

**Patient safety rolls
out p2**

**New integration role for Jan
Baird p4**

**“Smoke Free” comes
to mental health p6**

Issue 1: January/February 2011

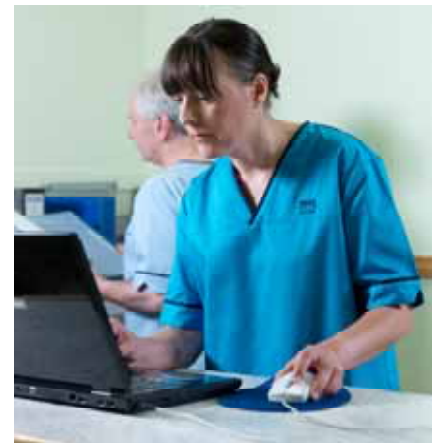
Staff survey results are out

Almost 2000 NHS Highland staff participated in the national staff survey carried out late last year.

Highlights from the survey show that 87% are happy to go the extra mile at work with 79% still intending to be working for the Board in 12 months time. 60% said the care of patients and service users is NHS Highland's top priority and 72% said they seek feedback from the people they provide services to so they can learn what they can do better.

76% of respondents also said they got the help and support they needed from colleagues - a key factor in reducing workplace stress. Director of Human Resources Anne Gent said: "It's heartening to see these high levels of dedication to quality patient care and to supporting each other." The survey was last conducted in 2008 and this time the results show a big increase in performance in a few areas including the number of staff with agreed personal development plans and those who felt their line manager communicated effectively with them (87% and 58%).

Of course the results also highlights areas for improvement. This includes questions around effective communication and involvement in changes which affect them as well as a slightly higher percentage of staff feeling they had experienced discrimination that in previous surveys. Employee Director Ray Stewart said: "These results are just in and we will need to look at the detail to see if we can find out what the most pressing problems are and what can be done to address them."



NHS Highland sets the bar for new infection control target

NHS Highland's position as a leader in infection control has been cemented with the setting of a new national target for staphylococcus aureus bacteraemia.

While the current target is based on a percentage reduction, which made it a particularly challenging target for a Board with already low levels of infection, the new target will be a rate. The Government has chosen the rates of the best performing Boards as the benchmark and that means all mainland Boards will be seeking to match our rate of infection. (*Cont. p. 3*)

Scottish Patient Safety Programme

All the elements of the Scottish Patient Safety Programme are to be spread to all clinical areas across the four acute hospital sites...



Following successful pilots within Raigmore, Caithness General, Belford and Lorn&Isles hospitals all the elements of the Scottish Patient Safety Programme (SPSP) are to be spread to all clinical areas across the four acute hospital sites during 2011. The high level aims of SPSP are to reduce mortality by 15% and reduce adverse events by 30% both by the end of next year.

Programme Manager Maryanne Gillies said: “Previously Ventilator Associated Pneumonia (VAP) was thought inevitable for some patients, but since the critical care team implemented the SPSP VAP bundle the gap between cases is now more than 365 days. This is a real achievement and demonstrates that when the team work together to examine processes and make system changes – patient care improves and the desired outcomes are achieved. “A ‘Bundle’ is collection of processes needed to effectively care for patients undergoing particular treatments with inherent risks. The idea is to bundle together several scientifically grounded elements essential to improving clinical outcomes and implement these elements reliably (95-100%) for every patient every time. A bundle should be relatively small and straightforward – a set of three to five practices or precautionary steps is ideal”

Board Medical Director Dr Ian Bashford said: “Change in attitude has been immensely important. When an ITU patient does develop pneumonia now it triggers an instant reaction in the staff to do root cause analysis and try to establish why it happened to that patient, that time. What was different? How do we prevent it happening again? I think all the staff involved in SPSP are to be congratulated for their efforts and I hope the enthusiasm spreads along with the programme.”

Scottish Patient Safety Programme includes approximately 30 different measures in five main areas; leadership, medicines management, critical care, general ward and perioperative care.

- Spread of the **Peripheral Vascular Catheter** Bundle has now spread to almost all clinical areas across the four hospital sites. Wards are showing excellent compliance and the Infection Control team report much less infections in relation to PVC.
- Spread of the **Central Line Catheter insertion and maintenance** Bundle has currently taken place to High dependency units – further spread is planned to general wards and translation of CVC Bundle to Mid –line and PICC insertion and maintenance is taking place.
- All wards and departments will be expected to perform a **Safety Brief** at each staff handover – this has already spread to many wards and although staff sometimes feel initially this is not necessary - when they ‘test’ using the safety brief template in their area – they feedback on the value of highlighting key safety issues in their ward and the benefits of increased communication
- The **SBAR (Situation, Background, Assessment, and Recommendation)** communication tool will also spread to all clinical areas and departments. Staff can decide which area they would prefer to start testing this tool.
- The perioperative **Surgical Brief** will be expected to take place at the start of each operating list and the **Surgical Pause** before each patient is anaesthetised. The remaining elements of spread will take place with the spread of the newly designed periop checklist and intra –op careplan – this is currently being tested across all specialities.
- The spread of the **Medicines Reconciliation** form and the **Thromboprophylaxis Guides** will take place through the publication of the Common Admissions Document.

Where are we now?

Our rating is currently 3 out of a possible 5 for SPSP on the Institute of Healthcare Improvement assessment scale.

New infection targets

(continued from page 1)

Infection prevention and control lead for Highland (and clinical lead for safety in SGHD) Dr Emma Watson said: “It’s excellent to be acknowledged as best in class. This won’t however stop us trying to reduce further the number of patients who develop MRSA or MSSA. Our rates are already low but a change in focus to include the time before patients come into our hospitals could be the key to further improvements.”

Where are we now? There were 44 Staph aureus infections between April and December last year. This means NHS Highland will not meet the national target to reduce infections by 30%, however we still have the lowest rate of infection of any mainland NHS Board.

KSF Update – HEAT target E10

As the deadline for HEAT target E10 draws closer (31 March 2011) Paul Simmons, KSF Facilitator provides a timely reminder of the purpose of the Knowledge and Skills Framework (KSF).

The Knowledge and Skills Framework was introduced (UK wide) to provide a single, comprehensive and explicit framework on which to base review and development for all Agenda for Change staff.

HEAT target E10 requires 80% of permanent staff to have their annual KSF personal development review completed using the NHS KSF on-line toolkit known as e-KSF.

Huge efforts have been made to achieve the target but sustained effort is required to ensure the 80% target is met.

Paul said “The KSF Team continues to support managers and staff in a number of ways regarding KSF and e-KSF... we have run PDP&R awareness sessions, KSF Road Shows, bespoke training sessions and our colleagues in eHealth have delivered training for manager/reviewers and reviewees”.

The purpose of the Knowledge and Skills Framework is to:

Support the effective learning and development of individuals and teams

Facilitate the development of services so that they better meet the needs of users and the public

Promote equality and diversity for all

If you require support, guidance or assistance regarding any aspects of KSF or e-KSF contact Paul Simmons, 01463 706885 or by paulsimmons@nhs.net

Integration leads appointed

The Highland Council and NHS Highland have appointed two senior officers to lead the planning for the integration of health and social care.

Jan Baird is the Director of Community Care for NHS Highland. She has been a front-line health practitioner and manager for many years, and has had lead responsibility for children's services and community care services for adults, and for joint work with Education and Social Work. She will become the Transitions Manager, leading a team of seconded staff from the Council and NHS Highland to develop and take forward the integration plan.

Jan will be assisted by Keith Yates, who has been appointed as an external advisor to the programme. Keith was a Senior Executive with Strathclyde Regional Council from 1980 to 1991, where he was responsible for the social strategy, urban regeneration, community development, voluntary sector engagement and the integration of preschool services.

He was the Chief Executive of Stirling Council from its inception in 1995 until he retired in June 2009. During that period, he developed a new approach to integrated public services, helped create the first National Park in Scotland, and dealt with the aftermath of the Dunblane Tragedy.

Dr Michael Foxley, leader of Highland Council, said: "These are two tremendous appointments. We wished to ensure that this programme was led by the best people, who understand the benefits of integrating health and social care, and have excellent experience of public service management. I very much value the experience and skills that Jan Baird and Keith Yates will bring to this role."

Chair of NHS Highland, Garry Coutts said: "I believe that Jan Baird and Keith Yates will form an excellent partnership to take forward the planning for health and social care in Highland. Jan Baird brings provides first class knowledge of Highland communities and services, and Keith Yates has been one of the leading executives in the Scottish public sector over three decades. It is a perfect combination."



Red cross comes to the aid of health workers on Skye

The Red Cross came to the rescue when doctors and nurses on Skye were unable to travel to work due to thick snow and icy roads during severe winter weather in December.

The volunteers used their four wheel drive vehicles to transport staff to and from the two hospitals on Skye from a number of locations.

They also enabled patients to get home following treatment and assisted in a hospital transfer out of the area.

Kate Earnshaw, who is Clinical Services Development Manager for Skye, Lochalsh, Ross, Cromarty and West Ness, said: "On behalf of hospital staff and local management, we would like to say a huge thank you for the time, effort and support from the Red Cross volunteers involved."



Reference group identifies priorities for Skye and Lochalsh

Members of Skye and Lochalsh Health Services Reference Group have identified what they consider to be the priorities for future health services in the area.

The group - made up of Highland councillors, community councillors, statutory and voluntary partners, clinical staff, professional advisors and NHS Highland managers - was established in May of this year to consider the health needs of local people and use the combined expertise of members to participate in the planning for the future. This followed work with patients, carers and other local people, including a survey, focus groups and a workshop, looking at what local people consider to be the most important issues in planning services for the area.

An action plan was then drawn up collated under six different topics that had arisen out of this earlier work - community services development, better integration between health and local authority, local treatment options, transport issues, NHS 24 and unscheduled care and hospitals development. Members attending a meeting in Broadford in December decided that the top priority for community services development was to identify and proactively plan care for patients at high risk of being admitted to hospital and increase the number of people with complex needs receiving care at home.

For better integration between health and local authority, they considered the main priority to be increasing the level of support for older people living at home. The joint top priorities identified under local treatment options were to identify the priorities for the provision of locally based services based on assessed need and to maximise the use of telehealth, as appropriate, to support reasonable access to as wide a variety of health services and clinics as possible.

The top priority for transport issues was considered to be exploring the possibilities to provide a greater range of services locally to reduce the need for travel to Raigmore.

For NHS 24 and unscheduled care, members decided the number one priority was to explore the possible options for future Out of Hours service provision across Skye, Lochalsh and Wester Ross.

There were also joint top priorities under the heading of hospitals development - to consider what the people of Skye and Lochalsh need with regard to health care and to explore the feasibility of MacKinnon Memorial Hospital operating on 16 beds, plus three day case/recovery beds, to ensure it is clinically safe, efficient practice. The group also agreed to host a series of public events in the spring to provide the public with information on the work of the reference group and to seek feedback on this and other relevant points. Arrangements are to be confirmed at a later date. (The full press release can be found on the NHS Highland website)

Help to adopt a healthier lifestyle

Families across Highland are being invited to take part in the X-Programme - NHS Highland's healthy lifestyle programme, which focuses on feeling good and being healthy at any weight.

It is an enjoyable, interactive, family-centred programme, which builds confidence around healthy eating and fun physical activity over an eight-week period, with a catch up party three months later. Families with children aged two to 15 can refer themselves or they can be referred by a health visitor, school nurse or GP. HS Highland's Health Promotion Specialist, Dan Jenkins, said: "The X-programme has been successfully delivered in various parts of the Highlands over the last two years and we hope that lots more families will now be able to take advantage of the opportunities in their area. "There are some great stories about children enjoying more activities and joining clubs with their friends. One girl decided to lead a dance class in her school, one family has thrown away the deep-fat fryer and another has had the best camping trips of their lives by using what they learned on the X-programme." Families wanting further information or to join the X-programme should contact their school nurse.

Help for smokers who want to quit

Quitting smoking is one of the most popular New Year's resolutions and Highland residents were reminded of the support available to help them keep this resolution in 2011.

NHS Highland employs local smoking cessation advisors and, in common with community pharmacies across Scotland, community pharmacies throughout the region are also able to provide a smoking cessation service to their customers. Community pharmacists can provide nicotine replacement therapy (NRT) to anyone over the age of 12, including pregnant women, on NHS prescription. The therapy is supplied on a weekly basis for 12 weeks, with patients who pay for prescriptions paying just one charge of £3 every four weeks or a four-month pre-paid prescription charge of £10. Otherwise, the service is paid for by the NHS.



James Higgins, who is the community pharmacist at Alness Pharmacy in Easter Ross, said: "The NHS Pharmacy smoking cessation service is popular with our patients as they don't need an appointment, it's free for most people and they get the help and support they need to quit smoking."

Hamish MacLaren (pictured), 67, of Alness, who is one of the customers that Mr Higgins has helped to stop smoking, explained that he wanted to spend more time hill walking when he retired. However, when he finished work, he found walking too far difficult because he was getting very breathless.

He said: "I'd been smoking for 52 years and it obviously hadn't done me any good so I decided to give it up for the sake of my health and so I could get out and enjoy hill walking again."

"I went into the pharmacy to buy nicotine patches at the beginning of October this year and the lady behind the counter suggested I had a chat with the pharmacist. James gave me lots of advice and support and a week's supply of patches so I went home, put on a patch, smoked three cigarettes for old time's sake and haven't had one since. I'm already feeling much better for stopping and going to see James to get my patches every week really helps. I don't want to let myself down by smoking again, but I don't want to let him down either."

Alternatively, NHS Highland's local smoking cessation advisors can provide free, confidential help and advice. Smokers can refer themselves to the service or be referred by their GP or any other health professional and inpatients can link into the service through hospital staff. Advice on stopping smoking and contact details for local smoking cessation advisors are available from Smokeline on 0800 84 84 84 which is open from 12 noon until midnight seven days a week.

New guidelines to reduce smoking in mental health hospitals

Groups are being set up at New Craigs Hospital in Inverness and Argyll and Bute Hospital in Lochgilphead to bring in new Government policy on smoking in mental health hospitals. Smoking will be banned but the policy won't be backed up by law.

Launching implementation guidance for health boards Public Health Minister Shona Robison said: "Allowing smoking in residential mental health services, when it is completely banned in all other NHS settings, simply perpetuates inequalities. Removing smoking rooms in mental health settings will undoubtedly be challenging but there is evidence that smoke-free policies can be effectively introduced and this guidance will help health boards to achieve that. We're committed to reducing smoking rates in Scotland and the misery caused by tobacco related illness and this guidance will help to make mental health facilities healthier places for people to live and work in."

Groups made up of clinical, support and management staff and service users will follow the guidance to make NHS Highland's mental health hospitals "smoke-free". Lead Nurse for mental health and learning disability at New Craigs Mhairi Will said: "The benefits of reducing smoking and exposure to smoke are worth the effort this will take. A smoking cessation adviser already holds a weekly clinic in New Craigs for staff and patients."

Engineering Solutions to Highland's Health Problems

An innovative project has just got under way that seeks to develop technical engineering solutions to health or medical problems across the Highlands and Islands. Funded by Highlands and Islands Enterprise, the partnership between NHS Highland and Inverness College UHI, gives four students from the College the opportunity to work in the Clinical Engineering (Medical Physics) department at Raigmore Hospital.



Each student, who is following an HNC/D, has the chance to learn new skills in electrical engineering by working on the development of a specific product. Raigmore's Clinical Engineering department is a fully equipped mechanical and electronic workshop. Its staff are skilled in Electronics & Instrumentation, Mechanical Bio-engineering and Computing and Informatics. The students are using advanced hardware and software engineering systems to develop and design prototype devices. Inverness College staff also have the opportunity to develop their research interests through the partnership by working closely with the Clinical Engineering staff. The partnership links to collaborate with the Centre for Health Science located next to Raigmore Hospital and allows access to some of the best medical and scientific minds in Scotland.

The first two students, Graeme McGee and Scott Peacock are on placement for 20 weeks and have already demonstrated their flare for coming up with solutions to some challenging electrical problems. Two devices are being designed by the students. One will help orthopaedic post-operative patients with their rehabilitation and reduce the numbers of patients re-admitted to hospital due to complications. The other device will allow quick and accurate calibration checks of patient blood pressure equipment; resulting in improved patient readings and reducing NHS costs. The products may one day be considered for commercialization.

A Steering Group has been established that will both oversee the project and consider the potential for each product in terms of continuing investment in development and market niche. The intention is to ensure that the partnership between NHS Highland and Inverness College UHI is sustainable in the long term beyond the 18 month pilot funding from HIE.

Endowments making a difference

Thanks to donations from members of the public the smallest echo heart scanner to be made is now in use at Raigmore Hospital and the hospital is also replacing all lockers, over bed tables and a number of footstools

The GE v-scan is the size of a note book and uses sound to take detailed images of the heart to determine what condition it is suffering from. While it not replacing other echo machines it is already in use the coronary care unit and the cardiac catheterisation laboratory at the hospital. Consultant Cardiologist Professor Steve Leslie (pictured) is very happy with the scanner. He said: "It's a great piece of kit. Small enough to fit in a trouser pocket but it takes good quality of pictures."



Work is being progressed to buy new lockers, tables and footstools which will not only be hard-wearing and patient friendly but will significantly improve patient comfort and patient experience by enhancing the appearance around the bedside and making these pieces of equipment that are being used by patients more user-friendly and secure. Una Lyon, Lead Nurse at Raigmore Hospital is delighted that they can now begin replacing the old equipment. She said: "While still in working order the current tables and lockers currently are 26 years old and well used. Patient comfort has been our main concern."

Reasons to be *cheerful*



Mid Highland CHP General Manager included in Queen's New Year Honours List

Mid Highland Community Health Partnership (CHP) General Manager, Gill McVicar, was made an MBE for her services to the NHS in the Queen's New Year Honours list.

Gill, who has worked for the NHS for more than 30 years and has been Mid Highland CHP General Manager since April 2004, said she was stunned when she received the letter notifying her of the accolade. She said: "I was very surprised as it is a huge honour, but it was also very moving to think that someone had taken the time to nominate me.

"I feel very privileged that my work has been honoured in this way, but I am also very aware that I am part of a team and that this MBE is recognition of the efforts of the whole of the team." Gill explained that health care planning and delivery was complex and challenging and that teamwork was essential.

She said: "There is absolutely no doubt that my achievements are as a result of good teamwork, both locally and nationally. I would like to pay special tribute to my management team, support staff and the many clinical teams in the CHP, who work very hard every day to ensure that services are provided to patients. However, it is equally important that they look to continuously improve what they do to raise standards and ensure effectiveness and efficiency in a tough economic climate. I am very proud to be a leader in an organisation with such committed, dedicated and enthusiastic staff. I would also like to thank the leadership team in the Association of CHPs, who supported and encouraged me in my years as chair. Again, I could not have carried out my role without the immense contribution of the executive group, who all worked above and beyond the call of duty."

Medal for Cardio-respiratory team

NHS Highland's Cardio Respiratory Department, based at Raigmore Hospital in Inverness, has been recognised for its pioneering work in home monitoring and has been awarded the bronze medal for 'excellence in remote patient management', one of two UK centres to receive the award in 2010.

Home monitoring is for patients who have been fitted with pacemakers or implantable defibrillators. Using the Biotronik system information is downloaded every night which staff within the department at Raigmore Hospital can then analyse and interpret.

NHS Highland's Chief Cardiac Physiologist, Ed Molden, explained that the home monitoring system not only gives patients peace of mind but can also stop unnecessary visits to hospital.

He said: "It is an additional comfort for our patients to know that they are being monitored. Any one of them can phone in with a concern which we can put to rest simply by going through what the information is telling us. Without home monitoring we would probably need to see these patients in the department but now they don't need to travel in unless absolutely necessary.

"Home monitoring also gives us early warning of a change to a patients condition. Patients are usually checked on at the hospital every six months so before home monitoring we would sometimes have to wait for their check up to know of any changes, however with this system even the slightest variation is picked up so we can see where there are changes and whether or not we need to get that patient in early."

Ed goes on to add that he is delighted the team and the system they use has been recognised, with Inverness being only one of three centres that have it in place.

He said: "It is an honour to be recognised, not just in the UK but throughout Europe. This system has been in place since 2008 and both our patients and staff feel it is working very well."

Cath Melville retires after 20 years with NHS in Highland

Colleagues past and present gathered to celebrate Cath's dedication and commitment and to wish her well for her future.

Cath, originally from Orkney then Sutherland, left Highland to work in London, but took the opportunity to move back to Highland 20 years ago and she has been a force to be reckoned with ever since!



Cath is passionate about patient care and worked tirelessly in whatever post she was in to improve Hotel Services for our patients. She wanted the very best for them and negotiated, influenced and even nagged to ensure she got what was needed. Cath has quality at the heart of what she does, is clearly patient focused and yet always manages to balance the books and even make savings. Her financial awareness and budgetary management skills are renowned! She set herself and her team exacting standards and is very proud of her staff and the services they provide.

In the latter years, Cath was Hotel Service Manager for Mid Highland Community Health Partnership (CHP) where she was a much valued member of the Management Team, able to take a view on wider issues and offer sage advice. She led on Food Fluid and Nutrition work as well as cleanliness standards and leaves a legacy of an excellent service with committed, skilled and enthusiastic staff.

Mid Highland CHP General Manager, Gill McVicar said: "Cath is a fantastic colleague and friend and her absence will be hugely felt. Her contributions are valuable and thoughtful and we will also miss the 'mothering' in the office. Cath always has her finger on the pulse! However, Cath's dream is to travel, escape Scottish winters and see the world. It is her time to do that now and we all wish her well."

Letters to NHS Highland...

"May we take this opportunity to express our heartfelt gratitude for the care our baby son received while a patient in Raigmore. He was an emergency admission to the Children's Ward then transferred to their HDU. The care he received was exceptional and the support we received as parents was comforting under the circumstances. Unfortunately his condition deteriorated and was transferred to Dr Whiteside and his team within ITU. Again, an extremely high standard of care to both our son and us under such stressful and frightening circumstances. May we bring to your attention that four members of staff went above and beyond the 'call of duty' to ensure our baby and ourselves were looked after. Sandie, SN in Paediatrics; Viola, SN in ITU, Christine Mackenzie, SS/N in ITU are all a credit to the profession, caring, sensitive and supportive. Also Dr Barker in ITU who remained on duty to ensure a safe transfer of our baby. We are a family are truly grateful and words cannot express our immense joy of having our baby home now safe and well. We are forever grateful." **A Family from Ross shire**

"Thank you to everyone in Bignold Ward and the theatre team at Caithness General Hospital in Wick for being so caring, professional and helpful during my recent stay.

I am a nervous patient at the best of times so gratefully appreciated the effort made by everybody to answer my questions and help set my mind at ease. Thank you." **A patient from Caithness**

"I was on holiday in Tarbert when I was taken ill. The local doctor decided I needed hospital treatment and an ambulance was immediately arranged to take me to Mid Argyll Community Hospital in Lochgilphead.

Everything possible was done to help me by the paramedics on the journey and on arrival at A&E I was given immediate attention and treatment. Once my condition was stable I was moved to Glenaray Ward where I was cared for by wonderful nurses and helpers. I am very grateful to all who contributed to the care and speedy recovery of someone like me, taken ill on holiday in a very rural area. Lochgilphead is a classic example of the vital role of small hospitals in providing good quality NHS services in sparsely populated areas. On congratulate the management on the excellent facilities available." **A patient from Perthshire**

Find your VOiCE

Are you thinking about a change to a service but don't know the best way to set about getting the views of patients and service users? The launch of an online support database might help with your planning. Visioning Outcomes in Community Engagement (VOiCE) is easy to use planning and recording software that will help you design and deliver effective patient and community engagement. It's now available and free to access on the web allowing anyone can use it.

VOiCE can be used to support a range of participation. It allows all users to employ a common system for analysing, planning, monitoring, evaluating and recording their engagement. The benefits of using VOiCE is that it provides a better coordination and consistency and a straightforward way of continually checking that you are asking the right people, the right questions, at the right time.

VOiCE is designed in four sections: Analyse, Plan, Do, and Review. These will support you to:

- Reflect on what you are trying to achieve,
- Develop plans that relate to your purpose,
- Monitor progress in implementing your plan,
- Evaluate the process and outcomes,
- Learn lessons for future activity which can be shared with others.

It takes you through logical steps and helps you construct managed and evaluated engagement from which you can continuously learn and improve your practice.

Throughout the engagement VOiCE provides you with access to:

- Handy hints that are relevant to the particular stage of an engagement process,
- The relevant National Standard for Community Engagement,
- Worked examples of how the database can be used for different types of community engagement.

You will be able to:

- Create and print reports,
- Attach links to other documents,
- Identify and consult records of other engagements held on the data base.

VOiCE is backed by the Scottish Government as part of its support for implementation of the National Standards for Community Engagement. You can find the website at www.voicescotland.org.uk. For more on VOiCE, or general engagement and participation advice, speak to the Public Engagement Team on Inverness 704702.

Violence against women survivors survey

The Partnership Violence Against Women Strategy Group which comprises NHS Highland, The Highland Council, Northern Constabulary and Voluntary sector organisations are inviting people across Highland to take part in our **'Violence Against Women Survivors Survey'**.

As part of the work we are doing to improve services in Highland we are hoping that people who have experienced violence against women will participate in this survey to tell us about their experience of using the services that are available to help them. Violence Against Women, includes domestic abuse, prostitution, child sexual abuse, stalking, rape and many other forms of violence. Research shows that in Scotland, one in five women will experience domestic abuse at some point in her life. The confidential online survey can be found at www.highland.gov.uk/violenceagainstwomen Paper and email copies of the survey are also available. Anyone needing support to complete the survey can contact us and we will do our best to help. Please get in touch on 01463 704907 or at high-uhb.violenceagainstwomen@nhs.net

Healthcare Support Workers Update

Managers and supervisors of Healthcare Support Workers are reminded that all new starts must be supported to achieve the mandatory induction standards within 3 months of starting work.

A Healthcare Support Worker is defined as anyone who is not a regulated or registered healthcare professional – so it applies to hotel services, estates and administrative staff as well as to nursing and AHP support workers. It also applies in support roles in laboratories, pharmacy and other branches of healthcare science. Arrangements will shortly be in place to monitor managers' progress with new starts and to offer support where required. However, managers should be able to find all the support they need on the Intranet – Click on the “Staff” tab and select Healthcare Support Workers from the dropdown menu. Included on this webpage is a link to the NHS Education Scotland site (NES) which has workbooks and guidance for managers and staff. These can also be accessed direct on: <http://www.hcswtoolkit.nes.scot.nhs.uk/induction-standards--codes/standards--codes>

NES is also developing a certificate which can be presented to new and existing staff once they have achieved the mandatory induction standards and are therefore working to the Code of Conduct.

The Highland Partnership Forum agreed in December that from April 2011, PDPs should be the process for confirming existing staff are working to the Code of Conduct. Plans are being drawn up to integrate this into the overall eKSF process and further guidance will be issued to managers and staff once these plans are complete.

For further information visit the Intranet webpage or contact Donald Shiach, Pay & Equality Manager (donald.shiach@nhs.net).

AT-Learning update Self Service Booking now enabled

You can now book some of the 150 learning activities on AT-L through the NHS Highland intranet.

This includes all moving and handling courses, all violence and aggression courses; COSHH management training; coaching conversations programme; creating imaginative learning; managing conflict in a changing environment; E&D core principles; delivering accessible services; and planning for fairness.

Guidance on **How to book an activity via the e-KSF PDP Screen** and **How to book an activity via AT-L (Non-Agenda for Change Staff)** is available on the Learning and Development page on the NHS Intranet. Alternatively you can contact:

Michelle Jeans, Learning and Development Facilitator, michelle.jeans@nhs.net Tel: 01463 706857 or Iain MacDiarmid, e-KSF Database Officer, iain.macdiarmid@nhs.net Tel: 01463 706721

Valuing Service Awards

The Valuing service awards were introduced to recognise the contribution of people who have worked in the NHS anywhere in the UK for a large proportion of their working life.

This year presentations will take place in **Inverness** on Tuesday 29 March at Inshes Free Church Hall, 10.30am–12noon and 1pm–2.30pm. **Argyll & Bute** on 01 April at Mid Argyll Community Hospital and Integrated Care Centre, Lochgilphead at 10.00amx at x and the **North** on 25 March, Bay Owl Inn, Dunbeath at 1.30pm.

If you think you have served 20, 30 or 40 years of service in the NHS but have not been contacted about a Valuing Service Award please contact Marie Eddie on 01463 706922.