

# Team Update



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## The big challenge



**A personal reflection from Eric Bajjal, former Director of Public Health for NHS Highland.**

As I was working with my team on the Director of Public Health Annual Report for 2008-09, it was a

time of special, personal reflection. Partly because it is my last such report for NHS Highland as I prepare to move to a new post in NHS Borders. However, this also made me look back over the main health issues facing people in Highland, and brought into sharp focus the outstanding challenges ahead for NHS Highland staff.

We know that overall people are living longer, and that many indicators of health are improving. However, it is also clear that the health gap between the wealthiest and least wealthy people is not only continuing, but continues to widen. Of course, public agencies together need to maintain efforts to tackle the causes of poor health, but within the NHS we need to take some fundamental steps which will change the way we interact with patients and communities.

There is no doubt that NHS services must keep up the focus on screening, early intervention and delivering modern treatments. But this must be

matched by a significant shift towards interventions that are based on helping people to take more control of their own health. These are two ends of the same spectrum where overall the NHS has to balance the high cost, technical, clinical inputs of treatment services, with models of care which support people to make their own decisions, and be in greater control of their health.

Therein lies the big challenge – just as the current harsh economic conditions will impact directly on people's health, so it impacts on the resources available for healthcare and services. As ever, this means NHS staff finding innovative ways of responding and adapting to changing needs and circumstances. Our overriding objective as a health organisation is to improve health, and I welcome the recognition that services must adapt to changing health needs in local populations.

As I prepare to move on, I leave the Highlands knowing that there is still much to be done, but also grateful for the very talented team in Highland and the collaboration I have had, particularly with the local Councils. There is a growing body of experience and expertise locally capable of finding innovative approaches to the rising challenges ahead.

Chief Executive Roger Gibbins added: "We are very pleased to have had the opportunity to work with Eric over the past five years. We are sorry to be losing him but wish him and his new team at NHS Borders all the very best for future initiatives."

## Medicines Reconciliation at Raigmore Hospital

The Medicines Management is successfully taking forward the Scottish Patient Safety Programme (SPSP) medicines reconciliation work within the Medical Directorate of Raigmore Hospital. The team is a multidisciplinary team made up of Pharmacists, Medical and Nursing Staff.

Medicines reconciliation is a key component of the Medicines Management Workstream and is about capturing correct information about the current medication a patient is taking – prescribed and otherwise. This is important as incorrect information may harm the patient in different ways:

- Patients may not receive medicines they need.
- Patients might be restarted on medicines the GP stopped
- Patients might be started on something they already have at home and be at risk of double dosing
- Admission might be due to side effects of a drug being taken.

The Medicines Management Team have been working hard on developing a process that will

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enable clinical teams to record the correct information about a patient's drugs. Their work has included:

- Using the Model for Improvement and PDSA test of change to develop a new medicines reconciliation form
- Introducing a feedback system on how well forms are completed
- Giving teams real examples of how carrying out the medicines reconciliation process has prevented error / improved care

A recent example of where carrying out this process has improved patient safety was in a patient whose cocaine use may have contributed to him having an MI. The cocaine was listed by staff on the reconciliation form allowing the connection to be made and care tailored

according. Such examples help to demonstrate the importance of routinely collecting this information.

This hard work has resulted in a great improvement in the compliance in completing Medicines Reconciliation Forms within the pilot area, reaching 100% recently, and patients are safer as a result. This team is one of the first SPSP teams in Scotland to achieve this level of compliance and their success has been praised by the National SPSP Team at both the recent NHS Highland 'Every Patient, Every Time' on 24<sup>th</sup> April 2009 and the National SPSP Learning Session on 19<sup>th</sup> May 2009.

The team will now be turning its attention to other areas of the hospital and looking at information exchange between wards and at discharge.

## New Patient Pathway for MSCC



A new patient pathway has been implemented within NHS Highland and the Western Isles meaning patients suffering from Malignant Spinal Cord

Compression (MSCC) now have a better chance of being kept on their feet giving them a better quality of life.

MSCC happens in some patients with cancer that has spread to the spine, pressing on the spinal cord, causing severe pain and paralysis.

Patients who have a history of cancer, a new severe back or neurogenic pain and have new difficulty in walking are at risk of having MSCC. Healthcare professionals treating these patients are advised to contact the MSCC coordinator, based at Raigmore Hospital, if they suspect MSCC developing.

Superintendent Radiographer Vicky Doughty and Senior Physiotherapist Susan Nuttall are the

MSCC project managers for the MSCC coordinator team and are keen for colleagues within the organisation to know that this support is out there.

Vicky said: "Patients who are at risk can come into contact with members of staff across a range of different disciplines and although the service for patients with MSCC has always been there, we have streamlined it. We've put all the pieces together so that patients affected by MSCC are dealt with in a structured, efficient and coherent pathway.

Susan added: "Once referred the patients are scanned and if appropriate referred on to radiotherapy. By streamlining the service we have tightened up when a patient gets scanned, tightened up getting them from their scan to radiotherapy and tightened up getting them to the right ward and rehabilitation services.

"We have a small group making up the MSCC team and are keen to encourage any healthcare professional to get in touch with us if they think they have a patient who fits in with the criteria. You can contact us by dialling 01463 704000 and asking for the MSCC Coordinator."

## From the editor ...

Welcome to the June/July 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.macdonald1@nhs.net

**Deadline for copy: 14th August**

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## DATI Xweb Incidents - Update

DATI Xweb Incidents is an on-line reporting system which is replacing the IR1/IR2 system. Anyone with access to the intranet can report an incident via an on-line form called a DIF1 (DATIX Incident Form 1).

This is easy to use and no login or password is required to report an incident. Those reporting an incident are termed a "Reporter", they select a manager in their area to notify that an incident has been logged. The selected manager, or "Reviewer", will then need to login to the system and complete the grading and follow-up / investigation of the incident on the DIF2 (DATIX Incident Form 2). The "Reviewer" will also be able to access pre-set reports in order to monitor trends and identify recurring themes at any time.

### Training Required

**Reporter Awareness Sessions (45mins)**  
For anyone in NHS Highland to learn how to log an incident on a DIF1. It is recommended representatives from each area attend and then cascade that information to colleagues.

**Reviewer Training Sessions (2hrs)**  
Required for all managers identified as needing to approve / review / investigate incidents on the DIF2. One deputy will also need to be nominated for training.

Training Guides – step by step guides are now available and are on the NHS Highland Intranet, DATIXweb homepage.

### Pilot Site

New Craigs Hospital, Inverness have been piloting the DATIXweb Incidents Module and to date training has been rolled out to 26 Reviewers and 45 Reporters.

Once training had been provided staff within New Craigs commenced logging incidents on the system and those reported by staff have been reviewed and approved by the managers.

A full evaluation will be done and results will be used to inform the system development and training packages in time for full implementation of the system throughout NHS Highland.

### Implementation Plan for NHS Highland

The next 2 sites to receive training and implementation will be Caithness General and Belford Hospital. Training will be carried out during the last 2 weeks in August and work is currently ongoing to identify the number of training sessions

required and specific dates and times.

Several of the directorates within Raigmore have agreed to implementation during September and October 2009. Dates for all sites will be confirmed in the next Team Update. For further information please contact Louise McInnes, Project Lead on 01463 706910 or [louise.mcinnnes@nhs.net](mailto:louise.mcinnnes@nhs.net)

## Patient Access Policy

18 Weeks Referral to Treatment (18 Weeks RTT) describes a National Treatment Target, that by the end of December 2011, no patient will have to wait more than 18 weeks from receipt of referral (to consultant led services) to the start of treatment. This time-scale includes the first definitive treatment, and all stages which lead up to treatment such as Outpatient consultation, diagnostic tests and procedures. It includes referrals from GPs, Consultants and some other clinical groups. The Programme is complex, rapidly evolving and far-reaching but offers an opportunity to support staff to make improvements for patients.

As well as looking at clinical pathways a number of other work streams have been identified as being critical to successful delivery. In particular there is a need to modernise administrative and information systems. A programme of work is now being implemented to improve the booking system for new and return patients. Currently a significant number of appointments across most specialities are lost due to patients who Do Not Attend or due to cancelled appointments and clinics. A recent survey of patients in showed that up to 30% of all appointments need to be re-scheduled.

The work forms part of the wider implementation of Patient Access Policy which was approved at NHS Highland's Board meeting in June. A review of some administrative systems including roles and responsibilities will be required. It will mean that for some staff, roles may change. The organisational change PIN policy will be integral to managing this process. This work is underway and is being supported and promoted through a series of Road Shows. The findings from the first series of Road shows will be fed back in the next issue of Team Brief. Further events are planned for the autumn. A website is in the process of being developed to support communications. For further information, please contact Maimie Thompson, Katherine Sutton or your local HR or Partnership Forum representative.

## Agenda for Change Update

### Assimilation and Arrears

We have reached the point where virtually all staff are now paid on Agenda for Change pay bands; only about 25 staff (in specific categories known to the Scottish Government Health Department) remain on Whitley scales and it is anticipated these will also be assimilated in the next few weeks. About 15000 staff have been assimilated since December 2005, representing a massive piece of work for the Agenda for Change and Pay Unit staff in Inverness. And we shouldn't forget the former AfC Team and payroll staff in Paisley, who made a huge contribution too. The Chair of the Board's Staff Governance Committee has written to the AfC and payroll teams thanking them for their hard work over the last three and a half years.

Only 26 current and 51 former staff are still awaiting arrears, representing another massive effort by the Pay Unit to keep on top of this process.

### Reviews

We are now well over halfway through the reviews process, but we still have more than 200 jobs to be reviewed, so it will be some time yet before everyone receives an outcome. Review panels are meeting as often as possible because we do understand that staff would like to know the outcome of their review request. It is taking longer than expected partly because of the amount of evidence staff have submitted, all of which has to

be carefully read and discussed by the review panel during their deliberations. Staff need to be assured that the process is carried out in Partnership, that every review request is looked at in detail and that the Job Evaluation Scheme is applied fairly and consistently. We would like to thank staff for their patience during the reviews process.

### Significantly Changed Jobs

Managers will be aware that there is a process for advising the AfC team of jobs which have changed significantly since they were originally submitted; details are on the AfC page of the Intranet. Significantly changed jobs have been notified to us since 2005, so a backlog has inevitably built up and we are slowly working through these in date order. Please note that this work has to be fitted in along with reviews and the matching of new jobs for advertisement, both of which have higher priority than these significantly changed jobs. So once again we have to ask managers and staff to be patient; we will get up to date with these but again it will take some time.

### Mainstreaming of AfC

Work is proceeding in Partnership to simplify the processes for submitting new job descriptions for matching and the associated KSF outlines for consistency checking. We are also taking the opportunity to ensure the links with workforce planning and development are clearer. Look out for more news on this in future editions of Team Update.

## KSF Update

### HEAT target E3 achieved !!!

Last month a report was sent to the Scottish Government Health Department indicating that NHS Highland had recorded 97% of staff having participated in a personal development review. This significant achievement was due in no small measure to the amount of work carried out by staff and managers.

### And now for the next one...

As described in a previous issue of Team Update the next HEAT target for implementing KSF is:

### 80% of KSF development reviews to be carried out using e-KSF by 31 Mar 2011

The new HEAT target is for **all** staff including bank staff and those who were counted as being "exempt". Staff will still require a KSF PDP&R every year but the new target is about encouraging manager's, reviewers and staff to increase their

use of e-KSF as an integral part of the review process. One way to start that process off now is to transfer the information from the current review document onto e-KSF and start the planning process for the next review.

If you have concerns about your IT skills you may wish to speak to your manager about supporting you to develop those skills as part of your current PDP, or in the interim, there are "work around solutions" that we can support managers with.

To access e-KSF an individual login and password is required details of which can be obtained from the e-KSF Learning & Development Data Officer, Iain MacDiarmid, (01463 706721, email [iain.macdiarmid@nhs.net](mailto:iain.macdiarmid@nhs.net)).

### What can e-KSF do for you, benefits for staff and managers?

Staff e-KSF supports a transparent, partnership

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process; the sign off procedures ensure that staff are fully aware of any input into their PDP from reviewers or managers.

Equal opportunity for all staff is achieved by having annual reviews and ensuring that development opportunities are identified.

Staff can be more involved in planning and preparing for a review, they can record the outcomes of reviews and create update and evaluate PDP's.

Evidence for reviews can be typed manually, cut and pasted from word documents or whole documents can be uploaded from your computer and onto e-KSF.

A search facility is incorporated into e-KSF that allows the user to browse a local directory of activities that are available to staff, all activities have been or are in the process of being mapped/linked to KSF dimensions and levels, this allows the user to decide if a particular activity would be of benefit. Users can then book onto an activity following prompts on the screen (line managers receive an email requesting authorisation).

Using e-KSF allows the individual increased access to their own PDP, being web based means that staff have the flexibility to access the system from any computer with internet access.

#### Managers

Benefits for managers include increased confidentiality, all e-KSF accounts are password protected; managers can also access the "Managers Report" function which allows them to produce reports in four main areas;

- Monitoring the progress of KSF – information regarding last and planned review dates for their staff group, pay increment dates and more.
- Monitoring PDPs – an overview of active PDP's, completed PDP's review due dates and more.
- Learning and Development – which activities are staff engaged in most, what are the hot spots, where should the training budget be focused.
- Workforce planning and organisational development – staff reports by job family, pay band and information regarding the structure of the workforce.

For more information - [www.e-ksfnw.org/new](http://www.e-ksfnw.org/new)

#### Training available

Many staff are successfully using e-KSF already, some are self taught and some have participated in the training that is available through eHealth; two courses are currently available;

K1001 for Reviewees and, K1009 for Reviewers/Managers. A pre-requisite for both these courses is to attend a PDP&R awareness session delivered by the Learning and Development Team; these sessions can be delivered to larger groups with more flexible access.

If you would like more information please use the contacts below.

PDP&R /e-KSF (NHS Highland) Paul Simmons (Learning & Development Facilitator), telephone 01463 706885 or email [paulsimmons@nhs.net](mailto:paulsimmons@nhs.net)

PDP&R/e-KSF (Argyll & Bute) Nick Putnam (Learning & Development Facilitator), telephone 01546 605636 or email [nick.putnam@nhs.net](mailto:nick.putnam@nhs.net)

The next edition of Team Update will provide information for users regarding using e-KSF and in particular the learning management system (AT-L) and local search facility for learning and development activities. The article will contain information useful to training providers and how they can map/link their training activities to KSF (and use this information in publicity material) and also information for all staff on how to use the system to identify and book activities.

## Community Hospital linking with local communities

Meet Maurice, a pupil from St Clements in Dingwall, a school specialising in education for children and young adults with special needs.



Maurice's teachers approached Susan Ross, Charge Nurse at Ross Memorial Hospital, Dingwall to see if Maurice could be supported on work experience.

Susan explained: "Maurice has a burning desire to work in healthcare and we agreed to support him for a few hours one day per week, which we soon extended as he was doing so well and enjoying it.

"Although he has special needs his contribution to patient care through small tasks, stimulation and his sensitivity was very much appreciated. On his last day we held a small tea party and he was presented with a certificate of achievement (pictured above)."

## Launch of FAST Campaign



Above: Geraldine Ditta (2nd left) with colleagues at NHS Highland's and CHSS FAST launch in Inverness

Stroke is the third biggest killer in Britain after heart disease and cancer. It claims the lives of 1 in 8 women and 1 in 10 men and leaves hundreds of thousands more with some form of permanent disability. But

would you know how to recognise the symptoms? Would you know what to look for in yourself or someone else? Would you know what to do?

Research done by Chest, Heart and Stroke Scotland shows that almost one fifth of Highland residents were unable to name, unprompted, the most common signs and symptoms of a stroke. Of those 80% were not aware of any of the signs or symptoms, so Chest, Heart and Stroke Scotland (CHSS) and NHS Highland are launching an awareness campaign to combat this deadly knowledge gap.

Speaking out at CHSS and NHS Highland's launch of the FAST Campaign at Scottish Ambulance Service Inverness Headquarters, Geraldine Ditta, for Chest, Heart and Stroke Scotland, is keen for an increase in public awareness of the symptoms of a stroke and the need to seek help urgently.

She said: "A stroke is not just something that happens to older people. Of the 15,000 strokes that will happen throughout Scotland this year, around 1000 will be people under the age of 55, a 100 of them will be under the age of 30.

"The campaign highlights that stroke is a brain attack. You can't see the damage but emergency treatment can make a difference to your chances of making the best possible recovery."

Don Cameron, Head of Control with the Scottish Ambulance Service in Inverness knows better than most just how important it is to recognise the symptoms of a stroke and to get urgent help. He suffered a stroke while on holiday in Portugal three years ago at the age of 44.

He said: "I had no underlying health problems, my blood pressure was a wee bit high but certainly nothing to indicate that I could be at risk of having a stroke, this came totally out of the blue.

"I had a 15 day stay in hospital in Portugal; we actually went back to the area last year for a holiday, not that I remember much of it from the first time around!

"I was discharged from hospital in Portugal to the care of my GP and the Stroke Unit at Raigmore Hospital. I would say I am fully recovered although I still have a limp in my left leg and my left hand doesn't work properly, but I went back to work seven months after my stroke and I am now back working full time.

"I am 100% behind the FAST campaign, paramedics use it to diagnose stroke prior to being admitted to hospital and I would encourage everyone to learn it."

To spot the signs of a stroke, just remember the word FAST –

- F** - stands for FACE. Can the person smile normally? Does their mouth droop?
- A** - is for ARM. Can they lift both arms normally?
- S** - is for SPEECH. Can they speak clearly?
- T** - is for TIME. Time to call 999 if any of these signs are present.

## New Security Measures for IT

Following on from some recent incidents surrounding the discovery of data on portable devices in NHS Scotland, the Scottish Government eHealth Directorate, following consultation with NHS Board IT and security experts have agreed a new NHS Scotland standard on mobile data protection.

This standard outlines the minimum measures for the protection of mobile data in NHS Scotland. The standard is primarily targeted at laptops and USB memory sticks, however the controls are equally applicable to other mobile data devices such as PDA's, Blackberries and removable media.

NHS Highland is to deploy the agreed security controls on all applicable IT equipment, throughout all primary and secondary care locations in NHSH (North) and the Argyll and Bute CHP. A memory stick amnesty, where users can swap existing unencrypted memory sticks, for new encrypted devices is scheduled for later this year. Details and dates to be released in due course.

## Hand Hygiene Awareness at Caithness General Hospital

Visitors to Caithness General Hospital are being encouraged to carry out hand hygiene as part of a public awareness raising exercise.

North Highland Community Health Partnership Lead Nurse, Doreen Bell, explained that there were posters in all hospitals asking people to use alcohol gel or wash their hands before entering and when leaving wards and departments.

She said: 'It is vitally important that everyone visiting hospitals, including members of the public visiting patients, pay attention to hand hygiene, both on entry and exit, to prevent the spread of infection, as well as follow any additional information as instructed by the ward staff.

"This is for the benefit of patients, staff and the community. Infection control is everyone's

responsibility."

Doreen explained that from Monday June 29 and throughout July volunteers from the Caithness Patients Council would be rotating between wards greeting visitors during visiting hours, encouraging them to follow hand hygiene procedures and drawing their attention to the posters which give details of the correct techniques.

Hand hygiene and infection control is an integral part of NHS Highland's induction programme for all staff and hand hygiene awareness training sessions are part of the wider infection control education programme.

Hospital environmental audits are carried out by non-executive directors, lead nurses, infection control nurses, facilities, hotel services and charge nurses throughout the year.

## Breathe Easy - 'Love your Lungs'



Above: Corinne and Michelle taking part in the 'Cheerful Chesters' demonstration

With one person in seven affected by lung disease in the UK the British Lung Foundation's 'Breathe Easy Week' and NHS Highland's own 'COPD Awareness Week' set out to do some awareness raising.

Love your lungs – that's the message from Breathe Easy Week for NHS Highland's respiratory team it presented the perfect opportunity to promote their own COPD Awareness information.

Michelle Duffy, COPD Rehabilitation Nurse based at Invergordon and colleague Corinne Clark, Respiratory Nurse Specialist for Raigmore Hospital are hopeful the awareness week increased the profile of lung conditions.

Michelle said: "We really want to get COPD into the public consciousness, by using Breathe Easy Week to highlight our own COPD awareness we were hoping to reach those who maybe haven't thought about whether or not they are affected.

"There are 30,000 deaths every year in the UK from COPD, that's more than heart disease. By raising awareness we can promote early diagnosis and raise awareness of the importance of looking after your lungs."

It is hoped that this awareness week encouraged those with symptoms such as a persistent cough, breathlessness or wheezy chest to go to their doctor and ask for a lung test.

Iain Fraser from Inverness has life long experience of living with chest illness and knows just how difficult it can be to do normal everyday things that many of us take for granted. He explained: "Every day I need to think about what I would like to do and what I am able to do. Even after getting up in the morning, washing and dressing can have me leaning on the kitchen sink desperately trying to get my breath back.

"Simple tasks that so many take for granted need careful thought and planning. I know that exercise, especially walking, is essential for my condition but even a walk to the greenhouse or a potter round the garden has me stopping at a strategic place

such as the trellis fence for a 'lean' to catch my breath."

Corinne added: "Members of the local support group 'Cheerful Chesters', of which Iain Fraser is a



member, were there during the day giving a pulmonary rehabilitation demonstration set to music (pictured). This group is for anyone with respiratory disease and their families to give them that bit of extra support and to have other people in the same situation as them to talk to."

## Patient Focus & Public Involvement

### What have we all been doing and how well have we done?

Services designed with and for patients should be the norm across the NHS. NHS Highland staff work day to day with patients, carers and others in a whole variety of ways to get comments, views and ideas from the people who use our services.

Every year, NHS Boards are required to provide evidence to the Scottish Health Council and the Scottish Government on how well we are doing with our patient focus and public involvement agenda. The public are involved in deciding which actions / projects NHS Highland will report on for the annual self assessment. We are aware, of course, that these are just a small fraction of the activities which our staff are all involved in during the course of their normal day to day duties and other significant projects that are being undertaken across the patch.

For 2008/09, seven actions were selected for our self-assessment:

- Patients, carers and the public are assisted to locate information about health and health services.
- Implementation of the recommendations of the national Remote & Rural Steering Group is informed by patient and public involvement at local level.
- NHS Highland develops better knowledge of methods of engagement with service users and carers who have specific needs or lifestyles, and

for whom we need to find imaginative approaches to promote inclusion in service design and delivery.

- Implementation of the Community Health Nursing project in the pilot sites is informed by patient and public involvement at local level.
- NHS Highland identifies learning from complaints, and improves practice through supporting and training staff
- NHS Highland staff recognise and respect patients' need for privacy and dignity.
- The redesign of Mental Health Services in Argyll & Bute is informed by patient, carer and public involvement at local level.

As well as being used to feed back to patients, carer and the public about what difference their involvement has made to these pieces of work, the self-assessment is a useful tool for our own staff in being able to see what others have done, what techniques have worked well, what learning points there might have been and encouraging us all to apply good practice in our day to day work.

Our full self-assessment can be found on the NHS Highland internet under the Get Involved section or via the following link

<http://www.nhshighland.scot.nhs.uk/GetInvolved/HowHaveWeDone/Documents/PFPI%20Self%20Assessment%2008-09%20%2013.05.09.pdf>

## Papers for Meetings...

### How the intranet can help you to manage distribution of papers and reports

Many of you will be used to sending or receiving papers for meetings via email. If there are lots of papers or their file size is large, this can have the unwelcome side effect of clogging up recipients' inboxes. Additionally, it can be tricky trying to find the relevant email amongst the others in your inbox when you come to print out the papers before you go to the meeting.

The Intranet can help here. The meeting organiser can easily post the papers to a dedicated site on the Intranet. An email, including a link to the meeting site, can then be sent out to notify attendees that the papers are available. This will help keep the recipients' mailboxes within their storage limits, and as the papers are stored on the Intranet, if you can't find the email with the link, you can browse or search to find them from any PC on the network.

To find out more about publishing your meeting papers online, contact the eHealth Service Desk – email [servicedesk@haht.scot.nhs.uk](mailto:servicedesk@haht.scot.nhs.uk) or phone (01463 70)4999.

## Carry over of holiday entitlement during long term sick leave

A recent legal ruling has changed policy on the carry forward of annual leave from one leave year to the next for staff who are on long term sick leave.

This means that any employee who is unable to use up their leave entitlement in a given leave year (1<sup>st</sup> April to 31<sup>st</sup> March for most employees, Medical employees will be different) because of sick leave will be entitled to the difference between any annual leave and/or public holidays taken before sick leave began and the statutory entitlement, ie 24 days, rising to 28 days from 1 April 2009. This balance of untaken leave should be carried over and added to the entitlement in the new leave year or, where an employee terminates and does not return to work, should be paid at full pay rates in lieu of leave.

This new approach applies from 1 April 2009, but also relates to the 2008-09 leave year.

Therefore, if you feel that this applies to you, and you were unable to take or carry forward at least 24 days annual leave (including public holidays) in 2008-09 due to long term sick leave, please contact your manager with details by end August, who will then carry out a check on this detail, and then arrange for this to be considered by the Terms and Conditions group accordingly, through Philip Walker.

If you wish to consult the full circular that refers to this, it is available at [http://www.sehd.scot.nhs.uk/mels/CEL2009\\_17.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2009_17.pdf)

Adam Palmer/Philip Walker  
Co chairs, Terms and Conditions Group

## Mental Health proposals approved for Argyll and Bute

In January 2009 NHS Highland launched a public consultation on proposals for change to adult mental health services in Argyll and Bute. It outlined five options and followed on from extensive work on reviewing mental health services in the area.

Following the end of the consultation on 10 April Argyll & Bute Community Health Partnership recommended that Option 4 be the preferred option and this option was presented to the NHS Highland Board in June where members of the Board backed the recommendation.

Now that the final option has been formally approved it is anticipated that implementation and delivery of this option will commence in September 2009 with the expectation that the process will be complete by September 2012.

The main details of this Option are as follows:

- More support for self-help and voluntary organisations
- New primary care service to support GPs
- Enhanced community teams integrated with Social Work services
- Crisis response capability and assertive outreach
- Specialist Day Assessment & Treatment Service, including education centre
- A purpose built modern in-patient facility in Lochgilphead (to replace Argyll & Bute Hospital) consisting of 20-26 Acute/Rehabilitation beds; 6 Intensive psychiatric care unit beds; 10 Dementia

Assessment beds; and 20 Dementia Continuing care beds (in Mid Argyll Hospital).

In approving Option 4 the Board is also supporting the CHP proposals that the role of community hospitals should be developed to provide 24 hour admission for assessment by the local community mental health team. This will allow people to return home with increased support, or if necessary will help facilitate admission to an acute in-patient facility where this is unavoidable.

Bill Brackenridge, NHS Highland Board member and Chairman of Argyll & Bute CHP said: "We have been working with our colleagues in Argyll and Bute Council to review and modernise our mental health services across Argyll and Bute.

"We have also been working closely with service users, carers, staff and our local communities in the development of the various options that we took out to consultation on the 12 January.

"During the 12 week consultation period a total of 38 meetings and events were held across Argyll and Bute with over 560 people attending. Some of the meetings were tailored to certain groups such as service users and staff whereas others were open events.

"I would like to thank everyone who took part in the consultation for their ideas, hard work and participation and the CHP looks forward to developing our mental health proposals with staff, service users, carers, and our local communities."

## Privacy, Dignity and Respect Policy

What happens when a group of staff from around NHS Highland and Highland Hospice get together to discuss healthcare user experiences and staff observations around the themes of privacy, dignity and respect?

First of all, common themes emerge. There were areas of best practice and many things that we are doing well and that we are doing right in NHS Highland. There were examples of behaviours that our service users particularly appreciate when receiving care from the organisation; practices that acknowledge the uniqueness of every individual; actions which seek to treat each person with dignity; protocols which maintain the highest levels of respect for the individual; standards which seek to promote and preserve privacy.

There also emerged from healthcare users' own narratives, things that we could do better and the many ways we can improve the experience of healthcare for the service users within NHS Highland when it comes to these closely related issues of privacy, dignity and respect.

A number of questions recurred. Do our places of care offer a pleasant caring environment? Is there space for privacy? Are we communicating courteously and effectively? Are we mindful of basic care issues such as access to toilet facilities, adequate clothing and cover for healthcare users, protected meal times and discreet space for highly personal conversations?

Many of these issues are addressed by simple measures which are common sense. We ask ourselves, 'How would we like to be treated?' or 'How would we like our loved ones to be treated?' We do as we would be done by, and by remembering that we are, fundamentally, a caring organisation and that basic to our attempts at healthcare user centred care should be our actual care for the person.

The results of the conversations of the group have now taken shape as the draft Privacy, Dignity and Respect Policy for NHS Highland. This policy outlines a basic level of care that should be the experience of all our service users in NHS Highland. This policy serves to underpin the quality of care given by the organisation. It is something we will all want to sign up to, not so much as a list of things we 'have to do' but as actions and behaviours that reflect the best of what we are seeking to do anyway as caring human beings. It should affirm best practice and high

quality of care.

And in answer to the opening questions, of course several other things emerged from our discussions as well as the policy itself; a lot of fun in getting to know one another better; a real sense of shared values and beliefs underpinning the work we do; a sense of it being our attention to the small details of care that often makes a huge difference to the experience of the service users.

The draft policy is now available for comment. It can be accessed on the NHS Highland Web site under Hot Topics, or NHS Highland Intranet site or from Leah Morrison on 01463 704919 or [leah.morrison@nhs.net](mailto:leah.morrison@nhs.net).

The policy group included:

Jennifer Lobban - Project Manager/Clinical Facilitator, Leading Better Care, NHS Highland  
Donald Mackintosh – Sapphire Epilepsy Specialist Nurse, NHS Highland  
Bruna Nelson – Day Hospice Team Leader, Highland Hospice  
Christina Mackenzie, Senior Charge Nurse, Raigmore Emergency Dept.  
Conrad MacKinnon, Senior Staff Nurse, New Craigs Hospital  
Iain Macritchie – Lead Chaplain to NHS Highland



### Medicines Administration in Schools

The Strategic Steering Group for Medicines Administration in Schools is a partnership group between Argyll and Bute Council, The Highland Council and NHS Highland which is working to produce a framework supporting best practice for safe and effective administration of medicines in schools to pupils with these requirements across the NHS Highland board area.

All the information from the group including the group remit, general guidelines for the management of common chronic conditions, teaching packs to support school staff, minutes of meeting etc are available on the NHS Highland website.

Web link <http://www.nhshighland.scot.nhs.uk/Services/Pages/MedicinesInSchools.aspx>

## North West Sutherland leads the way

A pilot project is being launched in North West Sutherland which could lead the way for improving the health of people living in remote and rural areas throughout Scotland.

Following the development of Keep Well, a nationally supported anticipatory care programme for urban areas, a model called Well North is now being developed for remote and rural areas.

The Well North project, which is funded by the Scottish Government, comprises six remote and rural anticipatory care programmes spread across the five North of Scotland NHS boards.

As part of Well North, the North West Sutherland anticipatory care programme began to be developed at the end of 2008 with all five general practices that serve the area involved in the work.

Ngaire Mingham, Project Officer for the NW Sutherland programme, explained that the aims of the project were to promote healthy lifestyles, prevent ill health and provide early intervention to prevent major health problems in the future.

She said voluntary health checks would be offered to people aged 40 and over, with the project being rolled out in three stages. Those eligible will be sent a letter inviting them to make an appointment to attend for a health check with the practice nurse or community nurse at the health centre where they are registered.

Initially, invitations will be sent to people between the ages of 45 and 64, who have not been to see

their GP in the past 12 months. The second phase will involve inviting the remaining people in the 45 to 64 year age group for check-ups followed by people between the ages of 40 and 44.

During their appointment they will have their blood pressure, pulse rate and their Body Mass Index (BMI), checked. They will also be offered a blood test to check their cholesterol and blood glucose levels to assess for indicators of risk of diabetes and coronary heart disease.

If appropriate, individuals will then be offered the opportunity to be referred to their GP or to other health professionals / relevant agencies for help and support with such things as smoking cessation, weight loss or reducing alcohol intake.

Ngaire said: "It is recognised that one size does not fit all and that what works in an urban situation may not be appropriate or able to be implemented in the same way in rural areas, where there are many challenges.

"The goal is to help and support people to achieve and maintain healthier lifestyles and, in particular, to reduce their risk of coronary heart disease and diabetes. Prevention is always better than cure."



*Pictured above: community nurse/ midwife Mairi Eastcroft taking Liz Stevenson's blood pressure*

## Contract Awarded for new £8million hospital in Sutherland

NHS Highland has appointed a Highland-based construction company to take forward the development of a new facility to replace Migdale Hospital at Bonar Bridge in Central Sutherland, which is almost 150 years old.

RD Health has been selected to develop a full business case for the new hospital, which will be built in the centre of the village, close to the Bradbury Centre - a day centre for older people - and the GP surgery at Cherry Grove.

It is hoped that work will start on site at the end of this year and that the hospital will be fully operational in 2011.

The new building will provide 22 beds in two units – one for older people with mental health needs and the other providing GP-led beds, offering a

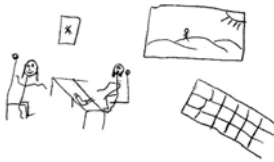
range of in-patient services, including palliative care, general medicine and less intensive rehabilitation services.

All the bedrooms will be single occupancy, with en-suite toilets and showers, and the internal layout has been designed so that two of them can be used by either unit to provide flexibility.

NHS Highland Locality General Manager, Georgia Haire, said: "We are delighted to have reached the stage where we have appointed a contractor for this important project and we look forward to working with them on the full business case."

RD Health is a consortium formed exclusively to work in partnership with the NHS in Scotland as part of Frameworks Scotland, a new flexible partnering approach to the procurement of publicly funded construction work.

## Listen to us



"Things that make me feel good are, the doctor talking to me in a nice way and making my visit better by giving out stickers."

The Highland Children's Forum and Highland Youth Voice have been working together on the 'Listen to Us' campaign. They hope to promote the involvement of children and young people (including those who may be harder to hear or more difficult to engage) in decisions which affect them at all levels from personal planning through

to service design and provision.

You can access the 'Listen to Us' materials from the Highland Children's Forum website

([www.highlandchildrensforum.org](http://www.highlandchildrensforum.org)) via the following link <http://www.highlandchildrensforum.org/listen-to-us.asp>, or through the Get Involved section of NHS Highland's website.

The 'Listen to Us' section, funded by the Scottish Government, seeks to bring together a range of materials about the involvement of children and young people, describing the 'How' and 'Who', 'What', 'Why', 'Which' and 'Where' of involving children and young people. Also within the site you will find some good practice ideas that have come from children and young people and a collection of images drawn by them.

If you work directly with children and young people or are looking to involve children and young people in any of your work, please do log on and have a look at their website.

## Campbeltown Dental Event

Argyll & Bute CHP recently held an public open day in Campbeltown to let the local community about plans for the new Dental Access Centre in the town. Over 60 people came along to the event on the day where they could see the plans for themselves and ask any questions that they may have.

The investment of £2.7m in the Centre will lead to 8 surgeries 4 of which are linked to the University of Glasgow Dental School.

## Valuing service in the north

The commitment of NHS Highland staff in Caithness and Sutherland was recognised at the first Valuing Service Awards ceremony in the two counties last month (May).

Under NHS Highland's Valuing Service Policy, people who have worked for the National Health Service for a total of 20, 30 or 40 years in the last financial year are eligible for vouchers accepted in over 140 retail outlets to the value of £50, £100 and £150 respectively.

Under the new scheme, which is funded by endowments, 15 members of staff from the North Highland CHP qualified for the 20-year award, 11 received awards for 30 years and one for serving a total of 40 years.

Doreen Bell, who is Lead Nurse for North Highland CHP, is the only member of staff in Caithness and Sutherland, who reached the 40-year milestone in the 2008/09 financial year.

Awards for 30 years service went to Jacqueline Knight, of Ardgay; Neil Pellow, of Wick; Margaret

Calder, of Bonar Bridge; Margaret Mackay, of Wick; Ann Bain, of Wick; Ruth Young, of Wick; Janet Banks, of Wick; Andrew Merry, of Latheron; Donella Smith, of Embo; Evelyn Miller, of Wick; and Joan Rattrie, of Golspie.

And the following members of staff qualified for 20-year awards: Angela Echavarren, of Ulbster; Christina Macdonald, of Golspie; Nancy Mackay, of Thrumster; Jacqueline Ross, of The Doll; Jane Ronaldson, of Reiss; Caroline Robertson, of Broadhaven; Jean Murray of Rogart; Jessie Grant, of Thurso; Valerie Thomson, of Thurso; Dr Alison Brooks, of Thurso; Andrea Thom, of Brora; Elizabeth Miller, of Wick; Elizabeth Backhurst, of Dornoch; Pamela Garbe, of Thurso; and Elizabeth Mowat, of Halkirk.

Caithness Locality Manager, Pauline Crow, said: "We are very pleased to be able to formally acknowledge the commitment of our staff. While we value the service of all staff, we are now able to publicly recognise these milestones.

"We are hoping these awards will continue in future years so that the service of all staff can be acknowledged."

## Highland Voices

As part of NHS Highland's Board Development Day on 12<sup>th</sup> May, the Public Involvement Team were asked to put together a short DVD that captured views from people across Highland about what mattered most to them in terms of their health service, what would give them greater trust or confidence in their NHS and also what people knew about NHS Highland.

We attended five events during March and April and spoke with individuals from various parts of the Highlands. Young people, carers, experts and those who had very recent experience of our health service were amongst those interviewed.

The following are some of the issues that people spoke about:

Fast access to reliable health advice; Effective treatment delivered by trusted professionals; Participation in decisions, and respect for preferences; Clear, comprehensible information and support for self care; Emotional support, empathy and respect; Involvement of, and support for family and carers; Continuity of care and smooth transitions; and Responsiveness, flexibility and choice.

A copy of the DVD (which runs to about 14 minutes) has now been passed to each of the Community Health Partnerships and Raigmore Hospital and is available for showing at team meetings, training events or public involvement sessions. These are available via your General Manager's office. Alternatively, the Public Involvement Team have a couple of additional copies and you can contact us on (01463) 704862 or [nicola.morrison2@nhs.net](mailto:nicola.morrison2@nhs.net).

## hi from chi Making a Radiology Request?

CHI compliance on Radiology requests is now a HEAT Target.

We appreciate that you are all supportive of CHI use; please ensure that this extends to all Radiology requests, and **use a sticky label where possible**.

*If there are any problems we can help with – e.g. printers, labels - to assist with this, please contact eHealth.*

## National Smile Month

As part of National Smile month Oral Health Educator Margaret Morrison and local dentist Bobby Pendreigh (pictured right) were demonstrating



tooth brushing and flossing techniques to the community and staff on the 26<sup>th</sup> May at the Mid Argyll Hospital in Lochgilphead. Everyone was given the chance to complete a questionnaire, collect a toothbrush and have a chance to win a prize if they answered all their questions correctly.

## Fire Safety Training

NHS Highland is now adopting a proactive approach with regards to Mandatory Fire Safety Training. Staff are therefore advised that Fire Safety Training will be commencing on a regular basis as of Monday 8th June 2009.

A detailed programme of locations and timings are available on the Intranet, under Training / Fire Safety / Programme Documents / Fire training Programme.

The priority on the initial programme will be given to hospitals, however there are days available for other sites to book using the training request form.

At present there is no need for hospital staff to book onto the training and line managers are requested to encourage maximum attendance.

## Testing positive this Summer

Taking holidays, relaxing on Argyll and Bute's beaches, enjoying long sunny days and going out with friends/family at night – what a great way to spend the summer. Summer holidays are a time to relax, have fun and to remember with fondness. Positive memories are what you want – not positives for Sexually Transmitted Infections (STIs) or unintended pregnancies!

Laura Stephenson, Senior Health Promotion Specialist (Sexual Health) for Argyll & Bute Community Health Partnership, said: "In Scotland many people feel regretful about first sexual experiences, especially if they were very young at the time. Often regret is linked with an unplanned sexual experience. Research tells us that those in stable relationships where sex is talked about are more likely to have a good experience and continued relationship.

"Talking about sex is something we need to be better at and this summer there is a national campaign launched by the Scottish Government encouraging us to do just that and more details can be found on their website at [www.sexualhealthscotland.co.uk](http://www.sexualhealthscotland.co.uk).

"Alcohol can also lead to unplanned sexual experiences, influencing behaviour and decision making. Nobody wants to wake up with a hangover, regret and worries from the night before.

"There has also been little change in unplanned pregnancy statistics in the last 10 years, placing Scotland amongst the highest incidence of teenage conception in Western Europe. Sexually Transmitted Infection diagnoses are still very high, with those under 25 being most at risk.

"Young people are not the only age group to be at risk of STIs, we all are if we don't use the necessary precautions. The latest statistics actually show a dramatic increase in STI rates among 40 to 49 year olds. Using a condom is one of the ways to significantly reduce your risk of becoming infected.

"If you want to discuss your sexual health or test for STIs, visit your GP Surgery, a specialist sexual health service may be provided there, if not, you will be offered a choice of other services to attend. Youth health drop in (YHDI) services are also available for young people and nearly all secondary schools in Argyll and Bute have one within walking distance, you do not need to attend school to visit the YHDI. Remember all services are confidential.

"Make the most of the summer and enjoy it. Make good decisions and stay safe. Make sure the only test you show positive for is a good memories test!"

## Raigmore Hospital is Healthy Living

Last summer Shona Robison, Minister for Public Health, directed that all hospitals with catering for staff and/or visitors should register for and work towards achieving the **healthyliving award**.

Raigmore Hospital catering staff have been working hard to implement the award criteria, and have recently been successful in gaining the award for the main entrance buffet bar, out patients department, Blue Dolphin restaurant and the Centre for Health Science.

Bryan Nixon, Catering Manager for Raigmore Hospital explained: "The healthier options are always at the forefront, and we work hard to continuously make changes and keep things up to date to retain customers' interest.

"We display a fruit bar every day and that is the first thing people see. We've also introduced a make-your-own sandwich bar where customers can choose from a wide range of breads and healthier fillings. That way we can offer much more variety."



*Above: Blue Dolphin Restaurant staff celebrate their Healthy Living award*

## Experts warn of visual impairment 'time bomb' for Scotland



The number of people suffering with a degree of visual impairment in Scotland is set to double in the next 25 years unless constructive action is taken.

That was the warning issued at the Blindness Matters Conference in Inverness held in April - the largest conference like this to be held in Highlands.

The 120 plus influential conference delegates - members of the health board, local authorities, academic and voluntary sectors and local businesses - pledged to work together in an attempt to combat the statistics predicted by conference organisers.

Powerful personal testimonies from Highland-based adults and children affected by blindness highlighted a variety of issues including employment, rural living, child and family support, practical and emotional support, changes to existing transport services and the need for greater public awareness.

Mike Robertson of the Eyecare Project, who organised the conference, said: "This has been a

huge wake up call for everyone attending – even for me who has been visually impaired all my life. The personal testimonies were so powerful that these alone have renewed my passion to improve services for all blind and partially sighted members of the community. This conference is just the beginning of the positive changes that can be made, and the work we plan to do from now on will ensure future generations will reap the benefits of our dedication."

The Conference also highlighted the fact that Scotland does have some of the best and most innovative services available – many of which are acknowledged as being world class. However, the statistics are born out of the fact that Scotland has an ageing population, persistently high rates of diabetes, obesity, smoking and poor health - all of which are underlying causes of sight loss.

Sight Action, the charity dedicated to improving life for blind and partially sighted people in the Highlands, and The Eyecare Project, announced a follow up conference which will take place in March 2010 to ensure that plans and pledges made at Blindness Matters had moved forward.

## NHS Highland Learning at Work Days 14th & 15th May



NHS Highland hosted Learning at Work Day events in 5 locations this year - MacKinnon Memorial Hospital, Broadford, Isle of Skye, Caithness General Hospital,

Wick, Town & County Hospital Invergordon and the Belford Hospital, Fort William on the 14th May 2009 and at Raigmore Hospital, Inverness on 15th May, 2009 - as part of the national Learning at Work Day initiative, promoted by the Scottish Government and the STUC.

Union Learning Representatives from the Royal College of Nursing (RCN), Unison & Unite staffed stalls at all events and distributed information on Union Learning and possible funding streams to support the cost of learning while NHS Highland's Learning & Development Team distributed information on learning opportunities already available to NHS Highland Staff as well as information on how to access endowment funding

to contribute to the cost of non-core learning.

Alongside displays from Staff Associations, other displays this year were staffed by representatives from NHS Highland's e-Health Department, Scottish Vocational Qualifications (SVQ) programme, Institute of Leadership & Management (ILM) programme, NiCHE programme and the KSF & e-KSF initiative.

Stalls were also staffed by representatives from the Open University, Inverness College (UHI), Workers Education Alliance (WEA), ILA Scotland, Highlands & Islands Fire & Rescue Service, Royal National Institute for the Blind and, in Fort William, representatives from Lochaber Hydrotherapy Pool. Head & Neck massage was also freely available to attendees at the Raigmore event.

All events were well attended, with a noticeable increase in attendees at the Raigmore event, and a steady stream of the committed and the curious filtered through the doors throughout the day at all other events.

Our thanks go to all who contributed to make these events such memorable occasions.

## Letters to NHS Highland



"During June I was admitted to Ward A in Oban and Lorn Hospital for an operation. The staff were kind, professional, patient, gentle, knowledgeable and efficient, and made every effort to see that I was as comfortable as possible. My room was spotless and was cleaned several times a day. The staff also displayed the highest amount of care when entering and exiting my room to ensure there was infection risk. During the night the ward was busy and the nurses worked extremely hard, not stopping all night yet they never failed to smile, and patiently and efficiently attend to my needs. I could not have expected any more from any aspect of my stay."

### **A Patient from Argyll**

"It is just over seven weeks since I had my hip replacement at Raigmore. I am writing to express sincere thanks, in particular to Mr Finlayson, his colleague anaesthetist and their teams in theatre but also to the

physios, OT, Kevin Barnett and other nursing staff on Ward 3C who provided excellent aftercare. My recovery has been rapid and has exceeded all my expectations. I would be very grateful if you could convey my huge appreciation."

### **A Patient from Avoch**

"I'm writing to thank NHS Highland for the dignity and care shown to my civil partner who was admitted into your care whilst we were on holiday. Given his illness is associated to alcohol it would have been easy for him to have been judged and receive a minimum of care. However, both he and I received the highest level of respect, support and information. I very rarely take time to send letters of commendation but recognise that the NHS can get bad press and little appreciation; I wanted you and your team to know it doesn't go unrecognised. Please pass on my sincere thanks to the team at Caithness General as well as the team at Raigmore Hospital."

### **A Patients Relative from Lancs**

"Whilst touring Scotland on my motorcycle I was unfortunate enough to fall off injuring my leg. I was taken to Nairn Town and County Hospital where I was seen by Dr Jodi West and colleagues.

I felt I should write to you to make you aware of the excellent care and attention I received. The NHS receives a lot of bad press from the media and I felt that I should write to inform you of my positive experience. The efficient medical and nursing care and attention was excellent, but it was the concern shown by other members of staff not even involved in my care which most impressed me. Small gestures, such as being offered a cup of tea and sandwich after my care was complete and I was awaiting transport, were most appreciated. I would be grateful if you could pass on my thanks and appreciation."

### **A Patient from Tyne & Wear**

## Safeness a success at Rockness

NHS Highland played a more prominent role in Rockness 2009 to help promote personal health and safety messages to revellers.

Joining forces with Northern Constabulary, Red Cross, Highland Council, Scottish Ambulance Service, Highlands & Islands Fire and Rescue Service, and Highland Drug & Alcohol Action Team.

In the run up to the event there was media coverage on safe sex messages, drinking responsibly (if drinking), not taking illegal drugs, remembering to take prescribed medication, applying sunscreen regularly, and highlighting the importance of staying hydrated. In addition to health messages the other agencies flagged up the importance of not drinking and driving, staying safe whilst using barbecue facilities and making sure that your friends are all fit and well.

Radio advertising, coverage in the ICA and a safety section on the Rockness website flagged up the safety messages whilst 5 metre screens by the camping site offered vital reminders of how people could take care of themselves. On site Terrence Higgins Trust and Brook volunteers worked solidly all weekend to issue information and *Safeness* branded rucksacks containing bottled water, condoms, dental dams, lube, wet wipes and torches.

All of the freebies were well received and attracted praise along with useful suggestions of how this could be further improved for next year's event. Overall, Rockness was a great success. Thanks to the team efforts of all agencies involved, the many people who needed help were identified and assisted. Thousands of festival goers had a fantastic time, and no one came to any lasting harm.

## Sending Seonaidh off in style...



A large number of colleagues gathered at John Dewar Building in June to send Seonaidh Laing, Senior Receptionist, off on a six month secondment to the Radiology Department at Raigmore.

In a short tribute, Alistair Wilson spoke of the strength Seonaidh has shown in humility – quietly and effectively organizing the Reception, Mailroom and Hospitality Departments to deliver exemplary services to the Building Users; her helpful “can do” attitude and, of course, her sense of humour. She will be missed by all at John Dewar Building. On behalf of her friends and colleagues Seonaidh was presented with pamper day and jewellery vouchers, a bouquet of flowers and an artisan cake which had been made and decorated by Carol Henderson.

We all wish Seonaidh well with her secondment.

## NHS Staff Race for Life

Pictured right: Finance staff from Helensburgh taking part in the Race for Life on 07<sup>th</sup> June 2009, from l to r Jamie-Lee Dean, Madalina Popescu and Hazel McFarlane



## Raigmore Pharmacy staff achieve SVQ awards



Pictured left: Thomas MacKay has achieved the Pharmacy Services level 2 award, while colleagues Lisa Bain and Marilyn Smith have achieved the A unit (assessor qualification) award. The group are pictured after receiving their certificates from Ian Rudd, Deputy Head of the Department.

## Catering Congratulations

Congratulations to Elaine Derbyshire, Fiona Purdie, Thomas Ryland, Eduardo Wemyss, Colin Lewis and Jason London who have all successfully completed the Level 2 Award in Food Safety in Catering.

## 3G Challenge Mountain Bike Event - 2009



Enter the 3G Challenge Mountain Bike event in Glen Affric on 29th August 2009 and you can help SCBU at Raigmore and Children 1st raise some worthwhile funds. Not only that, you are guaranteed a great day out with fantastic mountain views. You will cycle through the Glen Affric NNR, pass by the historic Victorian village of Tomich before heading across the RSPB Reserve at Corrimony and exploring hidden tracks around Shewglie and Eskadale. The event is 95% off-road leaving you to enjoy a rare traffic - free day out. You can

choose from the 48 mile tough challenge or the shorter 20 mile event - ideal for families, juniors and social riders. With the option to enter as individuals or get together with a group of 4 friends and challenge yourselves as a team, there is something for everyone. The 3G Challenge starts and finishes in Cannich, which has plenty of accommodation, pubs, cafes and a local shop for the visitor. For further details and entry forms visit <http://www.naturalhighguiding.co.uk/> or call Gina Francis on 01456 415379.



### DATES FOR YOUR DIARY

**3G CHALLENGE** MTB event in Glen Affric. 29th August 2009 Register now on [3g@naturalhighguiding.co.uk](mailto:3g@naturalhighguiding.co.uk)

**WINTERFEST 2010** Winter Walking Festival in Glen Affric February 2010. Offering high level winter walks, skills sessions, evening presentations and a night time glo-stick walk. Email [escape@naturalhighguiding.co.uk](mailto:escape@naturalhighguiding.co.uk) for more details.



### **Celebrating Success in the Operating Department, Raigmore**

Michael Strong became the first nurse in Highland to achieve NES Anaesthetic Practitioner competencies and academic award.

*Above: Michael, Dr Kenneth Barker and Mary Glasgow, Clinical Educator*

Well done Michael for all your hard work!

### **George Andrews, Biochemistry**

George Andrews recently retired after working in the Biochemistry Department at Raigmore Hospital for 43 years.



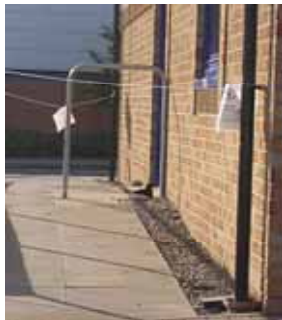
*Above: George Andrews and his wife Janice*

As well as George's role as Chief Biomedical Scientist, he was also a partnership representative for Unison and there are many colleagues in Raigmore Hospital who will have benefited from George's knowledge and experience in this respect.

George was also very much involved with the Territorial Army Reserve and served in the Medical Corps in both Gulf wars.

A lunchtime party was held to celebrate George's career and to wish him all the very best for the future.

### **Maternity Wing Reopens at John Dewar Building**



Staff at the John Dewar building in Inverness were delighted to see that the building's very own maternity wing had reopened with the now familiar site of an Oyster Catcher nesting to the side of the building (pictured left).

### **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?