests for HIV, Tuberculosis, Hepatitis B and C before taking up such work. Staff offered these tests are not required to undertake them.

New Healthcare Workers who will also carry out Exposure Prone Procedures (EPP) are required to be tested for HIV, Tuberculosis, Hepatitis B and

Hepatitis C. These tests will be mandatory.

The above also applies to existing NHS Highland staff who have not previously been employed as Healthcare Workers and/or transfer to a post where they will carry out EPP work.

All testing within NHS Highland will be overseen and managed by the NHS Highland Occupational Health Department.

The guidance will be implemented by NHS Highland on and from 1st October 2008.

Further information and guidance for affected staff and managers can be obtained from the Occupational health team on 01463 704499.

Dr Steven J Ryder
Clinical Director of Occupational Health
Occupational Health Department

I CAN Early Talk Programme

Children from 12 nurseries came together in Alness in June to join in the celebrations as Highland Early Years Centres were presented with certificates to mark their success in gaining accreditation in I CAN's Early Talk programme.

I CAN, the national children's communication charity, has worked in partnership with The Highland Council and NHS Highland to run a training and accreditation scheme for nurseries aimed at improving children's speech and language skills. Highland is leading the way in Scotland with Obsdale Nursery in Alness one of only two centres in the country to have been awarded as a Specialist Communication centre.

The Highland Council's Chairman of Education, Culture and Sport, Councillor Bill Fernie said: "Being able to speak, use language and communicate with others is one of the basic necessities for happiness and success. It affects our ability to learn, form relationships and make friends."

In 2002 the Highland Joint Committee for Children and Young People gave its approval to a bid from the Council and NHS Highland to open one of the first specialist Early Years Centres for children with communication difficulties in partnership with I CAN. Highland was one of two successful bids for Scotland and in 2003 I CAN, in Obsdale, Alness opened providing intensive speech, language and communication therapy. During the past four years 40 children have benefited from attending the

Centre and a further 14 children have received outreach support in their local nurseries.

Lesley Culling, I CAN's Head of Early Years, said: "We are absolutely delighted with all the supportive level nurseries and I CAN at Obsdale's achievement. This is testament to the commitment of the highly skilled staff teams, who are dedicated to achieving good results for children in the area. The service in Alness is excellent at supporting children with very severe speech, language and communication difficulties.

I CAN, the children's communication charity, has been very pleased to work collaboratively with Highland Council and NHS Highland for over five years. We are particularly delighted by the development of *Early Talk* in Highland where nurseries and nursery staff have committed to take on training and work towards standards that will give children the communication skills they need to achieve and make friends."

Ann Goodwin Kerr, Speech and Language Therapy Clinical Advisor with NHS Highland said: "Today's celebration recognises all the hard work of Early Years centre staff. Building on the successes in East Ross and Cromarty, the programme is currently being rolled out across Highland with Inverness and Nairn areas recently receiving initial training. The project is set to run for another 3 years by which time we are aiming to ensure that a high number of Early Years Centres have achieved accreditation and that there is a structured programme of continuing professional development that builds on our established and successful partnership with I CAN."

Stonewall Diversity Champions

We are pleased to announce that NHS Highland has become a Stonewall Diversity Champion. As a Champion, we need to demonstrate our commitment to improve NHS Highland for Lesbian, Gay and Bisexual (LGB) employees. We can now work with other Scottish Health Boards and other employers to share good practice on workplace sexual orientation issues.

If you can't choose to be 'out' at work, then you can't give 100% to the job and we want all employees to be able to fulfil their potential at work. There are approximately 300,000 gay people in Scotland, about 6% of the population, so NHS Highland is undoubtedly employing Lesbian Gay and Bisexual staff and treating LGB patients. LGB employees who are 'out' in supportive environments are shown to stay with their employer longer and are substantially more productive. Recent studies have shown that on average 64% of LGB staff are "out" to their employer, but this is does not appear to be the case in NHS Highland based on the most recent staff survey results and we want to become an employer of choice and support our talented LGB population.

Prejudice has human costs for staff, but also a bottom-line cost for us as an employer. Losing talented staff through harassment or discrimination

brings costs in recruiting, inducting and training new staff. Stress-related absenteeism is one cause of the £10.2 billion lost to UK employers each year through staff sickness. However, robust diversity policies and practices attract talented LGB jobseekers.

Being a Champion will benefit all staff, not just our LGB employees. Most people want to work for an organisation whose employees reflect the diverse society in which we live. In a recent survey by Stonewall Scotland 94% of Scots would be comfortable if they had a gay colleague. By ensuring we can attract and retain the best people for the job we will have a work force of individuals whose differences will positively enrich NHS Highland.

The Workforce Equality Index for 2009 has just been launched. This provides us with the opportunity to benchmark where we are compared to other Scottish employers. From this baseline position, we can measure our progress and hopefully start seeing improvements to our workplace over the coming year. If you are a Gay, Lesbian or Bisexual employee and would like to take part in the survey please log on to www.stonewall.org.uk/weistafffeedback quoting NHS Highland and code 363. The closing date is the 5th September 2008.

Dr Pushan Bharadwaj

Dr Pushan Bharadwaj MBBS DRM DNB FRCP (Edinburgh), Consultant in Nuclear Medicine in Raigmore Hospital, has recently become a Diplomate of the Certification Board in Nuclear Cardiology (CBNC) which is an autonomous assessment board in Nuclear Cardiology in USA. In the ten years since its founding, CBNC has certified over 5,500 individuals from more than 50 countries. Moreover, CBNC has received recognition within the U.S. and internationally from professional societies, credentialing organizations and insurance carriers. CBNC's Certification Program consists of two components: 1) Determination of eligibility, and 2) An examination. Both elements are equally essential and hence a formal recognition by the certification board is a comprehensive assessment of a candidate with regard to his/her past training and current practice and knowledge base in nuclear cardiology.



Commenting on his achievement he said, "it's just another formal recognition of my practice and competence from another country where the practice of nuclear cardiology is more established. So, in a way, it's satisfying. It also gives our department a formal recognition as a centre of excellence in nuclear

cardiology in Scotland. I would hope that our clients will also be delighted at this news and be assured of the standard of work they are likely to expect from us in the field of cardiovascular nuclear medicine at Raigmore Hospital."

The European Council of Nuclear Cardiology which is a joint body between the European Society of cardiology and European association of Nuclear Medicine, does formally recognise this achievement and certifies to that effect. This certification is valid for 10 years till 2017.

Inverness Dental Centre

August sees the opening of the new Inverness Dental Centre, within Phase II of the Centre for Health Sciences. Patients previously attending the High School and Hilton Dental Units will now be seen within this state-of-the-art dental facility. The Centre also has the capacity for a further 3,000 patients to be registered for routine NHS dental treatment.

In addition, the Dental Centre will provide training for student dentists and dental therapists. This brings, to the Highlands, additional opportunities for patient care that have traditionally only been

available in cities with Dental Schools. Patients are assessed by a tutor first and given an appointment if care from a final year dental student or a dental therapy student is suitable for them. Patients will be treated by a student working under the supervision of their Tutor. Treatment from a student is free of charge but it can take longer than an appointment with a fully qualified dentist.

A leaflet is available on the NHS Highland website which provides further information about how to make an appointment, where your treatment would take place and how your treatment might differ.

Migration to the new exchange platform

The start of the migration to the new exchange platform will be 27th Sept 08 and will take place over a weekend which the National NHSmail team are classing as close of business (8pm) on Friday through to start of business (6am) on Monday.

During the migration period users will be unable to access NHSmail. Any email sent to a user's account during the migration weekend will be queued and delivered in to the account following completion of the migration process. If you have critical business processes (i.e. patient appointment reminders) which take place over the weekend and reply on email/SMS/fax, you must put contingency plans in place so that these communications are made by other means during the downtime in the migration period.

Look out for the email from the National NHSmail team about folder sharing permissions you have in place and keep it safe. It is not possible to transfer to the new service, details of who's sharing a particular calendar or folder you'll need to reinstate permission when you're moved to the new service.

If you have any queries, please contact Sarah Holt, Project Officer. Tel: 01463 706323 Email: sarah.holt@nhs.net

Scottish Pharmacy Board

The Scottish Pharmacy Board elected a new Chair, Sandra Melville, and Vice Chair, Alistair Jack, when it met on Wednesday 9 July.

Sandra Melville, who takes over the helm from Dr Rose Marie Parr, has been a Board member since January 2007 and is a member of two of its working groups (Premises Working Group and Communications Working Group). She has over 20 years experience in the profession and is an active member of several professional bodies including the College of Pharmacy Practice, the British Oncology Pharmacy Association and NHS Highland Area Pharmaceutical Committee. Sandra is also Clinical Pharmacy Manager for Lorn and Islands District General Hospital.



Above: Sandra Melville, newly elected Chair.

Delighted to be elected Chair, Sandra thanked the Board members for their support. She said: "These are challenging times for the profession with the demerger of the Society but it's also a great opportunity and

one which we must seize.

The Board has a huge wealth of talent, with each member bringing a range of skills and experience. It is as a Board that we can best represent the views of our members and influence the future of the profession, making sure Scotland's voice is heard loud and clear."

Letters to NHS Highland



"I was admitted to Raigmore Hospital as an emergency while on holiday.

I just want to say what a great hospital you have; the staff are incredible (A&E, 6A and 6C), the nursing has been efficient, friendly and caring and the doctors I saw were great.

I just want to say thank you to everyone!"

A Patient from Hertfordshire

"I was on holiday in Oban and was rushed to A&E then admitted to one of the wards. Your hospital was very clean and we could not fault it. I wish to say thank you to the staff in A&E who were so caring and helpful and the staff on Ward B and in XRay who were so friendly."

A Patient from Lancashire

"I would like to give my heartfelt thanks to A&E, Theatres, Ward 4A and Switchboard for their care and treatment of my son following an accident. Both he and myself feel that without their care and attention he would not be recovering as well as he is now.

Again, thank you very much."

Patients Relative from Nairn

"Raigmore Hospital is to be congratulated for the cleanliness of its wards and the professionalism shown by the Consultants, Doctors, Nurses and ancillary staff.

I have had occasion to be a patient at the hospital several times over the past three years and found the level of service

and attention given to me to be

second to none. Too often one reads negative press comments about the NHS but as far as I am concerned it has been and is a pleasure to be treated under the Scottish Highland NHS in Inverness.

I have lived in many countries during my working life with good and not so good experiences of their hospitals and have found that the Scottish health service, in particular Inverness, to be as good as the best of them. Keep up the good work. The hospital and all its staff should be proud of what they are achieving for NHS Highland."

A Patient from Nairn

Enhanced Primary Healthcare Services in Scottish Prisons

In early 2007, Ministers established the Prison Healthcare Advisory Board (PHAB) to explore the feasibility of the transfer of enhanced primary healthcare services in Scottish prisons from the Scottish Prison Service (SPS) to NHSScotland. Comprised of senior staff from SPS and NHS Boards, NHS and SPS staff organisations and Scottish Government advisers, PHAB was given a remit by Ministers to advise them on the legislative, operational and the financial feasibility of the transfer, if the NHS took on responsibility for health service delivery. Work was completed in December 2007 and a report submitted.

The Outcome

The view was that the transfer of responsibility for primary healthcare services to NHS Boards is feasible however, legislative change will be required to enable NHS Boards to provide primary care services such as GP, pharmacy, nursing, optometry and dentistry. Any risks associated with the transfer of responsibility will be managed with careful preparatory work, good planning and the right project management arrangements.

National Programme Board

The Cabinet Secretaries for Health and Wellbeing and Justice have now considered the report and have decided that they would like to proceed with

the transfer of primary healthcare services to NHS Boards, and have accepted in principle the recommendations in the report. They recognise the need for close partnership working on this issue and have agreed to the establishment of a National Programme Board for Prisoners' Healthcare. It will comprise NHS and SPS senior staff, NHS and SPS staff organisations, Scottish Govt staff and representatives of service users.

What's next?

The early priorities will be to define the service models of care such as GP, pharmacy, nursing, optometry and dental services and from this, identify the detail of the underpinning legislative changes necessary.

The Board will also oversee preparatory work in the areas of finance (Funding), operations (staffing and other resources) and governance (organisational, staff, clinical, and other areas).

The current estimate is that this work and the necessary legislation will take approximately three years prior to any transfer of services. The Programme Board will be reviewed after the first year before proceeding further.

A further update on the progress of appointing members to the National Programme Board for Prisoners' Healthcare will be available within the next few weeks.

HDLs

You can find all recent HDLs in the SEHD Weekly bulletin at <http://www.sehd.scot.nhs.uk/publications/bulletin/bulletin2007list.htm>

These are also linked from the Intranet News section.

Smokefree NHS Highland Useful Helplines and Websites for Information and support on Smoking Cessation

- **Highland Smoking Cessation Service—lo-call 0845 757 3077**
- **Smokeline 0800 84 84 84**
- **Quit—0800 00 22 00**
- **Enquiries and advice - smokefree@hnb.scot.nhs.uk**
- **Givingupsmoking.org.uk**
- **Quitnet.com**

Occupational Health are now offering smoking cessation support to the staff of Raigmore Hospital. This can include one to one support for smoking cessation as well as advice in regard to products such as nicotine replacement therapy (patches, gum etc).

Appointments can be made within Monday to Friday 9-5pm. Please phone 01463 706147 (ext 6147 for internal) for an appointment.

eLibrary

www.elib.scot.nhs.uk

Have you registered yet?

Forthcoming Events:

NHS Highland Board Meetings 2008
September 2nd October 7th

NHS Highland Annual Review

Wednesday 27th August 2008
Public session to be held in the afternoon in the Lecture Theatre, Centre for Health Sciences

The Observer Effect


22-23 August, Moray Art Centre, Forres
An inter-cultural event to explore the use of the captured image in therapy, social work, health and educational settings.

For further information and details of cost please email: eyeforachange@yahoo.co.uk


Dual Diagnosis - Clinical Skills Conference

Leicester Race Course, Oadby, Leicester - 8th October 2008. Email: bueventsltd@aol.co.uk Tel: 07527 201 051 / 07964 698 163

Advertise your event here: Contact Erin Greig on 01463 705771 or email christina.macdonald@hnb.scot.nhs.uk



Feeling the Pressure?



...then come along to a Stress Awareness Course and get a new perspective!

The course offers a new way of looking at stress and will help you to take control of the stress in your life. It is also an opportunity to find out how NHS Highland is dealing with stress at work and to see how you can get involved

4th floor training rooms, Raigmore.
Sessions now available from August - December 2008
Book on-line via 'Train-e'
Call Stephen Hodges on ext 6883 for more details

Submissions by 8 September for the next Team Update please to Christina.macdonald@hnb.scot.nhs.uk