

Team Update



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NHS Highland Scottish Vocational Qualification Presentation 2008/9



Above: Anne Clark at the presentation

On Wednesday 11th February 2009, NHS Highland held its 6th annual Scottish Vocational Qualification (SVQ) Presentation in the Lecture Theatre of the prestigious Centre for Health Sciences at Raigmore Hospital.

Despite the weather, Anne Clark, Non Executive Director & Chair of NHS Highland Staff Governance Committee, braved the elements to drive up from Cambletown especially for the occasion. Our sincere thanks go to Anne for this.

Speaking to attendees, Anne said "Taking time to learn contributes not only to your own development but also adds considerable value to NHS Highland. I know studying while working can often mean sacrifice of free time but I hope you'll agree it is worth it. Having our own accreditation centre and partnerships with other providers across Highland also makes it possible for staff to learn without having to travel long distances."

This year, members of NHS Highland staff gained SVQ qualifications in:-

Management, Business and Administration,

Hospitality Supervision, Perioperative Care Support, Recovery Module, Health & Social Care, Health (AHP Support), Laundry services – the first in the NHS in Scotland, and as Work Base Assessors, a valuable Learning & Development award.

Notable "Firsts" this year included 5 members of NHS Highland's Laundry Staff becoming the first in the NHS in Scotland to achieve an SVQ Level 2 in Laundry Support. Congratulations must go to everyone concerned with this Award for their hard work and effort in either achieving the Award or supporting those wishing to achieve it.

NHS Highland's SVQ Assessment Centre became the first NHS organisation in Scotland accredited to offer the SVQ level 3 in Pharmacy Services. Once again, congratulations must go to all concerned within the Pharmacy Department in achieving this.

See p2 for the roll of honour and more pictures

SCOTTISH PATIENT SAFETY PROGRAMME

Since the programme started in January 2008 the "pilot" area teams throughout the whole of NHS Highland have responded enthusiastically to undertake patient safety improvements and become involved in the Scottish Patient Safety Programme. The programme will shortly be rolling out beyond these pilot wards and the support and understanding from Clinical Leads and Managers will be pivotal to the success of the programmes improvements.

The five basic programme objectives are to:

- Reduce healthcare associated infections
- Reduce adverse surgical incidents
- Reduce adverse drug events
- Improve critical care outcomes
- Improve the organisation and leadership on safety

Benefits of the Programme

- Improvement in patient safety
- Reductions in length of stay
- Cost benefits
- Reduction in complaints/increased patient satisfaction
- Increased improvement capability amongst staff

See p3 for an article on tightening up on patient safety in theatres.

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SVQ Roll of Honour, 2008-9

Health & Social Care / Care, Level 2

Rhoda MacKay, Town & County Hospital, Wick; Lillian Gardner Marie Mackay Mackinnon, James Marlin, Barbara Wright, Ann Chalmers, Gabrielle Carola, Gillian Mullen, Shona Flint & Christine Beaton – all New Craigs Hospital, Inverness; Moira MacDonald, Fyrish Unit, CC Hospital Invergordon

Health (AHP Support), Level 3

Jane Sutherland & Suzanne Manson, both Cambusavie Unit, Lawson Memorial Hospital, Golspie; Isobel McDonald & Kathleen Fraser, both Occupational Therapy Dept, Raigmore Hospital

Pharmacy Services, Level 2

John Beverly, Pharmacy Dept. Raigmore Hospital

Pharmacy Services, Level 3

Sofia Ovalle-Lopez & Graeme Jervis, both Pharmacy Dept. Raigmore Hospital

Perioperative Care Support Level 2

Marie Rose Mackintosh Maternity Theatres, Raigmore Hospital

Recovery Module

Alastair Cheyne & Flora Parr both Post Anaesthesia Recovery Unit, Raigmore Hospital

Hospitality Supervision, Level 3

Jacqueline Green, Belford Hospital, Fort William

Laundry Support, Level 2

Ryszard Gunkowski, Normena McPhee, Linda McFadden, Partycya Galkowska & Evelina Lebioda – all Laundry Services, Raigmore Hospital



Above: Laundry Support, Level 2

Business and Administration Level 2

Marion Cooper, Haematology Dept. Raigmore Hospital; Alison Melville, Physiotherapy Dept. Raigmore Hospital

Business and Administration Level 3



Above: Business and Administration, Level 3

Margaret Wilson & Lorraine Cameron – both John Dewar Building; Janetta Paprocki & Elaine Smith – both Medical Physics Dept. Raigmore Hospital; Carol Bremner, Linen Services, Raigmore Hospital; Erika Glenday,

Physiotherapy Dept. Raigmore Hospital; Alison Smith, Town & County Hospital, Nairn; Freda Burnside, Pathology Dept. Raigmore Hospital; Fiona Sinclair, Dental Services, Centre for Health Sciences, Inverness; Amanda Hume, A&E Dept. Raigmore Hospital; Rosemary MacLeod, Condition Management, Ardress St, Inverness; Alison Gallagher, Wheelchair Services, Raigmore Hospital; Jayne Lowery, AfC Office, Raigmore Hospital

Management, Level 3

Dianne Fryer, Pathology Dept. Raigmore Hospital; Susan Glass, Culloden Dental Practice, Inverness



Left: Lorraine Beigley, Management, Level 4

Management, Level 4

Lorraine Beigley, Highland Hub, Inverness; Lynn Lawrence, Management Dept. Raigmore Hospital

A1 Work Base Assessor Award

James McDowall, Security Services, Raigmore Hospital; Mark Butcher, Corbett Centre, Inverness; Yvonne MacKenzie, New Craigs Hospital, Inverness; Vivienne Rose, Royal Northern Infirmary, Inverness; John Palmer, Learning & Development, John Dewar Building; Jacqueline Reid, Learning Disabilities, New Craigs Hospital, Inverness; Victoria MacDonald, Occupational Therapy Unit, Raigmore Hospital; Lisa Bain, Pharmacy Dept. Raigmore Hospital; Carolyn MacDonald, Pharmacy Dept. Western Isles Hospital, Isle of Lewis; Morag Drew, Facilities, Laundry Raigmore Hospital.

From the editor ...

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

Remember this is your newsletter so please share your news with us so we can let the rest of NHS Highland know. Your views and opinions are also welcomed.

To submit an article, information or photos for future issues of the Team Update, please email the

Communications Team via the email address on the NHS Highland Website:

nhs.highland@nhs.net or contact

Christina.macdonald@hnb.scot.nhs.uk

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New system tightens up on patient safety in theatres

Patients in busy hospital theatres in Highland are benefiting from a safety initiative modelled on the checks made by aircrew on take-off.

The Surgical Pause is a final, last minute check-list of questions which ensures that the team of nurses and doctors performing the procedure can be confident that they have reduced the risk of error to the lowest possible level. The key questions asked include; is this the right patient, are we going to operate on the right part of the body, are we doing the right procedure, are we aware of allergies, do we need blood and is it available?

While there have always been safety checks in place in Highland hospitals the Surgical Pause removes the element of variation that existed at different sites or relied on health professionals own training. It is a rigid protocol that must be used for every patient, every time. It has been developed and honed by staff at Raigmore Hospital, Caithness General, Belford Hospital and Lorn and Isles Hospital.

Raigmore Hospital is the busiest in Highland and the Surgical Pause has now been introduced into all theatres.

Raigmore Theatre Manager Gavin Hookway said:

"I've been really impressed with the way staff have taken up the challenge of introducing the Surgical Pause in theatres. It might sound simple but of

course it takes time to perfect a system and it can't be rolled out until we know that it is working to the patients' advantage. We're now at the stage where it has been introduced into all nine of our main operating theatres and it's being used for every patient, every time. It only takes a minute to do the checks and it gives us confidence that we are increasing the safety of our surgery."

The Surgical Pause is just one of a series of improvements being introduced as part of the Scottish Patient Safety Programme. One of the Programme's key themes is that initiatives are carried forward by front line staff devising, testing and adapting systems in their own teams and rolling them out when they have proof that they work.



Above: The Surgical Pause in action

First Valuing Service ceremonies to take place

The commitment of staff to the NHS is to be recognised by a new scheme covering the whole of NHS Highland.

Under the Valuing Service Policy people whose have worked for the National Health Service for a total of 20, 30 or 40 years in the current financial year will be eligible for vouchers accepted in over 140 retail outlets to the value of £50, £100 and £150 respectively. The policy is effective from April of last year and the first vouchers will be presented at three events to those who have reached, or will reach, these milestones between 1st April 2008 and 31st March 2009. The ceremonies are to become annual events.

The new award is funded by the NHS Highland Endowments Committee.

Employee Director Ray Stewart said: "The new policy means staff who reach the milestones of 20, 30 or 40 years NHS service will receive a these special awards from the Endowments Fund. The

Fund is under pressure due to the poor performance of financial markets so I think it's important to note that the Committee has chosen to commit funds to the Valuing Service Award as it shows an appreciation of long serving staff."

The policy was approved by the Endowments Committee and the Board.

Personnel are writing to all eligible staff to invite them to the ceremonies in Inverness, North CHP and Argyll and Bute CHP. Anyone who feels they are eligible but haven't received a letter can write in to the Personnel Department at John Dewar Building in Inverness, vouchers can be posted to those who can't make the ceremonies. Details of the policy can be found on the intranet at:

<http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Valuing%20Service%20Policy.doc>

Agenda for Change Update

Assimilation

By mid-February, only 191 staff in Argyll & Bute CHP, and 108 in the remainder of NHS Highland, were not yet assimilated; to put this in context, there are approximately 11060 current staff already on Agenda for Change Pay bands, so all our attention is now on the remaining 299. We still intend to have all staff (except possibly a small number of substantive staff in Argyll & Bute CHP) assimilated by the end of March but we **urgently** need the assistance of managers to allow us to meet this target. Managers have already been contacted on a number of occasions in relation to the data we need to allow these staff to be assimilated, and as a last resort we are now working in partnership to identify ways to allow us to assimilate staff where some data is still missing. This approach inevitably carries risks, so managers are reminded it is their responsibility to ensure the AfC Team have all the data required to allow us to assimilate safely. The best contacts are jeanne.hornby@nhs.net for Argyll & Bute CHP jobs and elisabeth.jackson@nhs.net for jobs in the

remainder of NHS Highland.

Reviews

As reported last month, we have processed over one third of the 819 review requests received to date. This work has to be fitted in alongside the matching of new jobs for advertisement, and we would once again request that managers only submit new job descriptions where they are significantly different from existing jobs. The AfC Team is happy to advise on this (donald.shiach@nhs.net). Of the remaining review requests, we are currently only able to progress 184 jobs. We cannot commence work on the remaining 346 jobs, covering 448 jobholders, because we have not been advised by the jobholders that they have submitted all their evidence. We are now developing a process in partnership, which will establish a cut-off date for the submission of evidence. We will write to all 448 staff affected but if you have not already advised us that your review is ready for processing please do contact us **now** rather than waiting for the letter to arrive. The contact is Allison Urquhart on 01463 706331 or (preferably) by email to allison.urquhart@nhs.net.

Raigmore's 'Hospital at Night' Team sees daylight

Raigmore's team of Night Nurse Practitioners is expanding to cover more hours of the day to prepare for the reduction of junior doctors hours under the European Working Time Directive.

The Team was set up in July 2006 with six Night Nurse Practitioners providing a triage and support service from 9pm until 9am. The system has ensured earlier intervention for patients whose condition deteriorates overnight and takes some of the pressure off both ward nursing and medical staff, in fact Consultants have noticed that the earlier intervention is reducing the number of admissions to higher dependency care areas. In addition Raigmore has two evening clinical coordinators who will be merging with the Hospital at Night Team, providing Senior nurse cover in the out of hours period.

The service has constantly evolved and from March of this year the team will provide a service from 4.30pm until 8.30am Monday to Friday and a 24 hour service on Saturday and Sunday. Four new Night Nurse Practitioners have been hired and are working through the degree level training required. NNP's are senior nurses with critical or acute care experience who have done courses including advanced clinical examination, advanced

life support and non medical prescribing.

Night Nurse Practitioner Mark Smith said: "We filter all calls from ward nurses except those for new emergency admissions and critical care areas. We review patients who become unwell overnight, begin investigations and treatment and where appropriate refer on to medical staff. We give advice on medicines and clinical care and perform clinical skills such as cannulation, arterial blood gasses and catheterisation. Our team provides clinical supervision and educational opportunities to nurses, medical students and junior doctors. We all work as a team; we're here to support the ward nursing and medical staff not to replace them."

Fellow Night Nurse Practitioner Calum Adams said: "We're constantly looking on how to improve the service. Consultant Anaesthetist Jonathan Whiteside is our Clinical Lead for Hospital at night and works tirelessly at a medical level on the



Above: Night Nurse Practitioners Mark Smith, Calum Adams and Staff Nurse Emma Macaskill.

teams behalf, he along with Dr Duncan Scott (Specialist Registrar in Medicine) are putting in a lot of effort to improving the handover process between staff working out of hours and day shift staff so that we have a safe, seamless service 24:7. A number of the Consultants have informed us that they're seeing fewer patients in critical care areas because we can ensure they get intervention sooner. We'll continue to develop the service and ultimately enhancing the patient journey/ care provision by undertake audits to ensure we're on the right track."

Hospital at Night is also being introduced to Belford Hospital in Fort William. It's already up and running in Lorn and Isles Hospital in Oban and is expected to be introduced at Caithness General Hospital in Wick. Although variations on the concept exist in hospitals throughout the UK Raigmore Hospital has one of the most forward thinking, advanced teams in Scotland.

Contacting the Hospital at Night Team: 01463 704332 jonathan.whiteside@nhs.net, mark.smith52@nhs.net, calum.adams@nhs.net

Quality award motivates staff

An Inverness based medical practice says applying for a Quality Practice Award is a great way to motivate and focus staff.

The Riverside Medical Practice achieved the QPA for the second time in 2008. It is the first in Highland to achieve reaccreditation, and one of only 16 in Scotland. The QPA is a quality assurance award from the Royal College of General Practitioners that recognises the high quality of patient care delivered by every member of the practice team.

Each practice working on the QPA is required to submit a portfolio of written evidence set against 21 criteria. A full day assessment visit is then carried out by a panel of four including GP's, nurses, Managers and Lay assessors.

Riverside Medical Practice Manager Bob Shearer says that although the application process can be tough it's worth the effort: "Working to achieve this award for the second time really pulled our whole team together because doctors, nurses,

health visitors and administration staff had a strong focus.

"The QPA process involves carefully detailing what the practice offers and this can be very time consuming but I also think it helps all of our staff appreciate what their colleagues bring to the surgery.

"It might well be that some patients don't see what difference the QPA brings to them on a daily basis but I think the fact that our staff are motivated, focussed and proud of what they do will have a knock on effect.

"I would encourage any other practice who is considering submitting an application to find out more information to see if they think it's right for their staff. There is a cost involved but our staff have certainly benefited from being recognised by the award."



Above: Bob Shearer, Practice Manager at Riverside Medical Practice

Enabling Partnerships - Cancer Information+

Cancer Information+ and Cancer eLibrary are sister sites being produced by NHS Education for Scotland in partnership with Macmillan Cancer Support.

The sites have been designed in consultation with health professionals and patients together. Cancer Information+ has been written with the needs in mind of members of the public who don't have specialist medical knowledge. The sources we have used are clear and easy to understand and cover the essential topics. The site has been designed to be easy to use for people without

much experience of using the internet but we also anticipate that health professionals will find it a valuable place to find information for people in their care. Cancer Information+ contains information about cancer types and the local and national help and support available to people affected by cancer. We have also aimed to cover topics beyond medical information such as information on practical and emotional needs, information about work and financial issues and information for carers.

For people who need more specialist information,

the Cancer eLibrary has been completely redesigned. Cancer eLibrary contains information which has been written for expert patients and health professionals, and uses a variety of sources both free and subscription-based. Anyone can access the subscription information either through their own ATHENS account, available for all NHS and government staff as well as organisations working in partnership with the NHS. Library staff are permitted to use their account to access the information on behalf of their service users and this includes printing of articles (subject to local printing charges). Cancer eLibrary has also been designed to be easy to use and, as the two sites use the same technology and sources of information this means that the links between them are seamless. For example, if after running a search in Cancer Information+ you realise that more specialist information is required, you can simply click on a link which takes your search terms and runs the search in the Cancer eLibrary. You then are taken to this site and

shown the list of more specialist results. The results which were shown in Cancer Information+ are also shown in this list.

The sites are ready for consultation and will be fully launched by March 2009. They are a project demonstrator for the draft strategy for Knowledge Services in Scotland: *Enabling Partnerships*. This project has used NES information-sharing technology to bring together information resources from many sectors and organisations - the NHS Scotland e-Library, Macmillan Cancer Support and a wide range of other cancer charities, NHS 24, Health Scotland, NHS Highland, Highland Council and others. The combined information is presented in two web interfaces – one designed for patients – Cancer Information+; and one for professionals – Cancer eLibrary.

For further information, or a personal demonstration of the sites, please contact Carolyn Smith on 0141 352 2890 or email Carolyn.smith@nes.scot.nhs.uk.

NHS Highland Nurse Manager to run London Marathon

NHS Highland's Professional Mental Health Advisor for Mid Highland CHP is running the London Marathon to raise money for Alzheimer Scotland services in Highland.

Joe Taylor, 54, based at Larachan House in Dingwall, is also Team Leader of Skye and Lochalsh Community Mental Health Team (CMHT). He is confident he will complete the 26-mile course on Sunday April 26.

He said: "I've worked in Highland for the past four years and had a lot of contact with Alzheimer Scotland, who do wonderful work locally with dementia patients and their carers. They participate in some joint projects with NHS Highland and are very important partners.

"There are currently approximately 3,146 people with dementia in Highland. This number is set to increase in line with the ageing population and is projected to increase by 75% by 2031."

Joe said: "I've watched the London Marathon on TV and have long thought about having a go. I failed to gain a place in the race ballot but, fortunately for me, someone dropped out of the Alzheimer Scotland entry.

"It will be my first marathon, although I have done similar length events in the distant past in the mountains. I'm confident about tackling the distance. My goal is just to complete it and I don't

have a particular target time."

He explained that he started training at the beginning of November, walking at first and progressing to running after a few weeks. "I now run early in the morning four times a week and I'm following a training plan provided by the race organisers.



Above: Joe Taylor in training

"I've been pleasantly surprised at how quickly my endurance has increased, although I have learned to be careful and not to train too hard all at once and tire myself out," said Mr Taylor.

Joe's NHS colleagues at Larachan House are holding a coffee morning for him and the Easter Ross Community Mental Health Team is running a fundraising stall at County Community Hospital, Invergoron, on March 20 to help boost his sponsorship. And he stressed that all the money he raised would be spent by Alzheimer Scotland in Highland.

Sponsorship can be sent to Joe Taylor c/o NHS Highland, Larachan House, Docharty Road, Dingwall, IV15 9UG, or via his charity webpage at www.justgiving.com/josephptaylor.

New Mental Health Post for North

NHS Highland has invested in a new post to coordinate services for people with mental health problems and people with learning disabilities in Caithness and Sutherland.

Teresa Green has been appointed service manager for community mental health and learning disabilities for the North Highland Community Health Partnership (CHP).

Teresa, who is based at Caithness General Hospital in Wick, explained that this was the first time one person had been responsible for both the Community Mental Health Teams (CMHT) and learning disability services across the whole of the CHP area.

She said: "This will enable me to coordinate the services across the two counties to ensure we are making the best use of the resources that we have here so we can improve access and delivery."

Teresa, who took up the post last month, pointed out that her mental health role included services for older adults and substance misuse.

"It's a huge challenge and I'm really enjoying it," she said.

Her previous post was with NHS Greater Glasgow and Clyde as a CMHT manager in Helensburgh. Before that, she spent eight years with the South London and Maudsley NHS Trust and Institute of Psychiatry in London.



Above: Teresa Green, Service Manager for community mental health and learning disabilities (North)

New Highland Wide Long Term Condition post is based in Caithness



Above: Alexa Pilch, Long Term Conditions Programme manager

The delivery of care and support to people with long term conditions (LTCs) across Highland is now coordinated by Alexa Pilch, who has recently taken up the new post of Long Term Conditions Programme Manager.

Alexa, who previously held operational managerial posts with NHS Lothian, is based at Caithness General Hospital in Wick.

She explained that her post is funded until the end of March 2011 under the Long Term Conditions Collaborative national policy, which was launched in Scotland in April of last year.

She said: "The objective of the collaborative is to support service redesign and improvement to change the way in which we deliver health care for people with LTCs.

"This is aimed at reducing the number of hospital admissions by preventing unplanned admissions wherever possible and providing more treatment within the community and primary care settings."

Each of the Community Health Partnerships (CHPs) has its own long term conditions manager

and Alexa's role is to ensure that they are supported in working towards the overall strategy of the collaborative.

Alexa explained that a condition that lasts for a year or more is considered to be long term and said there were a large number of people in the region living with at least one and sometimes two or three long term conditions, for example diabetes, asthma or arthritis.

She said: "The incidence of LTCs increases with age so the demographic shift towards an ageing population is placing further pressure on the NHS and other sectors to manage long term conditions. It is estimated that one in five people in Scotland have at least one long term condition.

"Often they can't be cured, but they can be treated and managed. Providing an effective and sustainable service to patients with LTCs requires close working between all the healthcare professions, as well as partnership working with the councils' social work department and voluntary organisations.

"We are also looking at more self care and self management so patients get more involved in the care of their own condition and we have to make sure the support is available to enable them to do this."

KSF Update - 6 weeks to go!!!!!! Have you got a KSF Outline and PDP?

By the end of March all staff should have both a KSF Outline and KSF Personal Development Plan (PDP) in place. Across NHS Highland we are generally making very good progress with over 92% of staff now having a KSF Outline (that is recorded on eKSF) and support is in place to ensure that even more staff will have a KSF Outline by the end of March.

However, we aren't doing quite so well with PDP's. The KSF Team have, to date, been advised that only 22% of staff have a PDP. So if you do have one, please ensure, via your manager, that the KSF Team know. Your manager should inform us by telephone/email to Aileen Trappitt on (01463)706870 or aileen.trappitt@nhs.net. If you haven't got a PDP, please ask your manager to meet with you as soon as possible to compile one, either on paper or directly on to eKSF, and let the KSF Team know as soon as it is completed.

As a reminder PDP sessions have been running over recent years and these have been increased as staff with KSF Outlines have increased. Over the last 12 months the Learning & Development (L&D) Team have delivered Personal Development Plan & Review (PDP&R) awareness sessions to more than 1400 staff (both reviewers and reviewees). This one hour session includes information on why KSF and PDP&R are so important; KSF Post Outline creation; and preparation for a review. They also cover how to

conduct a review and simplifying how and what to gather for evidence, as well as ensuring the understanding of KSF Gateways. These sessions have been widely acclaimed by staff and managers as a useful way of moving forward with this subject. A simple-to-follow guide has also been developed and is available via the website on - [http://intranet.nhsh.scot.nhs.uk/Staff/LearningAndDevelopment/NHSKnowledgeSkillsFramework\(the%20NHS%20KSF\)/Pages/PersonalDevelopmentPlanningReview\(PDPR\).aspx](http://intranet.nhsh.scot.nhs.uk/Staff/LearningAndDevelopment/NHSKnowledgeSkillsFramework(the%20NHS%20KSF)/Pages/PersonalDevelopmentPlanningReview(PDPR).aspx)

Paul Simmons (KSF Facilitator) said: "The awareness sessions dispel the myths and rumours about KSF and PDP&R. I have met staff all across Highland who welcome the opportunity to have a structured review with their managers on an annual basis, they want to feel valued and supported".

The awareness sessions guide staff through the documentation, highlighting those that are merely guidance and background information and those that are most useful. Anecdotal evidence from a wide range of staff groups is used to demonstrate how staff have been using KSF and PDP&R to forge positive productive working relationships. The feedback from the awareness sessions has been extremely positive; if you would like to book a session for your staff, team, department please contact Paul Simmons (KSF Facilitator) on 01463 706885 or email paul.simmons@hpct.scot.nhs.uk

Babies off to the best start at Caithness General

Caithness General Hospital has moved a step closer to gaining a prestigious international award for its efforts to support breastfeeding mothers and their babies.

The Baby Friendly Hospital Initiative works with the health-care system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies.

And Caithness General has achieved stage two in the three-stage award process. It is hoped that full accreditation will be achieved by the end of 2009.

Mary Burnside, who is lead Midwife for the North Highland Community Health Partnership, explained that the hospital achieved stage one at

the beginning of last year and said she was delighted it had now achieved stage two.

She said: "It's a really good start to 2009. We can now go ahead and apply for stage three and we hope to get that by the end of this year.

"It has been shown that hospitals that achieve Baby Friendly status see a marked increase in their breastfeeding rates and we're looking forward to seeing this happen."

NHS Highland infant feeding advisor, Karen Mackay, explained that there are many benefits for the baby, which may include reducing the risk of developing obesity and diabetes. She said: "Breastfeeding is the very best start in life that you

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can possibly give a baby and there are many benefits for the mother too. It is now seen as the foundation for improving public health.”

The Baby Friendly initiative accredits maternity and community health-care facilities and higher education institutions that have implemented best practice for breastfeeding and have passed an external assessment.

NHS Highland has committed to achieving Baby Friendly status in both its hospital and community settings and the whole of the area has undergone an action planning visit from UNICEF.

Anyone wanting more information or support with breastfeeding should contact NHS Highland’s infant feeding advisors Karen Mackay or Janet Kellock on 01463 704374.

New Research and Development Projects Showcased



Above: The R&D Team

New research and development projects were showcased at the Centre for Health Science in January to help people network and gain support for their work. Some 112 health professionals from across the Highland region and beyond gathered to hear presentations and forge valuable links with their peers.

Research and Development Manager Frances Hines said: “This was a really exciting day for us and it gave all the researchers concerned a chance to talk to other people about their projects and the challenges they faced carrying them out.” Over 20 presentations were given by researchers in the afternoon breakout sessions (many of these will be available on the R&D intranet site) and over 20 posters were presented and read by conference delegates, students and the general public.

The NHS Highland Research and Development unit moved into the Centre for Health Science in Inverness in November. It currently manages over 550 multi centre and single centre research projects including many clinical trials in cardiac, renal, diabetes and oncology; many projects with mental health professionals, GPs, and Nurses, Midwives and Allied Health Professionals, as well as large numbers of MSc and PhD student projects.

Frances aims to further encourage R&D activities across the Highlands and said, “We really hope that opportunities such as the research and development day will help to enthuse people about the depth and breadth of research going on. We need lots of support to help progress these projects. Funding studies is always a big issue but there is also just a need for peer support; it’s really important that people know they have colleagues around them who understand and support them while they work.”



Some of the projects included studies into borderline personality disorder, treating anxiety and depression with aromatherapy, and the challenges of providing maternity care in remote areas.

Research and development projects can lead to better treatment, care and management because they help NHS Highland staff to learn more, be open to change and listen to the views of patients and staff that are being expressed. Research and development activity is also a selling point for new recruits, and is likely to encourage high calibre candidates for new posts because they can see that there are development opportunities in a forward-looking and supportive environment.

Anyone who would like further information should call Sheena Anthony on 01463 255819.

Cardiology Research & Development

The research and development day offered the cardiology department the opportunity to present a number of their recent findings.

Nurse Fiona Patience stimulated discussion on the misconceptions about heart conditions and treatments of hospital staff and how their input might affect the recovery of patients. The pilot

study involved 157 hospital health care workers at Raigmore. The misconceptions about heart conditions and the effects of operations are considered to arise from pre existing knowledge, family views or the beliefs of other staff. In general the study highlighted the need for staff to be fully informed about cardiac treatment and recovery so they can correct any points that the

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Above: Dr Steve Leslie and Frances Hines

patient has misunderstood, and so they can contribute positively to the patient's recovery.

A second study highlighted the willingness of cardiac patients to consider using email communication as an alternative to travelling to some appointments. Medical student Anahita Dua suggested that in some situations IT consultations could shorten waiting times and improve access to community specialist services. A survey based on the answers of 61 patients found that 74% didn't live in the Inverness area and more than a quarter of those took over an hour to travel. There was a general willingness among to consider alternative means of communicating with their consultant.

Dr Patrick Gibson of cardiology discussed how estimating a patient's weight might negatively impact on their subsequent healthcare. Many cardiac drugs are administered in line with the patient's weight; if it is not accurately recorded then it leads to them receiving a dose that is not tailored to their actual need. Investigators found that almost half of the 385 patients who took part had no weight recorded on their chart. The main reasons provided for estimating a patient's weight were that the patient was bed bound, too large for the scales, too ill or that the patient provided a

recent weight that they believe to be accurate. The survey concluded that weight is frequently estimated and patients who weigh less are likely to be assessed as heavier, whilst heavier patients are likely to have their weight underestimated. It also concluded that patients will receive the best possible health outcome if their weight is accurately recorded and their medicines prescribed on that weight.

A final presentation was made on heart patients who lived outwith the immediate proximity of a hospital. It is a widespread belief that living very close to a hospital might be more beneficial in a heart attack situation. However, with the use of clot dissolving drugs the chances of survival following a heart attack are greatly enhanced; a patient is more likely to have these drugs administered on site by paramedics if they live farther away from the hospital. Those who live near a hospital may well be taken to the hospital but are not given the drugs until they have arrived and are treated by hospital staff. The study concluded that patients living some distance from a hospital are not at a disadvantage, and that paramedics should be encouraged to administer pre hospital thrombolysis as much as possible to aid recovery.

Dr Steve Leslie can be contacted at Stephen.leslie@nhs.net if you would like to know more on these studies or cardiology research.

Information Governance Intranet Site

The Information Governance Site has been developed to support staff by publishing information relevant to their day to day work.

Information Governance means handling information in a confidential and secure manner to appropriate ethical and quality standards. It is important to NHS Scotland because we collect and use lots of information for administrative, research and medical purposes, which contribute to improving people's health. Information Governance is a key issue for all NHS organisations and is fundamental to the effective delivery of health services, particularly as we move towards an electronic health record.

The site is sub divided into the following categories.

Information Governance / Information Security: As well as announcements and meetings there are various links to other relevant Information Governance sites. e.g. Information

Governance Standards, The Caldicott Guardian Newsletter and Health Rights Information Scotland

Data Protection/Information Sharing: This sub division includes advice on Data Protection issues including a link to NHS Highland Data Sharing Partnership Procedure. (agreed between NHS Highland, Local Authority and Police).

IT Security: The NHS Highland IT Security Policies and the NHS Scotland IT Security Documents. including NHS Scotland Information Security policy and NHS Scotland Mobile Data Protection Standard can be found here.

Records Management (Clinical and Non-Clinical): This area contains NHS Scotland Policies and further links to separate pages for Clinical information and Non Clinical information.

For further advice please contact the eHealth Department Information Services Team.

Highland Youngsters have more to smile about

Pupils at selected primary and nursery schools across the Highlands will be given the opportunity to have their teeth painted with fluoride varnish as part of an exciting national oral health improvement programme called Childsmile.

Childsmile was launched in November last year, when the focus was on helping families with newborn babies to learn the importance of good oral health.

And the programme's school and nursery phase was launched last month (January) when children attending Flippers Day Centre in Merkinch were the first to have the varnish applied to their teeth. The second varnishing session was held at North Primary School in Wick and the initiative is to be rolled out across the full NHS Highland area by 2011.

Specially trained Childsmile nurses will be going into schools and nurseries and applying a fluoride varnish to the teeth of children whose parents have consented to the procedure.

The youngsters involved are aged between two and six years and the fluoride will leave their teeth orange for a day or two, but the colour will soon disappear while giving additional protection from tooth decay.

Jennie Rawlins, who is Oral Health Improvement Coordinator for the North Highland Community Health Partnership (CHP), explained that consent forms were distributed to parents and they were given the opportunity to ask any questions or raise concerns at a consent meeting.

She said: "The Childsmile oral health support workers will arrange these sessions within the schools, attend consent meetings and provide further information, run the sessions on the day and ensure all the paperwork and administration is completed correctly.

"Aftercare instructions are given to children to take home and for parents to pass to the child's dentist to let them know this has been done."

She said: "We have oral health educators (OHE) who go into each nursery and school every school term to oversee the toothbrushing programme and ensure the staff training is up to date and that guidelines are strictly followed.

"The OHE also provide education and activities based on diet, toothbrushing, visiting the dentist and fluoride. This work links in with the Childsmile scheme as the children learn how important it is to look after their teeth well."

NHS Highland Lifelong Learning Partnership Agreement Final Chance to complete our Learning Survey

NHS Highland's Learning Survey will close on 28th February. The purpose of this Survey is:

- To raise awareness of our Lifelong Learning Agreement and the role of the Union Learning Representative (ULR)
- To obtain information of the learning needs of staff, including learning for personal development, i.e. outside of work
- To use this information to identify groups of staff with a common interest in future learning programmes / activities

The Survey, which should only take 5 minutes to complete, is available at <http://tinyurl.com/NHSlern>

In response to the results so far, we will very shortly be advertising courses at Inverness College in Basic IT and Effective Communications and it is hoped that this will soon be followed by an introductory course in British Sign Language (BSL).

Hard Copies of this Survey can be obtained from your local Union Learning Rep (ULR) or from Karen Doonan, UNISON ULR, Tel. 01463 706862, Email: Karen.doonan@hpct.scot.nhs.uk

To date we have received 478 completed Surveys, either electronically or through the Internal Mail, a completion rate of less than 5% across the Organisation. Thank you for taking the time to complete this survey



Exceptional Medicines Use Subgroup (EMUS)

The Area Drugs and Therapeutics Committee (ADTC) has a new Subgroup, called the Exceptional Medicines Use Subgroup (EMUS), which is chaired by Dr Ian Bashford, the Board Medical Director. The subgroup was formed to consider how we can handle requests for a drug in exceptional clinical circumstances for a single patient if the drug has been turned down by the Scottish Medicines Consortium (SMC - the national body which gives expert, clinical advice about which new medicines are safe and cost effective for use in the Scottish NHS) or is not included in Highland policies/formulary, ie drugs which are out with normal policy. It will not decide whether the drug is clinically appropriate. It decides whether the clinical circumstances are sufficiently different enough (from those groups of patients in drug trials which have led to an ineffective/not cost effective judgement by SMC) to allow NHS Highland to set aside its usual policy of not using a medicine in a particular patient group, and then and only then, to address clinical and cost effectiveness.

It is anticipated that this process will apply to a very small number of requests, as where clinicians want to use a medicine in a number/group of patients this would be reviewed in the normal way by the formulary mechanisms.

A remit for the EMUS can be found on its webpage on the intranet (<http://intranet.nhsh.scot.nhs.uk/Organisation/ADTC/Pages/Default.aspx>). This will let you see what the work programme is and which of your colleagues have been involved.

Some months ago there was a Parliamentary Petition looking at patients' access to cancer treatments across boards in Scotland. The outcome of the petition was a report to the

Government making several recommendations including patient involvement, timescales, how decision making must be robust, recorded etc. It is therefore important that NHSH have in place an Exceptional Medicines Use Policy which is:

- Fair
- Equitable
- Clear
- Workable
- Ensures the organisation can stand up to the scrutiny which this subject attracts.

A draft Exceptional Medicine Use Policy has been issued for discussion and comment and it can be found on the Exceptional Medicines Use Subgroup webpage on the intranet (<http://intranet.nhsh.scot.nhs.uk/Organisation/ADTC/Pages/Default.aspx>). Prior to this draft Policy being issued there was a lot of work undertaken with various clinical colleagues in thrashing out what a process for EMU requests might look like. We invited colleagues from Grampian and Glasgow to talk about how their processes worked. The consensus was that something like the above mentioned draft policy would offer patients and clinicians a fair and robust way to request the use of a medicine outside normal policy.

Thank you in advance for taking the time to read the policy and consider particularly the implications/changes this may require of you, your team and your service in dealing with requests for Exceptional Medicines Use Requests. I look forward to receiving your comments and/or suggestions **before Friday 20 February 2009**.

Kären Beattie, Projects Co-ordinating Officer
Medicines Management and Information

Better Together: Scotland's patient experience programme

"Better Together" is the name of a national initiative, aimed at improving the experience of NHS patients and carers. Better Together will use patient questionnaires to ask patients about their experiences of care. Information from patients will then be reported back to NHS services so that areas for improvement can be identified and acted upon.

If you have recently been in hospital, you may be contacted during February by a patient research company called Patient Perspective, and invited to complete a short survey. If you are involved, your feedback to this survey will be used to help shape the first national patient questionnaire, which is due in Autumn 2009.

Find out more about Better Together at their website www.bettertogetherscotland.com

Any questions about the Patient Perspective survey – contact Freephone number 0800 013 2064 or by email at surveys@patientperspective.org

Highland Health Sciences Library on the Intranet

The Highland Health Sciences Library now has a presence on the NHS Highland Intranet.



The site address is: <http://intranet.nhsh.scot.nhs.uk/Resources/LibraryServices/HHSL/Pages/Default.aspx> or it can be found using the resources tab of the Intranet Home page.

The site at present supplements our main site for NHS Highland users (<http://www.is.stir.ac.uk/nhs/index.php>) and offers a brief description of the service, contacts details, and a location map.

The site also gives details of new items added to our stock (with links out to our catalogue) and gives details of any courses being held in the Library.

Rob Polson, (rp5@stir.ac.uk) Highland Health Sciences Library, Centre for Health Science.

What has happened to CINAHL, where has it gone, and why does it look different?

The CINAHL (Cumulated Index to Nursing and Allied Health Literature) database moved on the 1st January 2009 from OVID to EBSCO. The database remains exactly the same with the same functionality, the only differences are in the way the database looks.

To help you re-orientate yourself the Library is running courses to help you adapt to the new system. You can check out the availability of these on the Library pages of the NHS Highland Intranet or our training course pages at: <http://www.is.stir.ac.uk/nhs/Research/training.php>

If you cannot manage these sessions there is online training available at: <http://www.elib.scot.nhs.uk/portal/elib/pages/NewsItem.aspx?nid=176634&ttl=Virtual%20training&ret=%2fportal%2felib%2fpages%2findex.aspx>

EBSCO also have provided a CINAHL support centre at: <http://support.epnet.com/cinahl/index.php>

Rob Polson (rp5@stir.ac.uk), Highland Health Sciences Library, Centre for Health Science.

Raigmore showcasing young artist's talent

Young artists from across Scotland are having their work highlighted in Raigmore Hospital's Art Gallery as part of the National Galleries of Scotland Art Competition for Schools.

53 entries from the brightest of young Scottish artists, including two from the Highland area, will be on shown in the hospital's gallery from 1st February to the 31st March.



Brian Beattie is the NHS Highland lead for artwork in Raigmore Hospital. He said: "I am delighted that Raigmore

Hospital is hosting this exhibition during its tour. It's a wonderful opportunity for their work to be

shown and I am especially pleased that two of the winning entries are from the Highland area."

Entries for the National Galleries of Scotland Art Competition for Schools came from individuals, classes and schools across the country. Jack Burrows (pictured above) from Crown Primary School in Inverness received a Special Merit in Category C (Primary 4-7) and Allan John MacInness (pictured left) from Auchtertyr Nursery School in Kyle came second overall in Category A (nursery).



Letters to NHS Highland



"It is some time since I had occasion to attend Raigmore Hospital but today I had an Ophthalmology appointment. The prospect of car parking was daunting for my husband having experienced chaos trying to find a parking space in past visits, but we were delighted to find the charging system had been dropped and we were welcomed on a very wintry day by a female attendant who swiftly directed us to a vacant place to park close to the hospital.

We waited at the reception desk where a very pleasant young lady confirmed my name and address before asking us to take a seat. My eyes were thoroughly examined by Dr Hewick and he explained his thoughts about the problems I was experiencing and suggested ways to improve my condition.

I left the hospital within a total stay of 25 minutes that is the most efficient consultation I have ever had in my whole lifetime. With all the negative complaints and burdens placed upon the NHS I thought that this particular praise for a corner of the Health Service should be drawn to your attention."

A Patient from Inverness

"Last year my mother was diagnosed with cancer, and following a short but valiant battle with the disease she passed away in the Belford Hospital in January.

During the time of her illness she received care and support from her GP, the local Macmillan nursing team and the Belford. The standard of care provided to my mother and the rest of the family during this difficult time was of the very highest level. In addition to the professionalism you would expect, the compassion and consideration shown was of great help to us all. I would like to express our gratitude for the support and care they offered, which went well beyond what could ever be articulated in a job description or standard of care charter. I have never come across such a large and diverse team devoting their collective efforts in such an effective manner. The stressful and challenging circumstances they work in make this all the more remarkable.

Given what they did for our family over a six month period - and particularly over the last few days of that time - we felt compelled to express our thanks at the highest

level with the Health Board."

Patients relative from Nairn

"I would very much like to convey my appreciation for the superb care I received from the staff in the Day Case Unit for minor operations. All the staff concerned, from the surgeon to the nurses, their care was excellent! This has always been the case when attending Caithness General Hospital. Thank you for all your hard work and dedication."

A Patient from Caithness

"I wish to thank you and all of the staff at the Annexe for the care given to my sister Anne during the past five years, and the comfort given to myself at the end.

On many occasions I witnessed the high degree of professional attention administered to Anne and the delightful manner in which the staff did their best to maintain her spirits at difficult times.

The annexe is a perfect example of the truth that it is not the age, size or state of a hospital building that counts but mainly the quality of the staff who work therein."

Patients Relative from Stafford

The North of Scotland Research Ethics Committees Members Required

Research Ethics Committees review all NHS based research in order to protect the dignity, rights and safety of all potential research participants.

We require both professional and lay members to read the applications and participate in the discussion of each project.

Two Committees meet once a month to review approximately 8 ethics applications each.

The subjects covered are extremely varied and should be written in lay language understandable to all. However, training will be provided.

For further information please contact the Research Ethics Office 01224 558480 or e-mail nosres@nhs.net

What's on...February and March



What: The CSI of Highland & Islands Roads

Who: Open to all.

Why: Northern Constabulary are holding a series of informal talks, find out what really happens behind the scenes of a police force. This talk is a look at the technology and expertise used in Crash Scene Investigations.

Where and when: Tuesday 24th February, Eden Court, Inverness

Need more? Contact Northern Constabulary's Media Services Department on 01463 720397 or email lynsey.clark@northern.pnn.police.uk



What: Social Entrepreneurship for the NHS

Who: Open to all staff.

Why: Social Entrepreneurship involves managers and clinicians being equipped with enterprise skills. Beneficial to those currently or about to embark on service re-design - isn't that all of us!

Where and when: Monday 2nd March, Centre for Health Science, Inverness (video conferencing available)

Need more? Contact Charlotte Leggatt by email charlotte@gp55751.highland-hb.scot.nhs.uk



What: Inspiration against the odds!

Who: Open to all staff.

Why: Local girl Karen Darke will provide an inspirational and motivational talk to NHS colleagues. Four years after a fall from a Scottish Sea Cliff Karen chose to fight preconceived ideas of what was possible for someone who could feel nothing below their chest, and crossed the mountains of Central Asia by hand bike.

Where and when: Wednesday 18th March, Kingsmill Hotel, Inverness 12-2pm

Need more? Contact Charlotte Leggatt by email charlotte@gp55751.highland-hb.scot.nhs.uk

NHS Mail

As you will be aware, NHS Highland is due to move to the new NHSmail exchange platform on 20th March. Please make sure that you read the information pack that has been sent out to you (can also be found on the front page of the Intranet) as it details what you need to do before the migration takes place.

Please note that this only affects staff who currently have an nhs.net email address.

CABS (Computer Aided Booking System)

eHealth are rolling out the above system which is a tool that can manage room bookings. This allows users to check to see if there are relevant time slots available and make a provisional booking. This is then confirmed via email by the room administrator for that room/area. For more information, please visit the CABS site on the Intranet under non-clinical applications.

Taking care of veterans



- Have you served in her Majesty's armed forces?
- Do you have a health condition which relates to your service?
- Do you reside in Scotland?

If a person can answer yes to all three questions this means that they are a veteran and are entitled to priority treatment within the NHS in Scotland for a service related condition. It is no longer necessary for them to be in receipt of a war pension or gratuity from the Ministry of Defence.

Those entitled to priority treatment for conditions related to service are - all Army, Navy and Air Force personnel who served at least one day and are considered veterans for this purpose; Reservists; and former members of the Merchant Navy who took a direct part in legally-defined UK military operations

Staff can find out more on services for veterans and their entitlement from the Scottish Government (CEL8 (2008) dated 13 February 2008 which is available from the following link
http://www.sehd.scot.nhs.uk/mels/CEL2008_08.pdf

Some mental health problems do not manifest themselves until some time after completing service. If the patient feels that their condition may be mental health related, they can get further guidance on the assistance available by telephoning the Ministry of Defence Mental Health Team on 0800 0326 258. Any information provided will be treated in the strictest confidence.

The local Citizens Advice Bureau can also help if anyone wishes to discuss their entitlement. Details of local offices can be found on their website www.cas.org.uk/webofficefinder.aspx or from the local telephone directory.

Useful Contacts:

www.veteransscotland.org.uk www.veterans-uk.com/map/faq www.nhs24.com/content
www.cas.org.uk www.scotland.gov.uk

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

Smoking Cessation Support Service for New Craigs and RNI staff at New Craigs hospital call 07920247930 to make an appointment.

HDLs

You can find all recent HDLs in the SEHD Weekly bulletin at <http://www.sehd.scot.nhs.uk/publications/bulletin/bulletin2009list.htm>

eLibrary

www.elib.scot.nhs.uk

Have you registered yet?