

# Team Update



Issue 57 April 2009

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## Better Health, Better Care and Better Value for our local communities



**Message from Garry Coutts, Chair of NHS Highland**

NHS Highland, along with all other Boards in Scotland, is entering challenging times and will need to ensure that every pound is spent wisely if we are to continue to modernise and improve the services that we want to provide and our patients expect.

NHS Highland is committed to delivering the most cutting edge treatments and services possible for patients and our local communities and we must therefore make sure that all our resources are used as efficiently as possible.

In light of this and the fact that our financial settlement for next year is very tight senior managers were asked to bring forward a number of financial papers to this month's Board meeting to ensure that we continue to deliver best value for the public.

In addition the Board also endorsed the implementation of a redesign programme for NHS Highland which would help us make the most effective use of facilities and resources across all of our systems without being detrimental to patient care.

The programme will include:

- A redesign of Corporate Services to ensure that managerial, administrative and non clinical support functions are fit for purpose and cost effective.
- Maximising the use of modern technology to help tackle the vast distances involved in travelling across NHS Highland and to ensure

that patient care is delivered as effectively and efficiently as possible.

- Making the best of medicines through ensuring that medicines continue to be prescribed effectively and appropriately and that unnecessary repeat prescriptions are reduced.
- Maximising current bed usage across NHS Highland to increase efficiency and reduce waste without compromising either accessibility or patient care. Any recommended changes would be identified and made by local management and discussed at their Committee meetings. Implementing this policy would also allow resources to be released and investment made in more effective locally based services.
- Making the most effective use of all facilities to ensure that we continue with the delivery of waiting times and that the Board ensures staff that currently have specialist skills are fully utilised.
- Maximising the income of NHS Highland through ensuring that funds are fully recouped for work that is currently undertaken in NHS Highland on members of the public that reside elsewhere in the UK

We are now in a very different financial position. This year alone (2009-10) we have to find £9 million savings in order to meet service improvements we have committed to delivering.

The need for change and transformation has never been greater so we have to respond with rapid action across NHS Highland so that we are Changing for the Better of all our patients and communities.

I understand that for some people change can sometimes be very worrying but would reassure patients, staff, the public and our partners that this is about continuing to improve our services for local communities the length and breadth of NHS Highland.

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## Scottish Patient Safety Programme (SPSP)

**CAN YOU PLEASE ENSURE THAT YOU USE  
THE RECORDING LABEL EACH TIME YOU APPLY A TEGADERM IV DRESSING**

**THIS IS TO COMPLY WITH THE SCOTTISH PATIENT SAFETY PROGRAMME  
WITH REGARDS TO CARE BUNDLES**



The Scottish Patient Safety Programme (SPSP) has been in progress in NHS Highland since January 2008.

One of the main objectives of the programme is to reduce healthcare associated infections. One way we can do this is by appropriately attending to venflon (peripheral vascular catheter - PVC) care and preventing PVC infections.

Initially, there are a few pilot sites doing the "bundles" but shortly these bundles will be rolling out to your areas - if you work in Belford, Caithness General, Lorn and Islands or Raigmore.

Using the SPSP methodology these pilot sites

have developed tools and educated staff to assess the compliance of the bundle.

The measure of their success will be a reduction in infection rates.

Within the Programme there is an expectation that the PVC bundle and all other interventions will be rolled out in all hospital sites by January 2011. Although there are variations within each of the workstreams this requires spread outwith the pilot areas from around July 2009.

Over the page are excerpts from staff nurses working on the bundle with regards to the process they have followed ....

### From the editor ...

Welcome to the April 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](mailto:nhs.highland@nhs.net) or contact

[Christina.macdonald@hnb.scot.nhs.uk](mailto:Christina.macdonald@hnb.scot.nhs.uk)

**Deadline for copy: 15th May**

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## Scottish Patient Safety Programme (SPSP) Examples

I work in the Rosebank Wing, a medical ward at Caithness General Hospital in Wick. Following the SPSP conference in May 2008 we decided to get together a small working group to implement tests of change around PVC bundles. We agreed that as per SPSP recommendations venflons were to be dated, timed and removed within 72 hours of insertion. We obtained venflon bundles from other areas which we used as a base line to compile our own specific bundle and we also agreed on a ward protocol. We eventually proceeded with one nurse on one day with one venflon, then the same nurse on one day with 3 venflons ramping up to one nurse on one day with 5 venflons as per the IHI recommendations of one, three and five tests of change.

After each test of change we got together and studied the results compared to the predictions as per Plan – Do – Study – Act or PDSA cycle. Once we felt there was staff understanding we proceeded with 3 nurses, one day one venflon, then 5 nurses, one day one venflon. Once there was 100% compliance we rolled it out for all ward staff to carry out a bundle on all patients admitted requiring a venflon. A bundle sheet was placed alongside the sews chart for daily checks to be carried out as part of the ward routine.

Every Monday morning a different member of staff goes around all the patients and checks the venflon bundles for compliance. (This ensures the process does not become person dependent) We then input the data on to the W Drive for measurement, this then produces graphs of our ward compliance for all to see. PVC bundles have reduced sepsis associated with cannulation on our ward.

Pat Mcgee

Following the launch of the Scottish Patient Safety Programme in January 2008, the surgical ward team in the Belford Hospital embarked on the implementation of the Peripheral Vascular Catheter Bundle. Our goal was to optimise our care of PVCs and to reduce as far as possible any infectious complications. By reducing device-related bloodstream infections we would be reducing harm to our patients

We were also determined to be able to demonstrate the quality of our PVC care particularly within our own setting. The first task therefore, was to provide meaningful information and statistics to members of the surgical team concerning the importance of improving our standards of care in this important area. A ward folder was produced featuring key information, which everyone was required to read. A presentation was displayed on the main corridor of the ward and informal education was provided to the surgical team, patients, relatives and all those interested in the project.

Our next step was to implement the small changes required in order to improve our practice. By using worksheets for testing change we started in true SPSP spirit with one nurse and one patient. We learned from this process and gradually over time we made the modifications necessary to optimise our PVC care. Our testing continued for several weeks, gradually increasing the numbers involved to one nurse and five patients. When we had developed a workable and procedurally valid audit tool we rolled the programme out to the whole ward. It is now embedded as part of our weekly routine to audit our PVC care and record our results on the ward graph which is displayed in the main corridor.

There is no doubt that one year on we have transformed our care of peripheral vascular catheters within the surgical ward, regularly scoring one hundred percent success in the weekly audits. We have had our problems, however, and it has not all been plain sailing; but we have solved these problems by a PDSA (plan, do, study, act) approach and we have never given up. Our next challenge is to ensure that these changes are totally embedded in the ward culture, that they become system-led and not person-led. The surgical ward team in the Belford Hospital are committed to ensuring the highest possible standards for our patients, and we look forward to our next challenge within the Scottish Patient Safety Programme.

Norma Burke, Charge nurse

## Calling all mentors

An Inverness based charity offering troubled teens a dedicated mentor is looking for kind, enthusiastic and committed folk to get involved.

Day1 was set up in 2005 to help teenagers most likely to fall into the NEET category (not in employment, education or training) to find a positive way forward in life.

Mentors meet their young person on a weekly basis for around two hours where they can undertake a range of activities to suit. These might include something like going to the cinema, for a walk, going out to eat, or fishing.

Day1 Co-ordinator Corrin Henderson said: "We are always looking to find people who can be a positive and stable influence. The scheme runs for a year so we recognise that it is a big commitment, but the rewards for the Day1er (young person) and their mentor can be huge.

"We attract a lot more female mentors to the project but because we are keen to establish a same gender relationship this can make it hard to find a match for our teenage boys.

"We get really good feedback from our Day1ers and from our mentors. The programme develops interpersonal skills, builds self esteem, inspires

people to have faith in their own ability and what's more it's empowering for the young people.

"I suppose a key question for any potential mentor is for them to ask themselves 'Who or what would I be if I didn't have any positive influences in my life when I was growing up?' The answer to that might well be where some of these young people are heading now. It's not that their family or teachers or friends don't care about them, it's just that sometimes a young person needs someone totally independent from their own environment to help them see their life as it really is, and how they can make the best out of what they do next."

There is no strict criterion for what makes a good mentor and each young person (Day1er) is allocated an individual based on what their needs and wants are. The most important thing for any potential mentor is to recognise the importance of young people and what they have to offer.

Potential mentors go through a Disclosure Scotland check, will be given training and will be fully supported throughout by the Day1 team.

For more information please check out the website at [www.day1.uk.com](http://www.day1.uk.com), email Corrin at [corrin@day1.uk.com](mailto:corrin@day1.uk.com) or call for an informal chat on 0845 367 0651. The next training day is scheduled for May 30<sup>th</sup> so anyone who is interested is urged to get in touch as soon as possible.

## KSF Update

### **Positive results so far, keep up the good work.**

The KSF team would like to express their sincere thanks for all the hard work and effort to all those involved in supporting the implementation of KSF and for collating and providing information regarding the HEAT PDP target. The co-operation and assistance experienced by the KSF team from both staff and managers has been excellent. Some areas have reported in excess of 90% of the target figure e.g. Woman & Child Directorate, North CHP, SE CHP and Community Dental.

The Scottish Government Health Department has advised that Boards, who have not managed to meet the HEAT Target, must ensure that all staff have a PDP by 31<sup>st</sup> May 2009. The overall figure for NHS Highland is currently 65%, so there is still a considerable amount of work to do in some areas to achieve this target.

Guidance and advice is available for both reviewers and reviewees in the form of a one hour awareness session. These sessions can be delivered at a mutually agreeable time and place

and are available to teams, departments and individuals. Our experienced facilitators will guide you through preparation activities and provide information regarding completion of the review documentation and evidence gathering. If you would like to book a session for your staff, team or department please contact Paul Simmons in the first instance on 01463 706885 or email [paul.simmons@hpct.scot.nhs.uk](mailto:paul.simmons@hpct.scot.nhs.uk)

In last month's Team Update we reported that 90% of NHS Highland staff now had a KSF Outline in place, which is really good news and even better, that figure has now risen to 95.5%. Support is available to develop and create KSF Outlines; there are currently 2484 Outlines approved and there may be one that can be adapted or customised for you, the KSF Team can facilitate this in a session that takes approximately one hour. Useful documents, further information and contact details are available via the intranet to help you.

If you are a manager please remember to let the KSF team know once PDP's are completed by telephone/ email to Aileen Trappitt on (01463) 706877 [aileen.trappitt@nhs.net](mailto:aileen.trappitt@nhs.net)

## Agenda for Change Update

### Assimilation

We have now reached the position where only 100 out of approximately 11500 staff are still being paid on Whitley scales, and we are on target to reduce that figure further by the end of April. 65 of the 100 are based in Argyll & Bute CHP, the remaining 35 being based elsewhere in NHS Highland.

### Reviews

Progress with reviews has been steady and we have now completed almost half of those submitted. This is in line with other NHS Boards in Scotland. We recently wrote out to those staff who had submitted review requests but had not confirmed whether they had submitted all their evidence, and as a result of the feedback from that exercise we are now able to make some decisions about prioritising the remaining reviews. Our initial priority now is to complete the reviews for posts where there are 10 or more postholders, as this will significantly reduce the number of staff still waiting to hear an outcome. Beyond that, it is likely that we will concentrate on particular groups of staff where there has been a high level of review requests but which we haven't been able to progress to date.

Setting timescales for completion of the reviews is difficult because of the complexity of many of the reviews and because the work has to be fitted in with the matching of new jobs for advertisement. In addition, the number of trained matchers available varies from week to week. Nevertheless we are determined to complete the reviews exercise as soon as possible.

One of the frustrations for staff whose review has been successful is the delay in being reassimilated to the higher band, and the AfC Team have received numerous queries about this. A major cause of delay is managers not responding quickly to requests for information about who occupied which post and when, and staff in this position may wish to check with their manager that they have received and completed the spreadsheet.

### Significantly Changed posts

Managers have been advising us since 2005 of posts which have changed sufficiently to require re-examination. Obviously a backlog has built up since then and we have made a start on clearing this; however, this work also has to be fitted in with the matching of new jobs and the consideration of review requests. Plans are being developed to divert resources to focus on this work and progress will be reported in future Team Updates.

## Older people to be treated in the community in Sutherland

NHS Highland is continuing to develop the range of services it provides in Sutherland so that more people can be treated and cared for at home.

The Cambusavie Unit, at the Lawson Memorial Hospital, in Golspie, was purpose built as a 30 bed long-term facility in 1989, when patients were transferred from the old Cambusavie Hospital.

Since then, it has developed into a rehabilitation centre for older people from across Sutherland and there are now no long-term patients. The number of beds was reduced to 22 a few years ago for health and safety and staffing reasons.

As patients' needs have changed, bed occupancy at the Cambusavie Unit has declined and, on average, only 13 of the 22 beds are used so eight will be removed.

Medical, nursing and allied health professional staff have planned how they can continue to develop their community service, which started with the appointment of a physiotherapist three years ago.

The new service will mean that, instead of having

empty beds in the unit, staff from the unit will be able to provide rehabilitation for patients at home, in residential units or wherever it is appropriate.

Locality general manager Georgia Haire said: "By developing a more flexible service, we will be able to support more people, so they can stay at home for longer and come home earlier from hospital.

"We are also hoping to improve the facilities within the unit itself so that it better meets the needs of rehabilitation patients, as opposed to the long-term patients for which it was designed. Our aim is to have better therapy space, day space and bedroom areas."

"I see this as a natural development for the unit. It will mean we can provide rehabilitation and develop our services to support more people in the environment that is most appropriate to individual patients, whether that be hospital or home."

At the same time, plans for underway for the replacement of Migdale Hospital in Bonar Bridge, which will have 22 beds providing a combination of GP-led and old age psychiatry beds.

## Strides towards assertiveness

Top tips on how to be assertive were on offer to NHS Highland employees at a recent meeting organised by the local Workers Education Association.

The group provides information, learning and support for working women (paid and unpaid). It aims to help them to understand issues, develop skills, and become empowered to speak out about things that matter to them at home, at work and in the community.

The training event offered a welcome opportunity for female employees of NHS Highland to talk about some of the work and home situations that they find challenging to tackle, and to appreciate that they're often not alone in how they feel. Around 15 people met to find out more about how to be assertive, and to discuss ways that they might try to steer their behaviour in this direction.

Unison Learning Representative Karen Doonan arranged the get together. She said: "It was really encouraging to see so many people give up their lunch hour to come to this meeting. We all appreciate how hard it is to try to find time to do something like this but when we can arrange for the training or discussion to come to us here at an NHS building then it is really worthwhile and there was lots of positive, and assertive, feedback."

Top tips on being assertive:

- Know what you want before entering debate
- Choose your moment carefully
- Actively listen to other viewpoints
- Use appropriate language
- Stick to your point
- Know your facts
- Respect other people
- Consider your body language

For more information about the network log onto [www.weawomenatwork.org.uk](http://www.weawomenatwork.org.uk)

## New Stroke Services developed at Caithness General

Caithness General Hospital in Wick has developed new services for Stroke patients in the north and is one of the first Rural General Hospital's in Scotland to be offering these treatments.

The first of these services, the Novel Rapid Access Neurovascular (TIA) service started up at the beginning of April. Transient Ischemic Attack (TIA – often known as mini stroke) patients will be seen within 24 hours and treated, not only will this save lives but it will also prevent further strokes.

Christian Goskirk, Stroke MCN Manager for NHS Highland, said: "Stroke is the third largest cause of death in Scotland and the biggest cause of adult disability. In NHS Highland's area 12 people have a new stroke every week. With the new neurovascular service in place patients will have a much better chance of recovery and reduce the risk of it happening to them again."

The Thrombolysis Service, which is a clot busting medication used on some types of stroke patients, will be introduced at Caithness General Hospital on the 4<sup>th</sup> May. Approx 80% of strokes are caused by a blockage of blood supply to part of the brain. Thrombolysis is the use of clot busting drugs to open up these blocked arteries. This can allow blood flow to be restored to brain cells and reduce the amount of damage done by the stroke.

Patients who reach hospital within the time frame (up to a maximum of four and a half hours from the onset of the stroke happening) may be eligible this treatment.



Christian added: "Patients who arrive at hospital within the time frame after having their stroke will immediately be taken for a CT scan of the brain to assess their suitability for Thrombolysis treatment.

"New research and guidelines from SIGN (Scottish Intercollegiate Guidelines Network) shows that this treatment decreases disability after stroke meaning the patient has a better chance of making a fuller recovery.

"It is important to remember that if you think someone is having a stroke or may be experiencing a TIA you should think FAST. F – Facial weakness, can they smile or has their mouth or eye dropped? A – Arm weakness, can they raise both arms? S – Speech problems, can they speak clearly and do you understand them? And lastly T – time to call an ambulance."

Dr I H Malik, Consultant Physician based at Caithness General Hospital will be visiting all GP Practices in the Caithness and Sutherland area to tell them about these treatments.



## The Perfect 10

The CHI programme is now entering Phase 3, and stricter criteria are in place for CHI number compliance on all documents. Please note that the CHI number should be written in full 10-digit format. This is vital if electronic systems are to interact, and information is to be passed and shared both accurately and safely. No dots, dashes, or gaps. **So please remember to give us a Perfect 10!**

### Target surpassed by Labs!

The HEAT Target for CHI moved from Labs at the end of March, after a successful 2 year

programme to get CHI compliance up to the target 97%.

They achieved this in October 08 and remained consistent, rising to 98% compliance for the final 2 months of monitoring. This is to be applauded and thanks and appreciation go to all concerned for their efforts.

Monitoring for Labs reduces to a 6 monthly basis as long as *this standard is maintained*, so keep up the good work Labs!

Radiology is the new HEAT Target as of April 09; again compliance on received requests must rise to the 97% target, this time within the space of just 12 months. A tough target, but with *co-operation from all referring to radiology in supplying a CHI number*, this is another one within our reach.

## First teeth, healthy teeth - a guide for health professionals, parents and carers

NHS Health Scotland is holding the north launch of an oral health guide aimed at health visitors and public health nurses at an event in Inverness on Thursday May 7.

The launch at the Drumossie Hotel is one of three being held across Scotland, the other two are in Stirling and Glasgow.

NHS Highland Oral Health Improvement Co-ordinator, Miranda Moodie, explained that First Teeth, Healthy Teeth was an exciting and user-friendly guide, which has been developed to provide clear, up-to-date information about oral health to parents and carers of babies and children up to the age of five years.

She said: "It includes advice on how to maintain a healthy mouth for babies and children, teething, weaning, toothbrushing, preventing tooth decay, visiting the dentist and more.

"It has been produced to support a national programme, called Childsmile, and to support the oral health improvement target, which is for 80% of all three to five-year-old children to be registered with an NHS dentist by 2010/11."

Miranda said the guide was aimed at health visitors, public health nurses, Childsmile staff and

oral health promoters and others who were contributing to oral health improvement.

She added that the event would provide a unique opportunity to hear about the contents of the guide and find out more about the Childsmile programme.

It will also provide time for reflection and discussion on how to use the guide to benefit the relevant health professionals in their work and provide a forum for networking and creation of new links with Childsmile and oral health professionals.

Miranda said a good number of oral health staff had already booked to attend, but she was keen to see more NHS Highland health visitors and public health nurses sign up for the free event.

Places are limited so anyone wishing to attend should confirm their place by visiting the registration site <https://www.healthscotland.com/news/events/index.aspx>. More information is available from NHS Health Scotland Oral Health Co-ordinator Laura Hunter on 0131 313 7500 or by email at [laura.hunter@health.scot.nhs.uk](mailto:laura.hunter@health.scot.nhs.uk).

## £1.2million for North Scotland Wheelchair Service

£1.2million has been allocated to wheelchair services in NHS Highland enabling them to develop Wheelchair and Special Seating Services provided to the people of the North of Scotland.

This follows last month's announcement by the Scottish Government that £16million is to be invested into a modernisation programme for wheelchair services.

Fraser Brunton, NHS Highland's Director Medical Physics and Bio-Engineering welcomed the funding, which will be used over three years to develop services provided to wheelchair users and their carers in the North of Scotland.

He said: "We are already committed to developing our Wheelchair and Specialist Seating services

and welcome this investment from the Scottish Government. We will use this allocation to modernise the service, upgrade accommodation and improve our response times as well as decreasing our waiting lists.

"We will also be working to develop our community based prescribing and appointing more specialist technical, clinical and admin staff."

NHS Highland's Raigmore Hospital in Inverness is one of five Wheelchair and Special Seating Centres in Scotland that provide multidisciplinary assessment and provision to wheelchair users and their carers in Scotland. As well as the Highland area services are also provided to the Western Isles and to the west part of NHS Grampian.

## Review of nursing in the community pilots are going well

Twenty six NHS Highland nurses have started training for a pilot project that could lead the way for improving community nursing across Scotland.

Pilot schemes for the national Review of Nursing in the Community are being conducted at Tain, Thurso, Badenoch and Strathspey, Helensburgh, and Kintyre and Mid Argyll.

The review sees nurses, who have traditionally worked as district nurses, school nurses, health visitors and family health nurses coming together to form a new community health nursing discipline.

And nurses in the four existing roles are undergoing training so they can acquire new skills that will enable them to provide care to patients of all ages, from newborn babies to older adults.

Pat Tyrrell, project manager for NHS Highland, said there was a lot of exciting work happening in Highland to support the implementation of the new model of community health nursing.

She said: "Staff in the pilot sites are a credit to the nursing profession as they shape and test this new model. Overall, in spite of concerns and pressures, they are adopting a solution focussed approach to addressing issues and are demonstrating leadership and flexibility in developing the model for their communities.

"Learning will be workplace based and will be supported by both internal and external providers.

"The timescales for the completion of the transition

will vary for each individual and will be dependent on the number of learning outcomes required to address the gaps identified.

"Staff are undertaking this development in addition to continuing to provide community nursing services and it is important to recognise and support the additional work and commitment."

Community health profiles for each community in the pilot sites are being developed by NHS Highland's public health department. The first of these is now completed and the others are due to be finished next month (May).

Pat explained that, when completed, these profiles would be used to develop the workforce plan for each pilot site and would inform the planning and prioritisation of workload for the coming year.

She said: "One of the key elements of practice in the new model is anticipatory care and work will commence in the next three months with the pilot sites to utilise the SPARRA data, helping identifying those at highest risk of admission.

"Utilising this data and anticipatory care plans, which are currently under development, the community health nursing teams will work with the wider extended community care teams to agree roles and remits in delivering appropriate care to this group of patients."

The Scottish Government will monitor feedback from the pilot sites and use it to determine if and how these changes should be rolled out across Scotland.

## New Learning Disability Liaison Nurse for Highland

Delivery and care for adults with a learning disability now has the support of Val Watson, who has recently taken up the new full time post of Learning Disability Liaison Nurse for acute services in Highland.

In her role Val will be supporting people with a learning disability, where appropriate, when they access acute services, which can include admission to hospital or attending as an outpatient.

The post has been created following Scottish Government recommendations after inequalities in acute health care for people with learning disabilities were highlighted in various reports.

Val, who is based at Raigmore Hospital in Inverness but covers all of Highland, explained that she is there to support from the first step of the patient's journey in acute care right up until their appointment is over or they are discharged. She said: "Patients with a learning disability coming in to hospital can have quite complex needs. I am there to advise and assist, ensuring there is strong

communication between the patient, their carer and NHS staff.

Val added that the service is a resource for the hospital staff so the need of the patient can be assessed, care planned and the education and support to carry this out is there at all times. She said: "I assist in the coordination of care from the patient's referral onwards until they are discharged. I can also, where appropriate, carry out home visits to help prepare the patient and their carer for hospital treatment."

"I work closely with staff in clinical areas providing advice and education as well as contributing to wider training programmes and promoting and advising meaningful communication with those involved in the patient's care."

Val has 25 years of experience as a Learning Disability Nurse and was most recently employed with the resettlement team at New Craig's assisting people who have a learning disability to move out of hospital care into their own homes.

### Do you have a (creative) view?

NHS Scotland is in the process of developing an exciting national awareness campaign aimed at NHS staff and to make sure we get it right, we want to share our ideas and find out what you think.

Please join us for an interesting session where you will get the chance to give us your honest opinion of our plans so far and help shape the look and feel of this campaign.

We will be holding two focus groups\* during May, details of which are available below. We want to hear from staff in all corners of the organisation so no matter what you do or where you work, we want to hear from you.

We look forward to meeting with you and hearing your ideas - you will be helping design a major campaign that will be launched later in the year.

\*Please note the focus groups will be held by an independent agency and all views expressed will remain anonymous.

	Lochgilthead	Inverness
<b>Date</b>	6 May 2009	07 May 2009
<b>Time</b>	2pm – 4pm	10.30am – 12.30pm
<b>Venue</b>	Board Room Aros Blarbuie Road Lochgilthead	E/114 Seminar Room 1 Centre for Health Science Old Perth Road INVERNESS
<b>Contact</b>	Rowena Dennis Rowena.dennis@nhs.net	Marie Eddie Marie.Eddie@hpct.scot.nhs.uk
<b>Catering</b>	Tea, Coffee, Water & Biscuits at 2pm	Tea, Coffee, Water & Biscuits at 11am

## Launch of bowel screening programme - Argyll & Bute



A new set of posters and leaflets were unveiled at the end of March by Cabinet Secretary Nicola Sturgeon in a drive to encourage the

public to take part in the Scottish Bowel Screening Programme. The launch of the posters came at the start of Bowel Cancer Awareness Month, and aim to inform the public about how they can take action against Scotland's third most commonly diagnosed cancer.

The Scottish Bowel Screening Programme, which is currently undergoing a phased national roll-out across the whole of Scotland, invites everyone aged 50-74 to carry out a simple test, which can be done at home, every two years. The new posters, which feature everyday people, use positive encouragement by speaking directly to the public – 'I've done the test, have you?' All men and women in the age range are, or will be, sent a simple home test kit, which can be conducted in the privacy of their own home, without even having to pay a visit to the GP.

In the last year of its roll out, the Scottish Bowel Screening Programme is up and running in nine Health Board areas, with the Argyll & Bute Community Health Partnership part of NHS Highland and NHS Greater Glasgow and Clyde joining from 1 April. The remaining four NHS Health Boards will roll onto the programme up until the end of the year. When the programme is fully rolled out, over 700,000 people a year will be invited to take part.

Health Secretary Nicola Sturgeon said: "Most people know that it is important to take care of their health. But even when we feel fit and healthy, there are things we can do to address any underlying health concerns.

"Scotland's new poster campaign is designed to raise awareness of the programme. I would urge everyone invited to be screened to take up this offer."

Elaine Garman, Public Health Specialist for Argyll and Bute Community Health Partnership, added: "The launch of the bowel screening programme marks an important development in prevention and early treatment of a treatable and curable cancer in Scotland. Men have a higher risk of developing bowel cancer than women do. One in every 16 men and one in every 20 women will develop the disease at some point in their lives.

"For the first time men are being involved in a national screening programme. We know men as a whole are not as good as women at going to the doctor or talking about problems so we will be particularly encouraging men as much as possible to take part and take a very active step in looking after their health.

"So what do you need to do if you are 50-74 years old? Make sure your GP has your up-to-date address so that we can send a screening kit to your home. Around your birthday you will be sent a letter alerting you to a kit coming. When it arrives use the kit (all the instructions are provided) and send it off as instructed. Encourage others to do the same. Talking about something a bit embarrassing is better than losing someone special to you.

## Ethnic Minorities Law Centre (ELMC)

The Ethnic Minorities Law Centre (ELMC) has re-established a Highland-wide service. EMLC has been providing bilingual and culturally sensitive legal services to ethnic minority communities since 1991 when it first opened a head office in Glasgow. It offers specialist legal advice and representation in the areas of Immigration and Nationality law, Asylum law, Discrimination law and Employment law. It offers services to ethnic minority communities across the Highland council area. A key aspect of the project will be partnership working with the Highland Citizens

Advice Bureau.

It will have a full time project solicitor based in Inverness and will be developing outreach services across Highland. Anyone who needs a service or to make a referral is asked to contact project solicitor, Stewart Cunningham, on 07776 059 881 or by email at [s.cunningham@emlc.org.uk](mailto:s.cunningham@emlc.org.uk)

General information about EMLC is available by logging onto [www.emlc.org.uk](http://www.emlc.org.uk)

## Research and Development Funding

Applications are being invited for research and development projects in NHS Highland.

The deadline for submissions is May 18<sup>th</sup>.

Research and Development Manager Frances Hines is asking people to think carefully about any potential application to give it the best chance of success:

“We have less than half the funding allocation that we had last year so it’s really crucial that people submit strong applications that they’re really serious about. We’ve limited the funding to a maximum of £2,000 per project but this can still go a long way when it comes to covering costs such as field work, travel, equipment, attending conferences if delivering a paper or poster, cost of research books and organising controlled trials and so on.

“In terms of development focussed projects i.e. where you are thinking of developing a product (e.g. a device, training package, CD-Rom or DVD, a new drug or any other potentially commercial product) the cash can help fund input from a designer, help to design a website or put together a CD of information and so on. If a project is strong, justified and has recognised potential then we will do our best to assist with funding. “We’ve helped fund lots of interesting and innovative research and development projects previously including a study looking at a genetic link with schizophrenia, a survey into trips and falls

in Argyll and Bute, and the well publicised study into oats and how they benefit people with type 2 diabetes.

“Last year we had around £20,000 of funding for projects but for the money that we pay out there is a great deal of match funding and outside investment coming back in. Since 2004, following initial funding from NHS Highland R&D Endowments of approaching £100000 across 25 funded projects, there has been a conversion of around £320,000 worth of research investment from external bodies which is a real boost in many ways, specifically for the research team, staff, the local economy, and NHS Highland. Other outputs include academic papers, better qualified staff, and an increasingly high profile for NHS Highland as a research active and innovative institution in which to work”

“Having a strong research and development facility here means that we can help attract high calibre candidates for new posts, help retain staff we already have and help to develop and deliver an excellent and forward thinking service. Even more importantly, research provides evidence for new treatments and better care for patients”

Anyone who needs more information about the application process or would like help in their submission to the Research and Development Endowment Committee is urged to call Frances Hines on 01463 255822 or email her at [frances.hines@haht.scot.nhs.uk](mailto:frances.hines@haht.scot.nhs.uk)

## Health Promoting Schools Officer - new appointment

Shelley Ironside, who is based at Rowan House in Inverness, has recently been appointed to the post of Health Promoting Schools Officer for Inverness, covering Karen Carson’s secondment.

Shelley is looking forward to starting her role and will soon start visiting schools in the area.

She said: My background in health has meant that I have always been passionate about Health and Wellbeing. It has also made me aware of how important a healthy lifestyle is both now and for the future for all in our school communities.”

Shelley currently works with the Public Health Nursing team In Inverness and is also a Sexual Health Nurse at Highland Brook.

She added: “ am delighted to be able to continue with the work that Karen Carson has developed over the coming months and look forward to visiting your school.”

If you have any queries about any Health and Wellbeing aspects Shelley is happy to provide any information and support that she can.

You can contact Shelley at: [michelle.ironside@nhs.net](mailto:michelle.ironside@nhs.net)

## Your Pension Scheme - NHS Choice Exercise 2009

### NHS Choice Exercise



New arrangements for the NHS Pension scheme were introduced on April 1 2008.

All NHS employees who were members on 1 April 2008 and still active on 1 October 2009 will be given the option of transferring to the new 2008 arrangements.

The timing of the Choice exercise cannot yet be confirmed but it will not start before 1 October 2009. When the time comes to make a choice, members will be issued with a pack containing information to help you make an informed decision.

### New Pension Arrangements

The new arrangements will have a normal pension age of 65 years

Pension will accrue at 1/60th of your pensionable pay for each year of service

Practitioner pensions will be calculated at 1.87% of your career uprated earnings

When you retire, you must take a minimum lump sum based on your service in the current scheme up to 31 March 2008

### Transfer Arrangements

All your service in years/days accrued up to March 31 March 2008 will be converted using factors provided by the Government Actuary Dept (GAD) Factors are based on equal service transfer up to age 60 and reducing thereafter

### Further information

There is a specific Choice area on our website [www.sppa.gov.uk/nhschoice.htm](http://www.sppa.gov.uk/nhschoice.htm). Members currently considering retirement should refer to the 'Members Retiring Soon' factsheet on the website. Further updates will be issued as plans progress.

Scottish Public Pensions Agency  
7 Tweedside Park, Tweedbank  
Galashiels TD1 3TE  
Tel: 01896 893 002

## Services for a happy, healthy sex life

*Services for a Happy Healthy Sex Life* is the slogan for the new sexual and reproductive health care campaign in Argyll and Bute in line with the Scottish Government's commitment to increasing sexual health information in urban and rural areas.

Laura Stephenson, Senior Health Promotion Specialist (Sexual Health) said: "This is particularly timely for Argyll & Bute CHP and has provided us with the opportunity to inform the public of the new services available to them. Newspaper inserts, leaflets, posters and website information are just some of the media we are using to get this information across."

Hospital out-patient clinics, youth drop-ins, and most recently a selection of GP practices across A&B now offer specialist sexual and reproductive health care, not just to their own patients, but to anyone who chooses to attend. You do not need to be registered with the service of your choice in order to make an appointment, and your consultation will be completely confidential.

The services on offer include:

- tests and treatment for sexually transmitted infections (STIs)
- contraceptives, including implants and coils
- free condoms

Laura Stephenson continued: "STI diagnoses continue to increase, and young people under the age of 25 are the group most at risk. Often these infections cause few or no symptoms, especially in the early stages, so people don't realise they might have a problem. The tests are simple and can be done on the spot, and most treatments can be provided locally. The sooner an STI is detected, the more successful the treatment is. So, if in doubt, go along and have a check up.

"In addition, emergency contraception is available in accident and emergency departments, and is free in most community pharmacies. Plans are also in hand to offer free postal Chlamydia testing in community pharmacies.

"For details of the services in Argyll and Bute please refer to the newspaper insert, contact your local doctor's surgery or go to [www.nhshighland.scot.nhs.uk](http://www.nhshighland.scot.nhs.uk), or [www.tht.org.uk](http://www.tht.org.uk)."

Terrence Higgins Trust Scotland now provides additional support throughout Argyll and Bute thanks to an agreement with NHS Highland. Katrina Mitchell, Health Promotion Specialist for THT added: "We're really pleased to see these new sexual health services in place. Together with NHS Highland, we are committed to providing excellent care to all residents which is fully inclusive and accessible."

# Letters to NHS Highland



"I had to attend Caithness General Hospital for an operation and would like to wholeheartedly thank the surgeon, doctors, nurses, administration and last but not least the cleaning staff who had everything in immaculate condition. Everything looked and smelt as if it was brand new. Thank you all, I live to fight another day."

## **A Patient from Thurso**

"I am writing to express my total gratitude and admiration for the treatment which I received recently from the NHS staff at Raigmore Hospital and the local doctor's surgery in Fortrose for an extremely serious and sudden condition from which I am very fortunate to have recovered.

I had an appointment to see Dr MacGregor in Fortrose and whilst waiting in the surgery I passed out and banged my head. I was transferred rapidly by ambulance to Raigmore Hospital and whilst in the ambulance my heart rhythms were monitored and relayed via mobile phone to heart specialists at Raigmore alerting them to my problems. On arrival at the hospital I was dealt with immediately by A&E and after tests and diagnosis by Dr Wilson

and his team I was transferred by air ambulance to Aberdeen Royal Infirmary.

During the foregoing, I have to say that my treatment by all doctors, specialists, nurses and ambulance crews was absolutely outstanding and I truly believe that it must be the finest which anyone could possibly receive anywhere in the world. One tends to see publicised only the rare occasions when care has sometimes cause for some criticism, I am 67years old and I have had similarly exemplary treatment on each of my previous visits to my local surgeries and Raigmore Hospital. I wish to say a very heartfelt very well done indeed to a top class world service NHS!"

## **A Patient from Fortrose**

"I have just completed a 12 week course at York Day Hospital after a 7 week stay in Raigmore. I'd like to commend the staff for their efforts. They are caring and efficient and a credit to the hospital."

## **A Patient from Inverness**

"My mother has just had a lengthy stay in Islay Hospital and I am writing to thank and commend the medical and

nursing care she had while she was a patient. My mum is elderly and was very poorly; at one point I thought she would not make it - that she did is a testament to the outstanding care she received. The staff were just incredible - so patient and kind and an example to aspire to. . I know knowledge and professional skills are important - but so too is humanity and respect for the person you are nursing. The staff in Islay Hospital manage to combine both aspects of care in a way that is very humbling and I am immensely grateful to them. I include in my appreciation staff who were not involved in direct patient care but who contributed to this amazingly individualised treatment - too many examples to list but for example, talking to my mum when cleaning round her bed; providing her with a birthday cake - making her feel she mattered.

I thank them from the bottom of my heart - I would need to buy up the whole of Thornton's in order to show them my appreciation in chocolate and as I can't do that, I hope that this letter may go some way to try to say thank you."

## **A Patient's Relative from London**

## **Information & Advice for staff**

You may have noticed a new useful web link in the staff section of the intranet. The link is to the advice guide produced by the Citizens' Advice Bureaux - link: <http://intranet.nhsh.scot.nhs.uk/NHSHLibrary/Project%20Management%20Documentation/Citizens%20Advice%20Bureau%20Leaflet.pdf>

The external site contains tons of useful information, including advice on benefits, debt and money, work related problems, consumer issues, relationships and housing. Many of these issues can have a knock on impact on how we are at work, so it is helpful to have a good source of supportive information.

## **Hospitality at Raigmore Hospital, Inverness**

Please be advised that should you wish to book Hospitality within Raigmore Hospital we now have a new system to help you to do this.

Please send your requests via email to :

[High-UHB.RaigmoreHospitality@nhs.net](mailto:High-UHB.RaigmoreHospitality@nhs.net)

## What's on....May and June



**What: First Things First**

**Who:** Open to all staff.

**Why:** Do you struggle to get through the day with endless emails and communications to read? How do you then prioritise the never ending demands placed upon you? Which things matter and which can be dumped? Come along to this networking session to discover how we can all prioritise, take stock and plan for those things that really matter.

**Where and when:** Friday 8th May, Eight Acres Hotel, Elgin from 12pm-2pm.

**Need more?** Contact Charlotte Leggatt by email [charlotte@gp55751.highland-hb.scot.nhs.uk](mailto:charlotte@gp55751.highland-hb.scot.nhs.uk)



**What: Charity Event - National Organisation of Nurses in Malawi**

**Who:** Open to all staff.

**Why:** Malawi is a very small country and one of the poorest countries in the world. There are just 560 nurses to care for a population of 12 million, their pay is £90 but taxed at UK levels and there is no holiday pay, no paid sick leave and no pension. RCN Scotland work with the Norwegian Nurses' Association and the National Organisation of Nurses in Malawi (NONM) to help NONM develop as a trade union.

**Where and when:** Tuesday 12th May, Chieftan Hotel, Inverness from 7pm till late. Tickets £7.50, music provided by 'Hunky Dory'

**Need more?** Contact Diane Fraser, John Dewar Building, Inverness, Tel: 01463 706918



**What: 5 minute MOT**

**Who:** Open to all staff.

**Why:** 5 minute MOT's are being offered to all staff. The MOT will include blood pressure, body composition, lung function, hand grip strength and advice on how to give up smoking.

**Where and when:** Wednesday 27th May, Raigmore Hospital Coffee Lounge from 12noon until 2pm.

**Need more?** Contact Lorna Macaskill, tel 01463 711176 or email: [lorna.macaskill@nhs.net](mailto:lorna.macaskill@nhs.net)



**What: Leading Better Care**

**Who:** Open to all staff.

**Why:** Briefing sessions on Leading Better Care - what it is, what you need to know and what is your role.

**Where and when:** Dates throughout May and beginning of June in various areas across NHS Highland

**Need more?** Contact Leah Morrison, Tel: 01463 704919 or email: [leah.morrison@hpct.scot.nhs.uk](mailto:leah.morrison@hpct.scot.nhs.uk)

## E-Library redesign coming in April 2009

Changes are afoot with the NHS Scotland eLibrary.

A major redesign of the NHS Scotland eLibrary is underway. The redesign focuses on personalisation and improved functionality. It is being described as an “NHS Google” in that the search function will be more powerful than ever and the homepage will adopt a cleaner and simpler approach with quick and advanced search options.

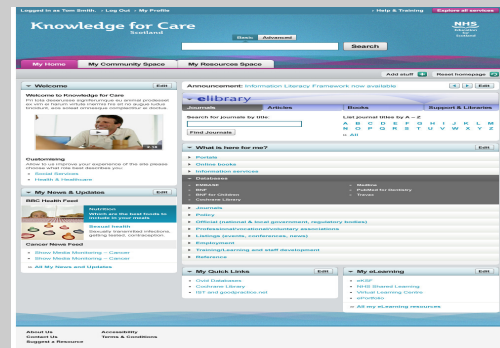
In addition to a prominent search box, the new homepage will feature a variety of features which can be individually customised. News feeds, quick links and collections of saved resources can be adjusted, organised, edited, or removed as the individual user requires.

The eLibrary itself will become just one element in a larger platform, with working title: **Knowledge for Care Scotland**. Access to e-learning resources will be highlighted, as will support for clinical decision-making, management, social services staff, patients and public.

The new-look eLibrary is planned to go live in April 2009, initially in parallel with the current e-Library for a 6 month “Beta-testing” phase during which we will gather your feedback, test and optimise performance and access for users across NHS Scotland. Regional events will take place during May and June to provide training on the new platform and consult on improvements that will make it work best for you. The current eLibrary will remain operational until October 2009, after which the new platform will take over from it.

Please contact: [elibrary@nes.scot.nhs.uk](mailto:elibrary@nes.scot.nhs.uk) with any questions about the redesign project.

Rob Polson ([rp5@stir.ac.uk](mailto:rp5@stir.ac.uk)), Highland Health Sciences Library



### 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](mailto:smokefree@hnb.scot.nhs.uk)**
- **[Givingupsmoking.org.uk](http://Givingupsmoking.org.uk)**
- **[Quitnet.com](http://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](http://www.elib.scot.nhs.uk)

Have you registered yet?