

# Team Update



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## Celebration as new community hospital opens its doors



The first part of Nairn's £12million flagship community hospital opened in July.

The development is set to transform healthcare in the area by providing state of the art facilities, more space and superior treatment rooms.

Project Manager Kenny Rodgers says it's been a huge success: "The design of our new facility reflects ideas gathered from local patients and residents during the initial design consultation. PMP Architecture has also ensured that the building is of a scale and design that is sympathetic to the initial 1906 structure.

"This development really is a family affair. Staff are so excited about it. The development team have had intense involvement during the design and construction of the new hospital and are delighted to be able to hand over this new facility to staff and community members, who we hope will gain tremendous satisfaction and pride from it. Plans for a new hospital have been talked about for 20 years so to see it coming together is fantastic."

The new facility houses 20 beds, Accident and Emergency, physiotherapy, two physiotherapy gyms, a new x-ray machine, outpatient consultant clinics, GP consultant clinics, a new child health clinic and consulting room. The day hospital services will include an occupational therapy kitchen and bedroom to help rehabilitate patients back into the community.

Nairn Locality Clinical Lead Dr Adrian Baker said: "We are thrilled to see this development come to fruition. It's been the culmination of many years of hard work and detailed planning. We are confident that having so many facilities under one roof is of maximum benefit to all of our patients and staff. We look forward to celebrating the completion of the whole development in just over a year."

Debbie Ennis, Deputy Clinical Manager at Nairn Town and County Hospital: "There are a lot of

very practical changes that are going to make a huge difference. When new facilities were talked about around 25 years ago a lot of people still thought it was never going to happen so we are all thrilled and privileged to be a part of this. So far our patients are very pleased at the healthcare on offer and are enjoying the fact that they're in completely new surroundings."



Phase 2 is a three storey development and will house the two GP practices, social work, meeting areas, and a waiting area. It will also have a five surgery dental unit. The project is in on budget so far in terms of build and equipment cost.

The building work on the new community hospital began in March 2008. It is delivered in partnership through NHS Highland, Lodgehill and Ardersier GP Clinics, specialist healthcare developer Prime, the Highland Council and Morrison Construction to bring together a range of health and social services under one roof.

Jean Pierre Sieczkarek, Locality Manager for Inverness and Nairn said: "The range of services and facilities that are now on offer at the Nairn Town and County Hospital are a real testament to our commitment to bringing people the care that they need as close to home as possible. We now have the space to build on what we already offered and hope to bring in new services on the doorstep of the very community that we serve.

Having now had a flavour of the success of phase one we are very excited to be working on phase two which has great potential once we work as a fuller team to include social and work and our local GPs."

Phase 2 is due for completion next summer.

Check out pages two and three for staff reaction on the new hospital.

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## New community hospital... what the staff think

***“Improved patient space...”***



**Alan Bulcraig, Team Lead Physiotherapist:** “We are delighted to be moving into a new bright department that patients will really benefit from. There is improved patient space, better access to facilities for disabled people, and superior equipment. We have been able to add in a discreet, quiet treatment area which is ideal.

Great credit must go to Kenny Rodgers the project manager and all the hundreds of people involved in designing and building a great facility. Great credit must also go to all the hospital staff for their continued hard work around this development.”

***“All disciplines under one new roof...”***



**Caroline Rusk, Unscheduled Care / Home Support Manager:** “We are all enthusiastic about having a custom built building that is truly fit for purpose for our patients. There have been a lot of changes in health care over the years so it will be really nice to have the commitment of this new building and all disciplines under one new roof.”

***“We are all very proud...”***



**Julia Carrington** has been **Day Hospital Co-ordinator** for five and a half years: “It’s going to be a much better clinical environment that will allow us to extend the range of treatments that we offer to patients in the future. Preparing for the move has been a real team effort and one that we are all very proud of.”

***“Thrilled and privileged...”***



**Debbie Ennis, Deputy Clinical Manager** at Nairn Town and County Hospital for six years: “There are a lot of very practical changes that are going to make a huge difference. When new facilities were talked about around 25 years ago and then NICHE was formed by Dr Noble a lot of people still thought it was never going to happen so we are all thrilled and privileged to be a part of this.”

### From the editor ...

Welcome to the August 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.macdonald1@nhs.net](mailto:Christina.macdonald1@nhs.net)

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***“Multiplicity of services on offer...”***



**Rev Ian Hamilton, Chaplain:** “I’m absolutely amazed at the multiplicity of services on offer. The planning that has gone into the whole project is to be very warmly commended. It’s likely to mean that as chaplains we work slightly differently, for example when we do a service, but in the main we will carry on with our visiting bed to bed. There is no doubt that there will be a continued high level of care from the staff here in a lovely and new healing environment.”

***“It is like a second home...”***



**Louise Dolan, Nursing Auxiliary,** celebrated her tenth anniversary of working at the Hospital on the day that they moved: “This is a really good local community hospital and in many ways it is like a second home to a lot of us. I will be sad to leave the old building but I’m sure that the new building will have just as good an atmosphere. There has been extra work involved in the move but we’ve pulled together well.”

***“Chuffed to see it’s now reality...”***



**Jackie Mackay, Unscheduled Care Nurse** at the hospital for 35 years: “It’s probably fair to say that this new build has been a long time coming and we are so chuffed to see that it’s now reality. I will always have a lot of memories from this building and people who have worked here. A lot of people have dedicated many hours to making it a success.”

***“Really lovely memories...”***



**Phyllis Burnett, Nursing Auxiliary:** “We are really looking forward to new, bigger wards although we will be sad to leave here, there are a lot of really lovely memories in this building. Patients will really enjoy the fresh surroundings and I’m sure they will be impressed by the new environment we can offer them.”

***“State of the art facility...”***



**Roli Cariazo, Staff Nurse:** “The new build is amazing, it’s a true state of the art facility. The patients will really love it and although it will be a different atmosphere and environment, in some ways the new facility will help to create more of a dividing line between hospital care and their own house, whilst still offering many of the comforts and care of home.”

***“We’ll get out what we put in...”***



**Patricia Thomas, Unscheduled Care / Home Support Manager:** “I am so excited about this new build, new fabric, new equipment, new layout, more space; there’s going to be so much to learn about it’s a great feeling. I think we’ll get out of the new build what we put in and that will be so rewarding.”

## How your pay is calculated

NHS Highland has a responsibility as part of its commitment to equal pay to ensure that the pay systems in place are transparent. This means that staff can understand clearly how their individual pay is determined.

In the first of two articles, I am looking this month at the details for staff covered by Agenda for Change. In a future piece I will look at the pay systems for doctors, dentists and senior managers.

This article is also available on the **Agenda for Change page of the NHS Highland Intranet**, where you will find related information designed to help understand how the job evaluation scheme works.

### Introduction

All staff covered by Agenda for Change (around 95% of the NHS workforce) are paid on a pay scale known as a Band. There are 12 of these: Bands 1-7, then Bands 8A, 8B, 8C, 8D and Band 9. There is also provision for staff to be paid above Band 9 in very restricted circumstances. This article looks at:

- How these bands were created and how they link to pay;
- How the band is determined for each job;
- How pay is determined for each individual member of staff;
- What enhancements are available for given circumstances;
- How pay increases are determined.

### Pay Bands

Pay bands 1–9 have been in place since October 2004, when the NHS Pay system moved from a large number of separate pay scales (the Whitley system) to a newly-designed pay system designed to accommodate all NHS jobs. The project to develop this system was called Agenda for Change, and that name has continued to apply to the new pay and grading system and its associated conditions of service. The Agenda for Change pay bands were developed in partnership between:

- the Health Departments for England, Scotland, Wales and Northern Ireland
- organisations representing NHS bodies in the four countries;
- recognised staff side organisations, ie trade unions and professional bodies.

Each pay band has a number of steps (known as *increments*) which allow staff to progress from the lowest point to the highest one. For example, Band 4 starts at £17732 and progresses in 6 annual steps to £21318. Progression is normally automatic, but each pay band has two “gateways” through which all staff must pass, and progression through these is dependent on having the skills and knowledge to carry out the job both at “foundation” level and at “developed” level. Further information on gateways is available on the **KSF page of the NHS Highland Intranet**.

Pay bands overlap, e.g. the top two points of Band 4 are also the lowest two points of Band 5.

### Job Evaluation

At the heart of Agenda for Change is a *job evaluation* system designed specifically to deal with jobs in the NHS. Job evaluation (JE) schemes do not in themselves determine pay; what they do is to rank jobs, so that organisations can understand which jobs are bigger, which are smaller and which are at the same level. Pay systems can then be designed to reflect the results.

Each NHS Highland job has been separately processed through the JE scheme. Most have been *matched* against one of about 400 National Profiles, each of which carries a particular pay band. These profiles were created at UK level to reflect commonly-occurring jobs across the NHS, and panels of trained matchers are able to score local job descriptions against these using a secure on-line job evaluation tool known as CAJE. Once jobs are matched, they are consistency checked by a separate group against existing outcomes for similar NHS Highland jobs. Only once this is done is the band outcome confirmed.

The process is transparent in that:

- The national profiles and job evaluation scheme are widely available ([www.nhsemployers.org](http://www.nhsemployers.org))
- A matched job report is created for each matched job showing what Profile was used, how each of

the 16 factors was scored and also the rationale for choosing that level.

The national profiles are free of bias – for example, they do not assume a job is occupied by a man or a woman, by a young person or by an older person. This helps us to be confident that the job evaluation outcomes are based purely on the evidence in the job description, not on any preconceived ideas about how particular jobs should be rewarded.

## **Pay**

We have looked briefly at how the pay system was created and how individual jobs are graded. But how does this translate into pay for each member of staff?

The first point is that it is the job that is graded, not the individual; however, the individual's substantive pay grade is determined wholly by the job. There are a small number of exceptions to this (for example, staff whose salary is protected through application of the Organisational Change policy) but if your job is graded at Band 4, then that's what you'll be paid.

Staff who are new to NHS Highland are normally paid initially on the minimum of the pay band, and this can only be varied in very limited circumstances. The usual reason to vary the starting point is that the employee can evidence through length of service that he or she brings particular knowledge and skills to the job and thus can progress through the foundation gateway more or less right away. Managers do not have discretion to vary the starting point without reference to the Recruitment and Employment Services team to ensure consistency of approach across NHS Highland.

Staff promoted to a higher pay band are placed at the first point on the new band which would deliver an increase in pay.

As noted earlier, staff progress through the pay band to the top, subject only to satisfying the requirements for passing through Gateways. There are no "flow-through" pay bands which allow staff to automatically move from one band to the next simply because they have reached the top of the substantive band.

## **Special Features of the Pay System**

The Agenda for Change Terms and Conditions ([www.paymodernisation.scot.nhs.uk](http://www.paymodernisation.scot.nhs.uk)) deal in detail with the different provisions that apply in particular circumstances. A feature of the former Whitley system was a large number of special allowances, but the job evaluation scheme was designed to allow these special circumstances to be measured as part of the job. So where some staff formerly received additional payments for the conditions they worked in or the patient group they dealt with, this no longer applies as the job evaluation scheme ensures this is part of basic pay.

One element of the pay system which requires explanation is the facility to create short-term and long-term recruitment and retention premia (RRPs). This is defined as an addition to the pay of an individual post or specific group of posts where market pressures would otherwise prevent the employer from being able to recruit and/or retain staff in sufficient numbers for the posts concerned at the normal salary for a job at the band determined by the job evaluation scheme.

A small number of posts have nationally-determined RRP, but there is also a facility for local determination of RRP. In Scotland, it has been agreed in partnership that "local" means at Scottish level. This does not prevent an individual Health Board putting forward a case specific to that Board or even to a locality within the Board area. It does mean, however, that the case will have to be sufficiently well-researched and well-evidenced to convince STAC (the Scottish Terms and Conditions Group) to agree to a RRP. More information can be found at [www.stac.scot.nhs.uk](http://www.stac.scot.nhs.uk) on RRP and on other matters related to pay and conditions of service in NHS Scotland.

The pay system has special rules about how it deals with trainees (Annex U of the Terms and Conditions Handbook) and with clinical staff moving into specialist roles (Annex T). Details of these can be found on [www.paymodernisation.scot.nhs.uk](http://www.paymodernisation.scot.nhs.uk)

## **Work outwith standard hours**

Detailed provisions apply in respect of work outwith standard hours, including night working, weekend working and public holiday working. Detailed provisions also apply in relation to on-call arrangements and to overtime working. Details are available at [www.paymodernisation.scot.nhs.uk](http://www.paymodernisation.scot.nhs.uk) and at [www.stac.scot.nhs.uk](http://www.stac.scot.nhs.uk).

## Pay rises

The arrangements for agreeing national pay rises are complex, The NHS Pay Review Body (NHSPRB), which is independent of government, takes evidence from all interested parties, including

- trade unions
- professional associations
- employers' organisations
- the Health Departments of the four countries of England, Wales, Scotland and Northern Ireland

and then issues a report with recommendations to the governments of the four countries. The recommendation will normally be that pay is increased by a given percentage either for the forthcoming year or for a longer period, but it may also be that adjustments are made to the pay scales (eg shortening or lengthening one or more pay band).

The ultimate decision on whether to accept the recommendations of the NHSPRB lies with the governments of the four countries, who notify Health Boards and other employers of their decisions to allow Payroll Departments to amend pay rates for their staff.

It should be noted that NHS Highland does not have discretion to amend pay bands or pay rates, or indeed any provisions within the Terms and Conditions handbook. The position in England, where Foundation Trusts have considerable discretion in these matters, is different, but in Scotland all NHS organisations are under the direction of the Cabinet Secretary for Health and are bound by national agreements and decisions of the Cabinet Secretary in relation to pay rises.

Donald Shiach, Pay & Equality Manager

## Knowledge and Skills Framework - Update

### Background...

The NHS Knowledge and Skills Framework and Personal Development Review Process (KSF) is one of three key strands of Agenda for Change (AfC).

During 2008/2009 97% of eligible staff had a Personal Development Plan (PDP) in place; this was monitored using HEAT target E3.

The next HEAT target (E10) is over two years and requires 80% of staff to have had a KSF PDP review completed and recorded on e-KSF by March 2011. Unlike the previous target there are no exemptions, this means that Bank Staff are now included.

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)).

### Benefits...

The e-KSF is the online software developed to support the implementation and subsequent monitoring of KSF. The online tool makes KSF more accessible for staff and their managers and has been developed with the following features in mind:

- e-KSF is web-based, so it is accessible from anywhere with internet access
- It was built specifically for the KSF and supports all aspects of the process from partnership working, creating and saving KSF post outlines, to storing Personal Development Plans (PDPs) and recording the outcomes of learning
- It has a high level of security. The only people who can see an individual's PDP are the individual themselves and their manager/reviewer
- e-KSF includes references between the KSF and National Occupational Standards, so users can see which Standards are related to each KSF dimension, and use these in their development planning
- It supports legislative workforce monitoring
- It is free at the point of use for NHS organisations

- e-KSF is supported by help and guidance online, as well as an email support desk to answer questions.

Its use is mandatory in Scotland and has the potential to offer significant benefits for NHS Highland as it:

- Enables monitoring of departmental and organisational performance in applying the KSF
- Provides information for compulsory national reporting requirements in relation to the KSF
- Supports NHS Highland to take action to address any governance, safety or quality issues
- Increases clarity of staff progress and equality and diversity monitoring
- Minimises paperwork and administration management and increases confidentiality of staff records
- Ensures a fair and equitable KSF process (everyone has access to the same system)
- Identifies local and national competencies and gaps
- Supports knowledge and skills for succession planning
- Creates a structured method of capturing development needs
- Facilitates the targeted use of learning and development budgets
- Acts as a driver for IT skills and infrastructure development.

### **All Time Learning (AT-L)**

AT-L is a learning management system that is used to facilitate the offer, delivery, management, evaluation and commissioning of learning and development activities or programmes. This system works side by side with e-KSF and acts as a database for learning and development activities available to staff across NHS Highland.

There are currently 80+ activities stored in the AT-L directory and more are being added as Training Providers become aware of and learn how to use the system.

Prior to placing an activity or programme on the system Training Providers are encouraged to map or link the contents, outcomes or goals of the activity to the most relevant dimensions of the Knowledge and Skills Framework. This information can then be used in publicity material to attract applicants from relevant staff groups or it can be used by staff to decide whether a particular activity will aid their own personal development. The mapping/linking process is quite straight forward and guidance notes and forms are available from Paul Simmons (see contact details below).

Staff can access the AT-L directory by following the link on the left hand side of their e-KSF PDP page and selecting "browse" or "search", in the directory links can be followed which reveal details of the activity or programme including, dates, times, venues, facilitators. Staff can apply on-line to attend an activity or call a booking desk administrator, all applications have to be authorised by a manager (this is done on-line). Activities that have been selected will appear in an individual's PDP. For more information regarding AT-L please contact Michelle Williams (01463 706857, [michelle.williams@nhs.net](mailto:michelle.williams@nhs.net)), alternatively information can be found on the intranet under Staff / Learning and Development.

More information is also available at [www.at-learning.org](http://www.at-learning.org)

### **Training**

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 (course length is 2.5 hours) and, K1009 for Reviewers/Managers (course length is 2.5 hours for Reviewers and 3 hours for Managers).

For more information regarding these courses please contact eHealth on 01463 257500.

A pre-requisite for both these courses is to attend a PDP&R awareness session delivered by the Learning and Development Team; these sessions are delivered independently from e-KSF courses so 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)

## Digital Dictation

Following the success of digital dictation in a number of NHS Boards throughout Scotland, including Greater Glasgow & Clyde and Dumfries & Galloway, NHS Highland has invested in a digital dictation system and a project has already started allowing us to roll it out across Highland.



Other areas in Scotland already using this system have reported a reduction in time taken by consultants and registrars correcting and chasing urgent work, and secretaries are able to find priority work more quickly.

Other benefits from implementing this system include:

- Improved sound quality from digital recording reduces misunderstanding and time lost clarifying dictation
- Instant availability of recordings
- Immediate identification of dictation through patient CHI number
- Immediate identification of high priority dictation
- Ability to review and reprioritise without interrupting secretarial staff

Workshops have been held with secretarial Team Leads to keep them fully informed on what the project is and what it will do, and training material is already prepared.

As part of the project, digital dictation has already been implemented in the colorectal department at Raigmore Hospital after the consultants; registrar and secretaries became the first group of staff to go live. Feedback from those involved has been very positive.

Jim Docherty is a Consultant Surgeon at Raigmore Hospital and, as well as being part of the Digital Dictation Project where he will represent all staff who will be affected by this project, has been using digital dictation for a month now.

He said: "It is actually an easy system to use, certainly easier than I expected and the training required actually takes up very little time.

"The quality of recording is much improved with this system, there is no need to hunt around finding a tape and it is much easier to identify urgent work."

A timescale of roll out to the rest of Highland is currently being produced, further updates will be in future issues of Team Update and also available on the intranet Digital Dictation page.

## Encryption Project started in Highland

New standards have been agreed by NHS Scotland for the protection of data on mobile devices (e.g. laptops and USB memory sticks) and NHS Highland's eHealth department are currently working on an 'Encryption Project' to ensure that the agreed security will be installed on all relevant equipment.

Encryption of mobile devices will have many benefits including:

- Removes the issue of confidential data, both clinical and non-clinical being accessed inappropriately as a result of lost or stolen IT equipment
- Removes the risk of data loss through unauthorised use
- Prevents viruses that target systems and data
- Removes the risk of data leakage / theft as a result of unauthorised applications

The project has now begun and more information will be available in future issues.

A memory stick amnesty, where users can swap existing unencrypted memory sticks for new encrypted ones, is scheduled for later this year. Keep an eye out for further details on this in a future issue.

## Lost, misplaced or stolen



When Staff report the loss/theft/misplacement of any information asset they are reminded that an IR1 must be completed.

This applies whether it is an electronic device such as a Computer, Laptop, Memory Stick, PDA, CD, Camera etc, or whether they are Patient Records, notes, X-Rays, or other confidential/identifiable data.

## New pilot project to help reduce drug related deaths

There have been six drug related deaths in Highland since January 2009 with one other recent death currently being assessed.

NHS Highland is running training sessions to teach drug users and their families and friends how to recognise the signs of an overdose, the importance of calling emergency services, and basic life support. They will also be given Naloxone, an antidote to opiate drugs, which may be administered if necessary.



Above: Naloxone

Naloxone is a safe medicine which acts as an antidote to opiate drugs, including heroin. It has no addiction potential itself, but if administered as part of emergency response to an overdose, it could help save a life.

A high proportion of overdose events take place in a home setting and are often witnessed by other drug users, or friends and family members. NHS Highland's aim is to enable these people to:

- identify signs and symptoms of overdose quickly
- call an ambulance and give basic life support
- administer Naloxone to reverse the toxic effects of heroin

NHS Highland's Clinical Harm Reduction Nurse Specialist Lisa Ross said: "The reduction of drug related deaths is a major priority for substance misuse services in Highland and we are keen to explore every option for saving lives. This training will help people to manage an overdose more effectively. The sessions will also give us an opportunity to provide information on the risk factors for overdose and help reduce the frequency of these.

"This project supports the services that are already in place. We recognise that some people are not yet using our services and the Naloxone pilot is another way of developing a relationship.

"Naloxone is one of the safest emergency medicines; it simply acts as an antidote to opiates. There is no risk of becoming addicted to it and it can be safely administered in a number of ways."

A twenty-five year old woman who took part in the training last month said: "This is a really good

way for people to help others who are at risk of overdosing. It means that if you're in a situation where there is a chance that you could help you will know what to do so won't panic.

"I've seen more than one person overdose, one of them died. Now that I've had this training I'm sure that I will be able to help."

Councillor Jaci Douglas, Chair of Highland Alcohol and Drug Partnership said: "We acknowledge the importance of making sure that people are aware of the risks of overdose and, crucially, that they can recognise the signs and symptoms. This training fits with our wider strategy of reducing the numbers of people overdosing and drug related deaths in our area."

Anyone who requires further information on the Naloxone pilot project is asked to contact Clinical Harm Reduction Nurse Specialist Lisa Ross on 01463 717594 or Harm Reduction Co-ordinator John Glenday on 01463 704813.



## Promoting Attendance FAQs

In response to queries regarding the application of the Promoting Attendance Policy, the HR Sub-group of the Highland Partnership Forum has developed a 'Frequently asked Questions' sheet (FAQ) to assist with ensuring a common understanding.

The questions being answered will include information on return to work meetings, promoting attendance meetings and the processes involved.

The document will be available alongside the Promoting Attendance Policy in the Policies library on the intranet.

Link:

<http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Pages/Default.aspx>

## Mental health proposals for Argyll & Bute approved

In January 2009 NHS Highland launched its formal public consultation on proposals for change to adult mental health services in Argyll and Bute. This consultation outlined five service options and followed on from extensive work on reviewing mental health services involving many local service users, carers, NHS staff as well as staff from Argyll and Bute Council.

Following the end of the consultation in April Argyll & Bute Community Health Partnership (CHP) identified Option 4 as the preferred option and this recommendation was made to the NHS Highland Board in June where members backed the recommendation.

As part of the overall consultation process the proposals were then submitted to the Cabinet Secretary for Health and Wellbeing for approval and this has now been given. Argyll & Bute CHP can now formally commence the implementation and delivery of the preferred option.

The main details of Option 4 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 in the community 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
  - 20 Dementia Continuing care beds (in Mid Argyll Hospital)



Above: Bill Brackenridge

Bill Brackenridge, Chairman of Argyll & Bute CHP said: "We worked closely with our colleagues in Argyll and Bute Council to review and modernise our adult mental health services.

"We also worked closely with service users, carers, staff and our local communities in the development of the various options.

"I am now delighted that the Cabinet Secretary for Health and Wellbeing has given us formal approval to move forward. This is good news for

service users, carers and staff.

"We will now be starting work on the implementation and delivery of the preferred option and it is anticipated that this will be completed by September 2012.

"Finally, I would thank everyone who took part in the consultation and would like to highlight that Argyll & Bute CHP will continue to work with staff, service users, carers and our local communities as we move forward."

### Nursing, Midwifery and AHP Workforce Planning

You may have noticed that new pages have been set up on the intranet, to let you know about what is happening with the nursing, midwifery and AHP workforce planning agendas (link below). <http://intranet.nhsh.scot.nhs.uk/Organisation/NursingDirectorate/WorkloadWorkforce/Pages/Default.aspx>

Groups have been set up, reporting to ANMAC and the AAHP committee, and there is lots of information on the pages in terms of Minutes of meetings and agendas, telling you about the purpose of the groups and membership. There is also a separate heading on the page with updated Action Plans and progress reports.

Both groups are chaired by Helen Morrison, Associate Director, NMAHP, Workforce Planning and Development. The work of these groups potentially affects about 54% of the staff in NHS Highland – so it's a big agenda!

One of the key pieces of work, which you may well become aware of in your area shortly is the review of Nursing and Midwifery establishments in all wards within NHS Highland - by November 2009. This will be driven by use of the national workforce planning tools. This work is being taken forward in partnership between management and trade unions, professional organisations, as is all the work of these groups.

Please have a look at the pages, and do get in touch with any of the group members if you have any questions or comments.

More information will be coming out about the review of Nursing and Midwifery establishments shortly.

Adam Palmer, UNISON  
(Member of Nursing and Midwifery, Workload and Workforce Group)

## DATIXweb Incidents Implementation - Update

DATIXweb Incidents is an on-line reporting system which will replace the IR1/IR2 system. Staff will report an incident via an electronic DIF1 form (DATIX Incident Form 1) and managers will complete the grading and any investigation on a DIF2 form (DATIX Incident Form 2).

### Pilot Site

New Craigs are now fully operational with the system and have now completed an evaluation. Their feedback has led to changes in the design of the DIF1 form as well as to the training packages. The Training Step by Step Guides have also been updated to reflect these changes and are available on the DATIX intranet site. Many thanks to everyone at New Craigs for their help on this.

### Training

Reporter Awareness Sessions (45mins) - For anyone in NHS Highland to learn how to log an incident on a DIF1. Not all staff need to attend these sessions, it is recommended representatives from each area attend and then get involved in cascading that information to their colleagues.

Reviewer Training Sessions (1hr30-2hrs) - Required for all managers identified as needing to approve / review / investigate incidents on the DIF2. Manager's identified will need to nominate 1 deputy to be trained to cover sickness / absence. Training will also be delivered to operational unit management teams.

### Implementation Plan for NHS Highland

Work is still ongoing to plan training dates for all operational units however the following training dates have now been agreed:

Hospital / Area	Date	Time and type of training
Belford Hospital	5th August	10-12 Reviewer Training 2-4 Reviewer Training
Caithness General Hospital	19th August	11-1 Reviewer Training 2-2.45 Reporter Awareness 3-3.45 Reporter Awareness
Raigmore Hospital - Medical Directorate	1st September 3rd September 8th September 10th September	2-2.45 Reporter Awareness 3-4.30 Reviewer Training 10-12 Reviewer Training 2-2.45 Reporter Awareness 3-4.30 Reviewer Training 10-10.45 Reporter Awareness 11-11.45 Reporter Awareness
Raigmore Hospital - Surgical & Anaesthetics	15th September 17th September 22nd September 24th September	2-4 Reviewer Training 1-1.45 Reporter Awareness 2-4 Reviewer Training 1-1.45 Reporter Awareness 2-4 Reviewer Training 2-2.45 Reporter Awareness 3-3.45 Reporter Awareness
Raigmore Hospital - Woman and Child	Dates tbc weeks beginning 28th September and 5th October	
Raigmore Hospital - Clinical Services Directorate	27th October 29th October 4th November 6th November	10-12 Reviewer Training 2-2.45 Reporter Awareness 3-4.30 Reviewer Training 2-2.45 Reporter Awareness 3-4.30 Reviewer Training 10-10.45 Reporter Awareness 11-11.45 Reporter Awareness

**PLEASE NOTE:** Places on training will be organised locally, Managers liaise with your local Management Team regarding places on the Reviewer Training. Each area should decide how many staff to send to the Reporter Awareness Sessions – but please note they will need to be involved in helping to cascade the information to others.

Dates for the remainder of Raigmore – Cancer Services, Pharmacy and Facilities are still being agreed, as are dates for the wider community. More information will be available in the next issue.

If you have any queries concerning the implementation, please contact Louise McInnes, Project Lead on 01463 706910 or [louise.mcinnnes@nhs.net](mailto:louise.mcinnnes@nhs.net)

## New service improves condition of chronically sick patients

Chronic lung disease sufferers living in Caithness and East Sutherland are reporting a marked improvement in their condition thanks to a new rehabilitation service.

People suffering from chronic bronchitis, emphysema, or both have Chronic Obstructive Pulmonary Disease (COPD), which results in restriction of the airflow to the lungs. Symptoms include coughing and breathlessness.

COPD is very common in the UK and is a major cause of loss of work time, premature retirement, severe disability and death. It is incurable, but rehabilitation can help people with the condition to enjoy a better quality of life.

And, in June 2008, the North Community Health Partnership (CHP) launched its pulmonary rehabilitation service as part of the Scottish Enhanced Services programme, aimed at people who have been diagnosed with moderate COPD.

Claire Wood, who is Lead Allied Health Professional (AHP) for North Highland CHP, said: "Commonly, people respond to their increasing breathlessness by decreasing activity. This results in physical deterioration and increased impairment leading to further reduction in activity.

"This further loss of ability leads to breathlessness during minimal activities or at rest. As this cycle continues, levels of fear, anxiety and depression increase. It is this downward spiral that pulmonary rehabilitation seeks to address."

She explained that the rehabilitation service - to which people that meet the clinical criteria can be referred by their GP - helped them learn how to

get back in control of their breathing and made them feel fitter and more able to do normal day-to-day activities, such as housework, shopping, stairs or gardening.

They attend two one and a half hour physiotherapist/nurse-led group sessions for eight weeks, with each session comprising an exercise class, with relaxation, and talks covering many aspects of living with COPD, such as how the lungs work, how to manage shortness of breath and what is COPD.

They are also given one self directed exercise activity to be carried out at home each week and an opportunity to look at medication and diet.

By June 2009, 81 referrals had been received and 34 people had completed the eight-week programme, with a further 58 people having been assessed and either on current programmes or about to commence the next cycle.

Claire said: "The first year formal report of the North CHP pulmonary rehabilitation programme outcomes is due early autumn 2009 but, so far, feedback from those who have attended has been very positive.

"Many report feeling more in control of their breathing and of the disease.

"Their personal achievements include such things as beginning to do some gardening again, taking public transport for the first time in years to do a little independent shopping, and noticing that they have coped much better if they have suffered from a chest infection."

## Important new information materials for patients and carers

Staff have a key role in providing information to patients and their carers. Two important new publications are now available from Health Rights Information Scotland (HRIS), and staff are encouraged to ensure these are made available to their own patients, and to families and carers you come into contact with.

"Making a complaint about the NHS". Complaints are an essential form of feedback, and all NHS staff have a responsibility to inform people about how to raise their concerns. This leaflet which has just been updated helps by setting out information about NHS complaints systems for patients and others. The leaflet has been

circulated across NHS Highland, and is available from the HRIS website in a variety of languages at <http://www.hris.org.uk/index.aspx?o=1025>

"Caring and Consent" is written for people caring for an adult who is unable to make decisions about their own care and treatment. It explains a carer's right to be involved in decisions about the health care or treatment of the adult they care for. Copies will shortly be distributed across NHS Highland sites, and it is available at <http://www.hris.org.uk/index.aspx?o=5098>

## Plans to improve health services in West Caithness

NHS Highland managers in Caithness are looking at ways to improve the services delivered in West Caithness to meet the changing needs of the local community and to make the best use of the healthcare resources in the area.

In the Thurso area, NHS services are largely concentrated around the Dunbar Hospital site. Community services are limited and, in particular, there is a lack of rehabilitation services available to people in their own homes.

The hospital has 16 beds, which in recent years have not been fully utilised. Patients are going home from hospital earlier and, if admitted to hospital, require a shorter stay.

The last three years shows an average requirement for only 11 beds, with a downward trend in the number of beds required over the period. This has provided the opportunity to look closely at the services that are provided with a view to increasing the range and flexibility of local services.

There has already been a review of the reasons patients are going into Dunbar Hospital. There appears to be a historic use of beds to provide respite care, which is designed specifically to give carers a break.

Respite care is a Social Work responsibility and the NHS has been working with Highland Council locally to ensure care is provided in the most appropriate setting.

Patients are now admitted to the hospital only when there is a reason for repeated and regular assessment or monitoring by the clinical team.

Hospital facilities are generally not an appropriate setting for people who need respite care.

Caithness Locality General Manager, Pauline Craw, said: "The aim of the review is to improve services by providing more effective locally based services, which will be used to support as many people as possible at, or close to, home."

Dunbar Hospital and surrounding properties were built in the 1880s following a local bequest. It started as a home for the aged and infirm and was upgraded in the 1920s to provide surgical services and subsequently children's and maternity services.

The function of the hospital changed to that of a GP cottage hospital in the 1980s with the development of Caithness General Hospital in Wick. Aspects of it are no longer fit for purpose.

The review is being taken forward by a group comprising members of the North Highland CHP management team, staff, local GPs, Highland Council Social Work and public representatives.

This is part of a wider redesign programme looking at improvements to health services across the whole of the North Highland Community Health Partnership (CHP) area, which covers Caithness and Sutherland.

Mrs Craw said: "This exercise is not about cutting services, but about redesigning them to provide the best and most appropriate care. We are keen to work with staff, patients, the local community and other interested parties to achieve this."

## Funding for £8million hospital in Sutherland approved

A new facility to replace Migdale Hospital at Bonar Bridge in Central Sutherland moved a step closer this week when the NHS Highland Board approved the capital funding needed.

The Board approved capital investment of £8.322million and agreed to submit the Full Business Case to the Scottish Government Capital Investment Group for approval.

North Highland CHP General Manager, Sheena Craig, told the meeting in Inverness on Tuesday (August 11) that the old hospital, which used to be the county's poor house, was no longer fit for purpose and it had long been recognised that it needed to be replaced.

It is hoped that work to replace the existing

hospital with a 22 bedded unit will start on site at the end of this year and that the hospital will be fully operational in 2011.

Board members also accepted the need for an additional £100,000 of revenue associated with the increased capital costs of the replacement hospital from within the future NHS Highland Savings Programme.

Locality General Manager, Georgia Haire, said: "We are delighted that the funding for this major project for Sutherland has now been approved by the Board.

"The replacement of Migdale Hospital is an important aspect of the development of services for older people in the county."

## Consultation on Gaelic

On 24<sup>th</sup> August we are launching an eight week consultation on our draft Gaelic Language Plan.

We are seeking views from people across the NHS Highland area. We have developed a draft plan which covers what we think (NHS Highland staff across the board) the organisation could do to promote Gaelic use, and serve our Gaelic speaking patients better.

We encourage all comments on the draft plan through our website (under Hot Topics). Anyone who is unable to contribute online, is asked to phone or write in with their views. We are also looking at the possibility of organising some small focus groups if there is sufficient demand. We welcome responses in Gaelic and English.

To date some of the options we are looking at include having Gaelic television and radio available at the bedside for patients in hospital and ensuring people who write to us can choose to receive a response in Gaelic or English.

The Gaelic language plan is being prepared in

response to the Gaelic Language (Scotland) Act 2005, agreed by the Scottish Parliament. Bòrd na Gàidhlig has the authority to require organisations to prepare statutory Gaelic Language Plans. NHS Highland is required to produce a plan by the end of 2009.

We will seek to be as creative as possible in our support for Gaelic but we will, of course, do this in the context of our primary functions of health improvement and the provision of health care. We also need to reflect our current corporate priorities. We are preparing this plan with funding from external sources, and it does not impact on our own financial situation.

The deadline for submitting comments is the 22<sup>nd</sup> October.

If you are unable to access the website but would like to contribute, please contact Caroline Tolan on 01463 704863, [caroline.tolan@nhs.net](mailto:caroline.tolan@nhs.net) (English speaking only) or Callum Macdonald on 01471 822137 [callum.macdonald@nhs.net](mailto:callum.macdonald@nhs.net) (Gaelic and English speaking) Or write to: Caroline Tolan, Assynt House, Beechwood Park, Inverness, IV2 3BW

## Greenspace project planned for hospital grounds

NHS Highland and Forestry Commission Scotland are working with local communities on plans to create green spaces for the enjoyment of patients, staff, visitors and local people.

The Lawson Memorial Hospital, Golspie is one of the hospitals chosen for the project that aims to promote health and wellbeing through greater use of greenspace in hospital grounds.

But the project, that would see the grounds to the front and side of the hospital improved to encourage more people to get out there and enjoy it, is reliant on funding being found for the work to be carried out. Voluntary support and additional fundraising will also be needed to help maintain the development.

The exact nature of the work to be carried out will be decided after consultation with patients, staff and the local community, but possible ways of upgrading the site include improvements to the woodland area, paths and a sensory garden.

A steering group has been set up to take the project forward and various sources of funding are currently being investigated.

NHS Highland's Specialist Registrar Public Health Medicine, Dr Duncan McCormick, explained it was part of a move towards recognising the positive benefits that can result from the greenspace around hospitals and communities.

He said: "While poor environments can foster hopelessness and stress and discourage healthy behaviours, the creation of positive physical environments can nurture better health and wellbeing. Recent research has shown that improvements in the quality of greenspace can improve the health of individuals."

Forestry Commission Scotland has responded to the new approach and now employs health advisors at national and local level.

Allan Barclay, of Golspie Community Council, said the local community welcomed the planned improvements to the grounds at the Lawson.

hi from chi

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## Clinical Decisions Portal

The Clinical Decisions portal is a NHS Education for Scotland initiative from the Knowledge Services Group. It aims to support health care professionals in decision-making at point of care by providing quick and easy access to evidence summaries. The search and browse facilities put you in touch with some of the best knowledge resources to help you find the answers to clinical questions by providing access to a range of quality content including:

- **Evidence Based Reviews** from Dynamed, UpToDate, JBI Connect, Clinical Knowledge Summaries, Institute for Healthcare



Improvement, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects.

- **Guidelines and Pathways** from National Library of Guidelines, National Patient Pathways.
- **Medicines Information** from the Clinical Knowledge Summaries Drugs, British National Formulary, e-Library Medicines Information.

Clinical Decisions also strives to provide knowledge support for key programmes and initiatives currently in place within NHS Scotland, including the Scottish Patient Safety Alliance and Programme, the Nursing Quality Outcomes Indicators, and the Quality Outcomes Framework. It also provides links to articles, journals, books and patient information.

Clinical Decisions is simple and easy to use. Just go to [www.clinicaldecisions.scot.nhs.uk](http://www.clinicaldecisions.scot.nhs.uk) and use your NHS Scotland Athens username and password for quick access to evidence summaries to support your decision-making process in every day practice.

A new service is currently being developed to support safer, more effective patient care. It will incorporate the Clinical Decision portal in addition to many more services including patient safety and clinical governance information and an online clinical enquiry service. It is anticipated that this service will be available early in 2010. If you would like further information, please email [suzanne.graham@nes.scot.nhs.uk](mailto:suzanne.graham@nes.scot.nhs.uk).

## Theatre Congratulations

Congratulations to Anne Marie Hickey, a member of the theatre staff at Raigmore Hospital in Inverness for being named as Inverness College UHI student of the year 2009.

Anne Marie was nominated for showing exceptional hard work at college despite ongoing health difficulties.

She said: "I first came to Inverness College UHI in 2006 to study a highers programme which would give me the necessary qualifications I needed to progress to higher national level. I was determined to succeed and last year got a place on the HNC social sciences course.

"I feel my studies have allowed me to broaden my horizons in the academic world, and I hope to go on to achieve a BA in social sciences, with the view of one day working in the teaching profession. I hope I will be an inspiration to others who feel they can't achieve their goals."



## Distribution of third edition of the Highland Formulary

Copies of the third edition of the Highland Formulary have recently been distributed to all prescribers in NHS Highland.

Updated by healthcare professionals and patients from across Highland and ratified by the Formulary Subgroup of NHS Highland Area Drug and Therapeutics Committee, the Formulary aims to inform prescribers' choice of drug therapy, providing dosing advice, local prescribing information and guidance on medicine use. It is based upon current evidence of safety, efficacy and cost-effectiveness, national guidance, local expertise and patient acceptability and, as a constantly evolving document, responds to changes in clinical practice, new drug developments and the withdrawal of medicines.

An electronic version can also be accessed on the NHS Highland Intranet and website and a format which can be used in general practice prescribing systems such as Vision and GPASS is available.

## Fort William Dental Awards



Above: Fort William dental staff with their award

Dental staff at Fort William Health Centre are celebrating a double success.

The centre's dental department is the first in Highland and one of few in Scotland to gain British Dental Association (BDA)

Good Practice Scheme recognition and one of their dental nurses has been chosen as the North SVQ Dental Nurse Candidate of the Year.

Syed Askari, who is one of the most recent dental practitioners to join the Fort William dental team, suggested that it should apply for the BDA Good Practice Scheme.

Dental Clinic Head Nurse, Jodi Ferguson, said: "We are the first practice in NHS Highland to achieve this award.

"This will benefit our department in a number of ways. Patients can be confident that the dental care provided will be of a consistently high standard and will meet their needs and wishes. It was also a great team building exercise, thus increasing team confidence."



Above: Lorna Barbour, SVQ candidate of the year

Meanwhile, dental nurse Lorna Barbour, who attended day release classes at The Centre for Health Science in Inverness, was named as the winner of the NHS Education for Scotland (NES) SVQ candidate of the year. She was nominated by her assessor, Marina Munro, who praised her nursing skills.

Jodi said: "Lorna has worked very hard over the past two years to achieve her SVQ3 in dental nursing. She provided an excellent portfolio of evidence and has proved to be an efficient, dedicated, valued member of the team, who thoroughly deserved the award."

### Scottish Health Technologies Group

A knowledge broker for Scotland's health networks

Understanding the clinical and cost effectiveness of existing and new technologies can support the planning and decision making processes within NHS boards.

The Scottish Health Technologies Group (SHTG) is an advisory body set up by the Scottish Government Health Directorates (SGHD) to provide assistance to NHSScotland boards when considering the introduction of new technologies recommended by NICE and other UK and international HTA agencies.

The group identifies existing and new technologies including new devices and areas where there may be evidence to support disinvestment, ensures that appraisal of the effectiveness of technologies is carried out as needed, and facilitates the implementation of evidence-based recommendations on technologies. This is an important area of new work for the Health Technology Assessment (HTA) team of NHS QIS and will be a mainstay of future work.

Our team provides scientific and project management support to the group, and produce a range of publications, including: quarterly horizon scanning reports, evidence notes, clinical and resource impact reports and implementation tools.

For further information visit our website, [www.nhshealthquality.org](http://www.nhshealthquality.org).

### NHS Highland Telephone Conferencing Facility

Telecoms are pleased to announce the availability of a new telephone conferencing facility that allows 3 or more telephone participants to take part in an audio-only meeting.

The procedure is simple; everybody dials into a central hub, which provides a 'bridge' between the participants. To ensure privacy all conferences are assigned a Conference ID **and** a Security PIN, thus allowing only participants with those details to connect.

Once connected to the hub participants will be prompted to enter the Conference ID, followed by the 'hash' (#) key and then the Security PIN, followed by the # key, before being connected to the appropriate teleconference.

In order to book the facility please complete a copy of the "NHS Highland Audio-Conferencing Booking Form", which is available from the 'Forms Library' on the Intranet, taking careful note of the Terms and Conditions on page 2, before emailing it to [Highland.AudioConferencing@nhs.net](mailto:Highland.AudioConferencing@nhs.net).

Once the teleconference has been booked you will be emailed confirmation, along with the Conference ID and Security PIN.

Further information is available by email [Highland.AudioConferencing@nhs.net](mailto:Highland.AudioConferencing@nhs.net) or telephoning on 01463 70 4273 or 4014.

## Letters to NHS Highland



"We were passengers on the recent ill-fated cruise that only got as far as Invergordon. We hope we are one of many who write to thank you and all the doctors, nurses and no doubt many others, who gave their time willingly to help all those afflicted on the ship, of which my husband was one. All this must have put a lot of strain on available resources in your area and we are so impressed with how it was dealt with. We would also like to thank those doctors and nurses who were willing to travel back to Tilbury with the ship, thus enabling it to sail. We are hoping to repeat the cruise under happier circumstances next year and will look forward to visiting Invergordon and thanking all the local people for their sympathy, support and understanding. We have nothing but praise for NHS Highland."

**A Patients relative via email**

"We, unfortunately, during our weeks holiday had to bring my

mother in law into A&E at Nairn Town and County Hospital. Can we say that due to the kindness and quick support she has made a full recovery. We would like to pass on our thanks to the staff concerned and the fact that you has just moved into a new building, were still getting used to things."

**A Patients relative via email**

"Mr Duncan, entirely due to your screening programme your staff found out the need for me to be passed to Mr Wolf for an operation. I am deeply grateful for the service which this programme provides for it has avoided a much more life threatening event.

I am quite sure, in my eightieth year, that being fit has contributed enormously to my recovery. It isn't difficult but it is a necessary adjunct to staying healthy.

With many thanks to you and your charming little group of ladies that do the tests."

**A Patient from Ross Shire**

"I am writing to you because of the wonderful support we (and our baby ) received before his birth, after his birth and throughout his short life. From the beginning our midwives were kind and helpful, and they were kinder and more helpful when we learned that our baby had anencephaly. We would like you to know that we didn't feel that either Liz Partridge or Debbie Law were in a hurry when we met with them before the birth and they also came to the funeral. Thanks also to Dr Kosseim and Fiona (Raigmore) who didn't hurry us when we went to Inverness to speak to them before the birth, and they explained a lot to us. They were professional without being impolite and listen to the questions that we had. They helped us in writing our birth plan and they read it when it was finished.

Our child was born in Broadford. We have good memories of the birth and life of our baby."

**A Patient from Skye**

## Opening of new Highland inter-agency centre for autism

A new centre in Inverness is being hailed as a major benefit for children with autism spectrum disorders, through provision of a package of integrated services under the one roof. The Pines is a purpose-built building located near Drummond School, Inverness, which has been funded by The Highland Council and NHS Highland to provide improved diagnostic, assessment and support services for children and young people who may be affected by autism as well as their families.

The building provides a low stimulus environment for parents and children, and the ideal opportunity for staff with specialist remits in autism, across the Council, NHS Highland and partner voluntary sector agencies, to work more closely as the 'Children's Services Autism Team'.

By bringing a range of professionals together under the one roof, parents and children will be able to have a one-stop-shop approach to autism services. The centre will also ensure consistent

support across agencies to local practitioners, supporting children and families in their own communities.



The building was officially opened by Councillor Bill Fernie, Chairman of The Highland Council's Education Culture and Sport Committee, and Pam Courcha, Chairman of the Highland Joint Committee for Children and Young People and a non executive for NHS Highland.

Pam said: "The vision for this centre was supported in consultation with local families, who were involved in the planning that has led to today's opening. I very much welcome this work coming to fruition, and it is a great step forward for children's autism services in the Highlands."

## What's on... September



### **What: Monadhliath "Heartbeat" Challenge**

**Who:** Open to all

**Why:** An annual charity challenge is being organised by **Heartbeat**, a charity which promotes coronary health in the Highlands and Islands and assists those treating cardiac and cardiovascular diseases. The money raised will go to the Cardiology Department, treating patients in the Highlands. The Challenge will involve running / walking 12 miles from Nairnshire to Moy Estate, crossing Saddle Hill and Pulpit Hill with a 10 mile return cycle along the old A9. There is also an alternative circular walk of 7.5 miles.

**Where and when:** 5th September, Clava, east of Inverness - follow the B9006 past Culloden battlefield and turn right at Culloden Moor Inn. Bottom of the hill in the field under the viaduct.

**Need more?** [www.heartbeatchallenge.co.uk](http://www.heartbeatchallenge.co.uk) or tel 01463 796586



### **What: Stroke Foundation Course**

**Who:** All grades of staff

**Why:** Topics include - what is stroke? Communication difficulties, how stroke affects the activities of daily living, therapeutic positioning, continence assessment, a personal experience of stroke.

**Where and when:** 17th and 18th September, Raigmore site

**Need more?** Linda Campbell, Stroke Coordinator on 01463 704086 or by email [Linda.campbell8@nhs.net](mailto:Linda.campbell8@nhs.net).

Equality &  
Human  
Rights  
Commission

### **What: Meet the Equality and Human Rights Commission Legal team**

**Who:** Advice giving organisations - those who assist / advise the public

**Why:** The Equality and Human Rights Commission champions equality and human rights for all, working to eliminate discrimination, reduce inequality, protect human rights and to build good relations, ensuring that everyone has a fair chance to participate in society. Their Legal Team is visiting the above location, hosting a lunch and Information Session.

**Where and when:** 14th September, Skye – Aros Venue

**Need more?** Please email [roadshow@equalityhumanrights.com](mailto:roadshow@equalityhumanrights.com) or please contact: James Andrew on 0141 228 5917 / David Reilly on 0141 228 5967.

Gallop  
and  
Grind

### **What: Gallop and Grind 2009**

**Who:** Open to all

**Why:** Gallop and Grind is an exciting participative duathlon taking place in Fort William. Hosted by No Fuss Events this event has something for everyone from a short walk to a run/jog and cycle this event will appeal to all from families to competitive athletes. The event was originally the inspiration of Sharon Fraser an Invergarry mum of four who was diagnosed with Breast Cancer in 2006 and wished to 'give something back' in appreciation of her care. Last years event, saw over 600 participants raise in excess of £85,000 in support of the Belford Hospital and the Oncology Ward in Raigmore Hospital.

All monies raised in sponsorship from this years event will benefit the newly formed charity 'Cancer Care in the Highlands' which supports those affected by Cancer and their families living in the Highlands.

**Where and when:** 26th September, Fort William

**Need more?** please log on to [www.nofussevents.co.uk](http://www.nofussevents.co.uk). Paper entries are available at Mcphee and Partners. If wishing to volunteer on the day please contact Karen MacInnes on 07733453875.

## The Big Challenge – how the Highland Health Sciences Library can help

Dr Baijal in his closing reflection (*NHS Highland Team Update June/ July 2009*) notes that there is a lot to be done in NHS Highland and that NHS staff must find innovative ways of responding and adapting in the current harsh economic climate. The library invests a lot of time and effort seeking out materials to help with this. Recent additions which may contain valuable information include works on: health promotion/education, inequalities, health economics, homelessness, management of chronic conditions, and gaining the opinions of service users. We also have up-to-date materials on evidence based health care, finance and health economics, and health service and nursing organisation and management.

These can be found using the library catalogue which is freely available 24/7 at: <http://libcat.stir.ac.uk> To do a keyword search of the Highland Health Sciences Library holdings, select the keyword option ensure the library is set at Highland Campus, input your terms. The results are sorted by relevance, but can easily be resorted by date or title.

Additionally the library can help with your KSF development by offering you books, journals and electronic resources, training on information retrieval, and providing an environment for study and reflection.

We are always open to suggestions on how to improve and develop our services to meet your needs - we are contactable on 01463-255600.

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



Sleeping bags that were left at Rockness music festival site this year have been put to good use by the Streetwork project.

Around 20 sleeping bags were thermally disinfected by the laundry department at Raigmore Hospital. The picture above shows the sleeping bags being picked up from Raigmore Hospital laundry by Highland Council. They were then given to the team based at the Homeless Day Centre (works with rough sleepers in Inverness).

A number of roll mats were also recovered and reused.

### 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?