

Team Update



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Changing for the Better - Anticipatory Care Project proves a huge success



Above: Community Nursing Sister/Midwife Joan Grant doing a Health Check with Mrs Isabelle Holmes at Tongue Health Centre

A preventative health care pilot project in NW Sutherland is proving a huge success and is helping to take forward the aims of Better Health, Better Care, Better Value in a remote and rural area.

The North West Sutherland Anticipatory Care Programme offers voluntary health checks to people aged between 40 and 64 and aims to promote healthy lifestyles, prevent ill health and provide early intervention to prevent major health problems in the future.

The two-year project, which was launched last year, is already enabling the area to far exceed Scottish Government HEAT targets for cardio vascular health checks.

And it is hoped that it will help to improve the health of the population in the relevant age group and enhance their experience of care, while making better use of resources.

The project involves all five general practices in NW Sutherland, at Lochinver, Kinlochbervie/Scourie, Durness, Tongue and Armadale, and is part of the government-funded Well North project, comprising six remote and rural anticipatory care programmes across the five North of Scotland NHS boards.

In NW Sutherland, voluntary health checks are offered to all people between the ages of 40-64 years, the first cohort being those who have not attended their GP in the past 12 months.

The half-hour appointment includes checks on blood pressure, pulse rate and Body Mass Index (BMI). Blood tests to check cholesterol and blood glucose levels to assess for indicators of risk of diabetes and coronary heart disease are also offered.

A follow-up appointment is arranged to discuss

the blood test results and participants are offered appropriate advice about reducing risk factors as well as discussing any other health concerns.

If appropriate, they are offered the opportunity to be referred to their GP, or other health professionals / relevant agencies, for help and support with such things as smoking cessation, weight management or reducing alcohol consumption.

Another phase of the project, running concurrently with the health checks, is a multi-agency review of patients identified by SPARRA (Scottish Patients at Risk of Re-admission to Hospital) data and/or Nairn Algorithm as being at 30% or higher risk of readmission to hospital in the next 12 months.

Pro-active, planned care, including appropriate interventions, are put in place to enable people to remain healthier in their own homes rather than reactive, crisis management that may lead to hospital admission. A final phase will involve the implementation of this multi-agency approach for patients with long term conditions.

NW Sutherland is the only area of Highland with an H8 HEAT target for cardio vascular health checks as this target is linked with the Well North and Keep Well anticipatory care programmes.

Sutherland Clinical Nurse Manager, Lorraine Coe, is extremely pleased that, as a result of the North West Sutherland Anticipatory Care Programme, this target had been surpassed. She said: "Since starting in June, we have now undertaken our 100th health check. Our target was 30.

"In July and August, 43 health checks were performed by the team. This led to 26 referrals to other services, including weight management and alcohol brief intervention.

"Participants have also been referred for treatment or advice regarding raised blood pressure, stroke and mental health issues."

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Changing for the Better: Better Health, Better Care, Better Value Party Time

Over the coming months we will be showing examples of how different ways of working are delivering improved safety, quality and experience.

If you have implemented service improvements, no matter how small we want to hear from you. If you have improvement ideas, can reduce waste, solve problems, save money please get in touch.

To launch "Changing for the Better" there will be a series of Road Shows (4 Nov and 9 Nov - see Intranet for more details), culminating in a Change Party on 3rd December.

Like any good party you need to come with the intention of enjoying yourself, bring your like minded colleagues and a small gift.

The gift will be an idea of what can be done differently to improve patient safety, quality or to do it more efficiently. The key part of the gift is for you to tell us what YOU are going to do to help?

SO

Who Wants to Be Mr Benn and Change for the Better?

Do you remember Mr Benn? He lived at No. 52 Festive Road - an ordinary street, in an ordinary town. Every so often, he used to feel the need to escape so he used to visit a mysterious Fancy Dress Shop. Here, he would put on a special costume. Next he would always find himself stepping out into an extraordinary land where he became the star performer.

The disguise was always different but no matter where went or what he wore he was always able to solve problems and situations always got sorted. In the "The Hunter", Mr Benn persuaded the Big Game Hunters to shoot wildlife with their cameras rather than guns. And in "The Clown", he persuaded a circus troupe to work together as a team to solve their problems. Always, as if my magic, when Mr Benn arrived on the scene solutions appeared.

If you are Mr Benn or know a Mr Benn please help us.

Linda Kirkland, Business Transformation Manager



From the editor ...

Welcome to the October 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

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Changing for the Better: Better Health, Better Care, Better Value

Through the National Collaborative Programmes, we asked staff currently leading work on service improvement to offer their reflections on some of the challenges that need to be overcome to deliver changes. They are not direct quotes rather statements which capture the essence of how staff are feeling and thinking. They represent a broad range of staff groups, spanning from Lochgilphead to Caithness, shop floor to top floor, clinical and non clinical. This is their message

Time to Step Forward

Surely no employee of NHS Highland gets up and comes into work not wanting to give of their best for patients. Now is the time for more change gurus to step forward. This must not be a select club. Everyone needs to get involved.

Being Brave for Patient's Sake

This is about having the collective courage to step forward and confront realities; make the tough decisions and manage them. It is knowing when to say "No", knowing when to say "STOP", knowing how to LISTEN. It's as much about attitude.

Covering Up

Why have so many problems been swept under the carpet for so long.

Relationships

Our greatest source of inefficiencies is our poor working relationships. While some staff call for more communications others are concerned that no matter how you communicate some won't buy into the changes because they don't like the message.

Doing Things Together

To change the culture to deliver the improvements we have to lead, act and manage in a different way. It is logically simple but emotionally complex. All of us need to start conducting ourselves in a different way. We have to lead differently, behave differently and respond differently.

Being Corporate

In these challenging times we have to understand the importance of being corporate and the consequences of doing our own thing. No staff group is more important than any other. We need to worry less about the corporate form and more about the corporate delivery.

Success

Success will come when we have clarity in purpose, flexibility in approach and genuine collaboration

Make the Message Matter

Despite all our collective talents and energies we still struggle to embrace change. Some staff may hear the words but don't feel the message. We want the comfort of familiarity even when we know we could do things better.

Some claim they support the need for change but really what they mean is they think someone else should change. So apparent support voiced at meetings does not translate into tangible actions because we disconnect our own personal responsibility from the message.

Make it Visible

We need the information to run our business; to highlight problems and measure improvements. It feels like too often we still listen to anecdote, opinion and persuasion.

Quality, Efficiency and Sustainability

Efficiency without Quality Unthinkable; Quality without Efficiency Unsustainable

Stop Step Back and Take Notice

"Letter advised I had to be admitted to hospital but not why. When I arrived at the hospital I was told I would be in for a few days but no explanation offered."...Patient X

Safety, Quality, Experience

Patients say "Don't harm me; make me better, Treat me well"

Screening for MRSA to be stepped up

MRSA stands for Meticillin resistant Staphylococcus aureus. MRSA is a common type of bacteria that can live harmlessly on the skin but can sometimes cause a number of common infections. This type of Staphylococcus aureus has become resistant to some of the most commonly used antibiotics. Around 30% of people carry MRSA in their nose or on their skin and suffer no symptoms or ill effects, as the bacteria is not normally a risk to healthy people. Approximately 7% of patients admitted to hospital are colonised with MRSA – meaning they are carrying the bug without showing any symptoms. Because people are more likely to get infections, including MRSA, when they are already unwell or undergoing an operation, this can cause problems in a hospital setting.

The Cabinet Secretary has directed roll out of MRSA screening across all NHS Hospitals in Scotland to cover the following:-

- All Elective Patients – excluding paediatrics, obstetrics and psychiatric specialists

- Emergency admission to Nephrology
- Emergency admission to Vascular
- Emergency admission to Dermatology
- Emergency admission to Care of the Elderly

Screening for all these areas is expected to be implemented by January 2010. A Project Group has been established to support implementation across NHS Highland.

The screening programme aims to identify at the point of admission those patients who are carrying the MRSA bug, to allow appropriate treatment and control measures to be taken to reduce the risk to them and to other patients.

Staff involvement and support will be crucial to the successful roll out of this important initiative and further information will be cascaded through various staff groups over the coming months. Further updates will also appear in Team Update.

Argyll and Bute telehealth project

Argyll and Bute Community Health Partnership (CHP) telehealth project has been attracting a lot of attention of late.

Not only have we seen successful implementations of telehealth equipment for patients with long term conditions, but the project continues to receive the support of the Joint Improvement Team as one of their demonstrator sites.

Argyll and Bute were asked to host the first of its kind 'Sharing and Learning' event for the other demonstrator sites too. The obvious venue was Bute where the initial patients have received their monitors and staff have benefited from extra training and support to increase their knowledge of long term conditions.



Above: (l-r) Moira MacKenzie (Joint Improvement Team), Lynn Garrett (Project Manager – Argyll & Bute CHP), Sheena Ferguson (District Nurse Bute and telehealth Champion), Katrina Flannigan (Respiratory specialist nurse), Daniella Mackenzie (seated), (Homecare organiser Cowal and Bute), Maureen Gilmour (telecare lead Argyll and Bute Council), Maggie Clark (Long Term Conditions lead Argyll & Bute CHP)

25th August saw the event take place with visitors from NHS Lothian, NHS Lanarkshire and the Joint Improvement Team.

The day proved extremely popular with presentations from all areas, an opportunity to work closely with the JIT to look for their support and guidance with future telehealth work and a vast amount of sharing and learning between all parties.

Lynn Garrett, Project Manager, said "we are very proud of what we have achieved so far in Argyll and Bute and what we would like to continue to implement for the benefit of all our patients with long term conditions. This opportunity to host the first event was a real thumbs up from the JIT, who we look to for future support and guidance to promote and embed this work'.

New staff uniform - implementation

The Cabinet Secretary for Health and Wellbeing commissioned a national uniform for NHS Staff and work has been ongoing towards implementation of the new uniform across all Boards in Scotland, the new uniform will become available in January 2010 and all staff will be wearing it by December 2012.

The new uniform, which has been specifically designed for NHSScotland, will be manufactured in a lighter, more comfortable fabric. The material, specially formulated for the uniform, will be cool enough for the hospital environment and it will stretch to allow freedom of movement. An improved style and fit will make the uniform more appropriate for all manual handling needs.

It has also been subject to rigorous testing using members of the public who have made it clear that the uniform chosen is the one they find makes it easy for them to recognise key staff

groups, for example who is on charge on a ward.

Locally in Highland a national uniform group has been set up lead by Judith Catherwood, AHP Associate Director, and plans are being developed as to how uniforms will be introduced at local level. Each Community Health Partnership and Raigmore Hospital has a representative on this group.

This is very much early stages and even though the new uniform will be available from January 2010 it will be a phased implementation throughout Highland. Enquiries in the first instance can be directed to Judith Catherwood or for more information on the uniform itself please look at www.scotland.gov.uk/nhsuniform

Please keep an eye out for further updates in future issues of Team Update.

KSF 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 all staff to have a KSF Personal Development Review and subsequent Personal Development Plan completed and recorded on e-KSF by March 2011. Unlike the previous target there are no exemptions, this means that Bank Staff, those on long term sick and maternity leave 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 and Learning & Development Data Officer, Iain MacDiarmid, (01463 706721, email 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 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.

Focus on...Using e-KSF

Due to time constraints it has not been possible to provide a focus subject in this issue, the following is repeated from last month and hopefully someone will be reading this for the first time or maybe you read it last month and just need a reminder of what e-KSF can do for you.

Many staff and staff groups are finding e-KSF quite easy to use and have now made the transition away from a paper based annual personal development review to the new electronic version. One such person is Linda Burgin, Nutrition Champion:

'I am not a whiz on computers and the language of e-KSF was alien to me at first...but after the training I just logged into the system and went for it...I did need some assistance with some aspects of the system but this was mainly due to my lack of familiarity and me forgetting what to do...a couple of calls to the KSF Team soon kept me right and my confidence with the system is increasing all the time...I particularly like the way I can enter as much or as little text in the evidence box as I want and also that I can upload documents I have worked on or produced that are stored on my computer (as long as they do not infringe data protection or confidentiality).'

An example of using e-KSF en-masse has been set by members of the Occupational Therapy staff group, all staff have their KSF outline loaded onto e-KSF, their login details and passwords have been received and to date over 50% of them have logged in and used the system.

Gillian Macdonald, Specialist Occupational Therapist had this to say:

'I have been using e-KSF for over a year now and have therefore been 'reviewed' using this system twice (July 08 and August 09). I have also reviewed two junior staff members within this time.

Overall, I find e-KSF relatively easy and effective to use, although it did take some time to get used to. It is good to be able to see at a glance when reviews are due and to look back and see what objectives still have to be met. Giving targets of when objectives should be completed (and this being highlighted if the deadline has passed) is also a good way of trying to keep on track. It's too easy to write things on the old paper copy file them and forget about them!

As we as a department are spread over the hospital at times and can be busy with clinical work, it was good to be able to sit down at my own pace and fill in my own objectives and comments. I only really needed to sit down with my 'reviewer' to decide what had and had not been achieved. Previously, a KSF review often took a whole afternoon if not more (out of two people's time).

As a reviewer, it has been beneficial to be able to hand some of the responsibility onto the reviewee themselves and, with minimal guidance, the staff usually come well prepared for a review session.

Overall, e-KSF is something which we are gradually introducing to the whole department. Any new staff are registered for the training as soon as possible and we all have a set person who is responsible for our e-KSF review'.

These are just a couple examples of good practice within NHS Highland, many other individuals and staff groups are using e-KSF, the key message here is that it is not as difficult as it seems and there

are some real and often immediate benefits. Why not give it go for yourself!

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, the training is not always necessary, if you are confident using a computer and have a login and password you can access your individual account and start using it; however, 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.

It is highly recommended that prior to attending one of these courses you attend a PDP&R awareness session (or have participated in a KSF review within the previous 12 months) 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, or small groups in work places, sessions last approximately one hour.

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

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

Linear Accelerator up and running

Following a period of installation and commissioning the new linear accelerator (Varian-Clinac - pictured right along with members of staff) at Raigmore Hospital is up and running with the first radiotherapy patients starting their treatment on Monday 5th October.



This new machine is able to deliver state of the art radiotherapy to all NESH patients, including IMRT (Intensity Modulated radiotherapy) and IGRT (Image Guided Radiotherapy) it will also allow the efficient delivery of both complex and simple radiotherapy techniques.



The Varian is a replacement for our 21 year old Siemens Mevatron which treated its last patients on Friday 18th October. A retirement party (pictured left) was held in celebration of its 21 years of stalwart service.

Tache for Cash

Well done to the staff in Raigmore Hospital's Radiotherapy department (pictured right) who spent September (at least the men did!) growing a 'tache for cash'.

Moustaches of all shapes and sizes were adorning faces throughout the department in a bid to raise money for male cancer awareness.



DATIXweb Incidents Implementation - Update

DATIXweb Incidents is an on-line reporting system which will eventually replace the IR1 / IR2 system. Instead 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).

Update on Implementation

New Craigs Hospital, Belford Hospital and Caithness General are all now logging live incidents directly into the system via the DIF1 form and Reviewers are grading and approving these.

Training is ongoing in Raigmore Hospital, remaining dates are as below. **PLEASE NOTE:** Places on

Hospital/Area	Training Date	Time and Type	Location
Raigmore Hospital Clinical Services	27th October	10-12 Reviewer Training	Coffee Lounge
	29th October	2-2.45 Reporter Awareness 3-4.30 Reviewer Training	
	4th November	2-2.45 Reporter Awareness 3-4.30 Reviewer Training	
	6th November	10-10.45 Reporter Awareness 11-11.45 Reporter Awareness	
	6th November	1.30pm Reporter Awareness	Physiotherapy Gym (1/2 audit day)
Raigmore Hospital Cancer Services	10th November	10-12 Reviewer Training 2-2.45 Reporter Training 2-2.45 Reporter Training	Coffee Lounge
	11th November	10-12 Reviewer Training	
Raigmore Hospital Pharmacy	28th October	10-11.30 Reviewer Training 11.30-12.15 Reporter Awareness	Pharmacy (not a drop in session)
Extra Sessions	17th November	10-12 Reviewer Training 2-2.45 Reporter Training 3-3.45 Reporter Training	Coffee Lounge
	19th November	10-12 Reviewer Training	
	24th November	10-12 Reviewer Training	
	26th November	10-12 Reviewer Training	

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 cascade the information to others.

Staff unable to attend their own directorate sessions can cascade into the next directorate's training. Extra sessions at the end of Raigmore's roll out have also been provided.

South East CHP have been contacted with regard setting up training for community staff from mid January. For Argyll and Bute CHP, Dunoon is the first area to receive

training, dates have been agreed as 21st October 2009 and 4th November 2009. A roll out plan for Argyll and Bute is now being developed.

Reports

All managers who have a username and password to the DATIXweb Incidents Module also have access to pre-set reports. This includes charge nurses on wards, heads of departments as well as the operational management teams.

These pre-set reports are available in the incidents menu under "My Reports". The reports set up allow managers to extract data for the last month and last quarter by the click of a button. The two key reports are:

- Category and Grade of Incidents – this provides a list of the main category of incidents cross referenced with how they were graded.
- Incident Details – this provides the traditional listing report where the location of the incidents, details of the incident and action taken are listed along side the grade of the incident.

In addition managers also have access to specific reports around medication errors, disruptive violent and aggressive incidents, slips trips and falls, and sharps injuries.

The availability of local reports is one of the key benefits of the new web-based system, so managers please remember to share this information with your staff.

We can add to these reports so if anyone has any suggestions for reports that would be useful, please let us know. More detailed analysis will continue to be provided via the Clinical Governance Risk Management groups. If you have any queries concerning the implementation, please contact Louise McInnes, Project Lead on 01463 706910 or louise.mcinnnes@nhs.net

Cross sectional team of the year - Scotland

Raigmore Hospital's Radiology's Cross-Sectional Team has won the Society of Radiographers Team of the Year for Scotland.

Staff from the MRI and CT department in the hospital, which includes radiographers and helpers, were nominated for the outstanding way they faced and overcame various challenges affecting the department.

Muriel Cockburn, Superintendent Radiographer based at Raigmore Hospital explains why she nominated them. She said: "Over the past year the team has faced a number of challenges including waiting list targets, training new staff and an extended working day, and these have all been overcome with outstanding results.

"The Cross-Sectional Team used to be two separate departments, one for CT and one for



Above: Members of the Radiology Cross-Sectional Team, Raigmore Hospital (not pictured Nikki Fox, Lorraine Hogg, Deborah Stevenson and Aileen McLean)

MRI, but they have now merged, and staff now rotate between them. Coupled with this is the

introduction of new technology and procedures such as cardiac CT and MRI scanning."

The team, which work six days and three evenings a week, have all pulled together to improve the service and working conditions, and they continue to develop and push boundaries with a focus to continually improve the service for both staff and patients.

Training is ongoing with one team member having completed a post graduate qualification in MRI. A CT Working Group has been set up to help support the outlying hospitals where CT Scanners have been installed (Caithness, Fort William and Oban). Thus ensuring the most effective service is being delivered and new protocols are continually being developed with wider staff involvement and training.

Muriel added: "Throughout all the technical, management and staff changes we have had, the staff have done everything that has been asked of them.

I think this award is well deserved and am absolutely delighted that their hard work has been recognised in this way."

Three members of the team, along with Muriel Cockburn who nominated them, will be presented with their award from The Society of Radiographers this November at the House of Commons.

Hospital missed appointments costing £305,000 per year

Argyll & Bute Community Health Partnership reminded people last month (September) with outpatient appointments at local hospitals to let the hospital know if they have to cancel. Not only will this allow the hospital to book other patients into these slots but it will also help reduce the approximate £305,000 that is wasted each year - enough to employ nine additional front line nurses.

In Argyll and Bute patients receive services from Specialist Consultants who attend local clinics to deliver vital healthcare services. When patients do not attend appointments, this not only has a considerable financial implication but also wastes the Consultant's valuable time and can lead to increased waiting lists.

Kristin Gillies, Service Planning Manager, said: "In an average month over 200 people across Argyll and Bute fail to turn up for their consultant led outpatient appointment – which basically

means that nearly 10% of appointments are wasted.

"There is also a financial cost to the taxpayer of approximately £305,000 each year - enough money to employ an additional nine front line nurses in our hospitals.

"I completely understand that things can happen at the very last minute and emergencies arise which may result in members of the public not being able to attend their appointments and in some cases there is very little opportunity for them to let us know.

"However, I would just like to remind patients that if they do have a chance could they please get in touch with us to cancel or rearrange to allow us to offer these empty slots to other patients. This would help us reduce the waiting times for other patients and at the same time would allow us to continue to achieve our National Waiting Times guarantee."

Drink in the facts...

A few beers and a couple of large glasses of wine are often the subject of a discussion about health, but did you know that a new Licensing law has come into force this year which is designed to help protect you, and your local community from some of the more negative effects of alcohol?

The Act has taken four years to go through so you may have heard snippets about it along the way but might not have realised that it's now in force.

The Licensing (Scotland) Act 2005 Act has five clear objectives which it's hoped will:

- Help prevent crime and disorder
- Enhance public safety
- Prevent public nuisance
- Protect and improve public health
- Protect children from harm

The law has been passed to help make Scotland safer as a whole, and to help you as an individual feel safer, and, if you drink alcohol, to encourage you to adopt healthier, more sociable habits.

Now that this law has come into effect you might find that you notice that alcohol is being sold differently. For example in shops and supermarkets it will be sold from designated areas as opposed to dotted around. Happy hours and promotions such as 'buy one get one free' are banned so that there is no more active enticement to drink more than you really intended. Bars must now provide customers with free tap water if requested; it'll make life a lot more economical for any designated driver who will now be able to alternate between water and other non-alcoholic drinks.

In relation to alcohol which is sold for consumption off the premises, this is allowed only between 10am and 10pm. In relation to all other sales, submissions re 'operating hours' will

have been made by all licensees, when applying to Licensing Boards for their particular licences. Approved 'operating hours' will be contained in a summary licence which must be displayed within each premises.

The Licensing Act will also mean some significant changes for bar staff. All employees in licensed premises have to be fully trained before serving alcohol (including part time and casual staff). This means that there should be more knowledge about the law, and more enforcement. The Act makes it easier for people to make their views heard on how alcohol affects their community as a whole; as long as they have reasonable grounds to do so, anyone can ask a Licensing Board to review the licence of any premises.

Highland Council (and indeed every local Council) employs a number of Licensing Standards Officers to investigate any complaints about licensed premises, and to offer general advice to the public on licensing.

Overall, these measures have been put in place to help create a safer and healthier population.

It's useful to understand what the act will mean for you. More information is available by logging onto www.infoscotland.com/licensingact

For general information about alcohol and what's being done to promote responsible drinking for those who drink alcohol log onto www.highland-adp.org.uk, www.drinkaware.co.uk or www.alcohol-focus-scotland.org.uk

Full contact details for your local Licensing Officer in the Highlands are available on www.highland.gov.uk



Clinical Governance Support Team - Where to find us?

The Clinical Governance Support Team have an informative intranet site which provides a wide range of information of all areas of clinical governance and risk management. Areas covered include incident management, complaints, legal/claims, research and development and the Scottish Patient Safety Programme.

The website is continually being updated with new information and materials. Over the next couple of months we will be publishing a Complaints Resource Pack for Investigating Officers and will have a dedicated area on incidents and complaints case studies to share learning.

Our webpage also includes a feedback link. We welcome your suggestions on how we can improve our page and hear from you what additional information and resources you would like to see.

Breast Screening – addressing the fears

Public Health professionals in Argyll & Bute Community Health Partnership (CHP) are trying to encourage women to attend their breast screening appointment - currently almost 25% of women in the CHP choose not to attend.

Ann Campbell, Public Health Practitioner for Argyll & Bute CHP, said: "Everyone knows someone who has been affected by breast cancer. And despite all we know about advances in treatment and improved outcomes, cancer still invokes a level of fear, understandably. Yet we know that with cancer, the sooner it is detected and treatment commenced the better.

"Mammography is the most reliable way of detecting breast cancer early. It involves taking x-rays of the breast at a screening centre or mobile screening unit. If the mammogram result suggests that further investigation is needed, further tests will be carried out at an Assessment Clinic. Most of the time, these tests provide reassurance and rule out breast cancer.

"For those with cancer, treatment options are discussed and a course of action is agreed. The sooner the diagnosis is made, the more options are available and women do not have long to

wait for treatment.

"So knowing is better than not knowing, but what about the actual procedure? The first time we go for anything is always a bit daunting as we don't know what to expect. The mobile units are staffed by two qualified female staff who are welcoming and highly experienced at putting women at their ease.

"Privacy is protected and limited space means that there are no more than a few women in the mobile unit at one time. The whole procedure takes about twenty minutes and the results arrive by post within around three weeks.

"And for those women over 70 who are anxious that screening might just stop, don't worry. All you need to do is contact the West of Scotland Breast Screening Centre, 0141 572 5800 to request an appointment.

"Deaths from breast cancer have reduced by 33% since the late 1980s when the screening programme was first introduced. Please think twice before not attending, and if in doubt, speak to a health professional or phone the Screening Centre on 0141 572 5800. Screening does save lives."

hi from chi



Please use the **chi** number

With thanks from eHealth

Memory Stick Statement

New standards have been agreed by NHS Scotland as contained in CEL 45, 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.

A memory stick amnesty, where users can swap existing unencrypted memory sticks for new encrypted ones, is scheduled for early next year, more details on this will follow nearer the time.

If a user would like to purchase a memory stick now, they can either purchase an encrypted device at a cost of £90 or wait until the new encrypted memory sticks are available early next year where they can purchase a stick for approximately £10. Memory stick requests thereafter will be charged at this rate.

NHS Mail - did you know...?

You can send faxes straight from NHS Mail, just like an email. Just type the fax number in "to" and add @fax.nhs.net, i.e. for Assynt House it would be 01463235189@fax.nhs.net.

You will receive an email from no-reply@nhs.net letting you know that the fax has been delivered successfully.

No more need to print off documents for and waiting at reception for a fax to be sent.

Mentorship Development Day

Earlier this year Argyll & Bute CHP held a Mentorship Development Day in Inveraray in recognition of the vital role played by the registered nurse/midwife mentors in ensuring that the learning, development and assessment of students all reach the required standards.

Mentors are all experienced registered nurses who have previously undertaken a recognised mentor preparation course with a higher educational institute. Each nurse must be qualified for at least one year before undertaking this course.

Over 50 clinical staff from the CHP attended the event and the day was marked by the clear enthusiasm and commitment which these mentors have to maximising the learning and teaching potential of Argyll and Bute in preparing student nurses and student midwives for registration.



Above: (l-r) Pat Tyrrell (lead nurse for Argyll & Bute CHP), Helen Rainey (Lecturer - University of the West of Scotland), Sarah Marquis, (Admin support fro Argyll & Bute CHP), Irene McDade (Practice Education Co-ordinator, NHS Education for Scotland), Gillian Davies (Practice Education Facilitator – Argyll & Bute CHP), Karen Lockhart (Nursing Officer, Scottish Government Health Department)

IN OUR OWN VOICES

Leaving New Craigs →

24th November - 4th December 2009

An exhibition exploring social histories of people leaving one of the last long stay hospitals in Scotland, focusing on Craig Phadraig, Craig Dunain, and New Craigs Hospitals in Inverness.

Centre for Health Science
Old Perth Road, Inverness, IV2 3JH

LOTTERY FUNDED
MANAGED BY
A CHANANCHE

You are warmly invited to the preview and opening of

**In Our Own Voices:
Leaving New Craigs**

on
**Tuesday 24th November 2009
at 5pm**

in the Centre for Health Science
Old Perth Road, Inverness, IV2 3JH

RSVP by Friday 13th November 2009
to Isobel MacRae on
0141 429 0294 or
imacrae@sensescotland.org.uk



Health professionals to play key role in new campaign to tackle stress

A new mental health improvement campaign is to be launched highlighting the steps individuals can take to help cope with stress.

The Scottish Government campaign, due to be launched in November, will aim to help people recognise if they are stressed and encourage them to access simple self-help resources to help them start to deal with it.



Research has shown that stress is a serious and widespread issue in Scotland, which affects all kinds of people from all walks of life. The new campaign is aimed specifically at those experiencing socio-economic deprivation in the 25-54 year old age range.

The Scottish Government campaign – Steps for Stress - is aimed at helping individuals to take small achievable steps to deal with stress before it escalates into more serious mental health issues.

The Scottish Government has been consulting with professional bodies such as the Royal College of GPs, the Royal College of Nursing and local health boards on the campaign as health and social care professionals have been identified as being key to its success.

GPs, nurses, social workers and those working for voluntary sector organisations are among those being made aware of the campaign and pointing relevant individuals to the campaign resources.

Sign of the times...

Adults in and around the Inverness area who are fluent in British Sign Language are being asked to take part in a valuable study for the University of Aberdeen.

There are two parts to the study where deaf and hearing adults will be asked to translate English words into BSL, and then to sign the names of the pictures that appear on a computer screen.

The instructions will be given in English and sign language.

The study will only take around an hour to complete and you will be reimbursed for any transport costs (bus fare, car mileage etc).

The experiment will be held in a library in Inverness at a date to suit popular demand, and

will also run in Aberdeen, Glasgow and Edinburgh. Dates will be confirmed by Emily Nordmann if you register your interest with her by emailing Emily.nordmann@abdn.ac.uk, text, or call her on 07803 598 673.

People who are interested in taking part must be fluent in BSL. If you aren't fluent in BSL but know of someone who is please pass on the information and ask them to contact Emily.

The study aims to investigate how sign language is organised at a cognitive level and whether it maps on to the models of language production that are currently used for spoken language.

Emily is completing a PhD on British Sign Language at the University of Aberdeen.

ISD's Clinical National Audits – they're not just numbers

Clinical audits are about much more than collecting statistics, important though those statistics may be. "It's all about improving patient care," explains Diana Beard, Information Services Division's project manager for the National Audit Programme "Everything we do is aimed at making sure that the feedback gets to the right people who can make changes in clinical practice to make sure patients are getting the best care. Using the outcomes of our audit work, helps clinicians not only to benchmark themselves against their peers, and seek areas for improvement, but also to monitor what is working well and apply that more widely."

"National audit can be expensive," Diana explains, "so we can't audit everything all of the time. Ongoing data monitoring and analysis is vital and ISD produce more than 100 statistical health related publications each year. The national audits that constitute the programme are aligned with national clinical priority areas. We must be able to demonstrate not only improvements in patient care, but also value for money.



A current priority in the management of seriously ill patients is Sepsis (commonly known as blood poisoning, septicaemia or septic shock). Sepsis is a serious condition that can affect a person at any age. It happens when the body's normal reaction to inflammation or a bacterial infection goes into overdrive. The incidence of sepsis is rising and we need to find out more about how and why. This is where the clinical audit comes in. The results will be fed back to clinicians and help them to make sure they're following the best practice.

The national audit programme includes audits into sepsis, hip fracture, surgical mortality, stroke and MS as well as many others. You can find out more on the ISD website: www.isdscotland.org

ISD's role

ISD has an important role in national audit, not least because it is unique in its ability to link databases. "We also have an important role in consistency," explains Diana, "we make sure that people recording data have a common set of standards and definitions and are all working to the same standards."

None of this could be done without the team of dedicated audit co-ordinators in the programme. "The local audit co-ordinators have a vital role – they're our face on the wards and in the service. Their focus is on liaising with the hospital staff and feeding back information to create action. That works both ways – the feedback to hospitals from the audits helps to improve patient care, and the feedback from the hospitals helps us to improve our audit techniques. At the end of the day, we're all driven by the same goal: "Better information, better decisions, better health."

Letters to NHS Highland



"I am writing to express my sincere thanks for your kindness when I attended Bignold Ward at Caithness General.

As you know I was nervous about this procedure, not of having it or for what they might find as these were outside my control but the waiting and the anticipation of going was, to me, agonising.

You showed me what nursing was all about, you didn't make me feel awkward about being nervous, in fact you showed me care, attention and kindness but all in a professional manner. I feel you deserve a big thank you for making the whole procedure much less daunting."

A Patient from Sutherland

"In 2008 my daughter was transferred from the Lawson Memorial to Raigmore. Today my daughter finishes her treatment and I just wanted to bring to your attention what a friendly, welcoming and punctual dental department you have.

Over the last year my daughter has attended numerous

appointments, she has never once been made to wait, in fact more often than not she has been taken early.

Would you please pass on my thanks to the team for my daughters now beautiful teeth and their friendly and efficient treatment."

Patients Relative from Ross shire

"I am writing to congratulate your team in A&E at Raigmore for the swift and caring service which we received when we, unfortunately, had to visit the hospital.

We were on a trip to Scotland when my husband developed pain when breathing and, having had a lung collapse before, was worried as the symptoms were similar. We drove to Inverness from Ullapool and my husband was assessed by the triage nurse, seen by a junior doctor and a consultant, had a chest x-ray, blood test, his heart monitored and got the results, which happily showed no irregularities. The consultant was reassuring

and thought that viral pleurisy was the possible cause and advised us to continue with our holiday. My husband is now free of all symptoms.

It is very scary to have such problems when 700 miles from home and the team of doctors and nurses delivered a service second to none. Please pass on our grateful thanks."

Patients Relative from Devon

"I had a partial knee replacement operation in Raigmore Hospital and since then I have been attending physiotherapy classes at Dunbar Hospital, Thurso. I would appreciate it if you could pass on my personal thanks to the physio team, especially Jaye Maclean. Without her encouragement and drive I feel sure I would still be walking around assisted by a stick. When you have days that you feel 'low' and think that you will never be able to walk properly again, Jaye has been there to give you every encouragement and motivation to snap out of it."

A Patient from Caithness

Make-A-Wish to double its wish granting

Make-A-Wish Foundation® UK, the leading wish granting charity that grants wishes to children and young people fighting life-threatening illnesses, is increasing the number of wishes it grants with the aim of granting 1,000 a year by the end of 2010.

Since its inception in 1986, the charity has granted over 5,000 magical wishes, currently granting up to 10 wishes a week. According to figures commissioned by Make-A-Wish, there are some 20,000 children in the UK at any one time with a life-threatening illness, so there is always a demand for wishes. The charity is now in a position to expand and grant more wishes to sick children.

Make-A-Wish knows from its many years of experience that children and families benefit enormously from having their wishes granted. It provides them with hope and optimism, and a



memorable experience. It lifts the spirit, brings joy and happiness to the child and the family.

Anyone can refer a child, from the child's parents, their teacher, a health professional or social worker. A child can even put themselves forward for a wish. Make-A-Wish asks medical and health professionals working with children to encourage referrals.

Referral forms are available through the website, www.make-a-wish.org.uk or on T: 01276 40 50 60 or by emailing info@make-a-wish.org.uk.

What's on... November



What: NHS Highland: Changing for the Better

Who: Open to all

Why: an opportunity to find out how different ways of working are delivering improved safety, quality and experience for the people of NHS Highland as well as ensuring that services are maintained and improved to better fit the changing needs of the health service.

The events will also highlight the service improvement work which is being undertaken through the various National Improvement Programmes such as 18weeks RTT, Mental Health and Long Term Conditions Collaboratives.

Where and when: Wednesday 4th November, 12-2pm. Corran Halls, Oban; and Monday 9th November, 8.30-10.30am, Kingsmills Hotel, Inverness

Need more? please email charlotte@gp55751.highland-hb.scot.nhs.uk



What: Care Programme Approach Awareness Training

Who: Those who provide support to clients (16 years and over) with severe and enduring mental health problems

Why: These sessions are intended for staff and people who provide support to clients (16 years and over) with severe and enduring mental health problems, including dementia, plus people with learning disability, all of whom also have complex health and social needs. These clients may already be living in the community or are being discharged into the community and may receive support from the private and public sector

Where and when: Thursday 5th November, Tuesday 17th November and Monday 23rd November, 1.30-3.30pm, Stuart Room, Robertson FM Building, New Craigs, Inverness

Need more? Places can be booked by contacting the CPA Office on 01463 253610 or Ext 3610 or completing the booking slip on our page on the intranet



What: Health Promoting Health Service Event

Who: Open to all

Why: Health boards were asked to implement specific health promoting actions on smoking, alcohol, breastfeeding, food and health, and health at work in acute care settings. The **HPHS Event**, hosted by NHS Health Scotland, will cover good practice, next steps and implementation to date, with a focus on the role of clinical practitioners. Shona Robison, Minister for Public Health and Sport will deliver the keynote address.

Where and when: Tuesday 24th November

Need more? Lorna.Smith@health.scot.nhs.uk, tel: 0131 313 7517



What: Stroke Intermediate Course

Who: Those who have completed the Stroke Foundation Course

Why: Topics include- Stroke Classification, Thrombolysis, perception and cognition, goal setting, sexuality and sexual dysfunction, supporting communication, psychological support following stroke, a personal experience of caring for someone with stroke.

Where and when: 26th and 27th Nov 2009- Cost £25, Venue Raigmore Site

Need more? contact. Linda Campbell, Stroke Coordinator on 01463 704086, linda.campbell8@nhs.net

Keeping Up To Date With What's New At The Highland Health Sciences Library – New Facility

One of the major problems the Library has had since it was taken over by the University of Stirling has been rapid communication of information to its NHS Highland audience. At present we are unable to update our NHS Intranet site (<http://intranet.nhsh.scot.nhs.uk/Resources/LibraryServices/HHSL/Pages/Default.asp>) rapidly which causes problems if we have important news for our users. A mundane example – as winter draws in we need to let our remote users know if it is worth travelling into town when we have been closed due to inclement weather.

The University has recently being using a new piece of software and we have been experimenting with this to see if it is suitable for getting messages rapidly out to NHS users - we have tested this out and it is accessible. The value of this to our users is that we can put out messages using the Internet and instantly connect to any other computer on the Internet.

There is also the facility to set up an RSS (Real Simple Syndication) feed to the site from your browser so that your browser will automatically pick up any additions made.

Currently we are testing the site to keeping NHS Highland users abreast with communications from the NHS Scotland eLibrary and its equivalent for the rest of the UK – NHS Evidence (<http://www.library.nhs.uk/>) and any other relevant information which needs rapid dissemination. The site is at address: <http://connect.stir.ac.uk/pg/blog/rp5>

The Library can be contacted at 01463-255600 (ext. 7600). Our catalogue can be found at: <http://libcat.stir.ac.uk/> and our main website for NHS users is at: <http://www.is.stir.ac.uk/nhs/index.php>, we also have a presence on the NHS Highland Intranet: <http://intranet.nhsh.scot.nhs.uk/Resources/LibraryServices/HHSL/Pages/Default.aspx>

Please contact us to join, use our services and to see how we can help you.

Rob Polson (rp5@stir.ac.uk) Highland Health Sciences Library.

Smokefree NHS Highland Useful Helplines and Websites for Information and support on Smoking Cessation

- **Highland Smoking Cessation Service—lo-call 0845 757 3077**
- **Smokeline 0800 84 84 84**
- **Quit—0800 00 22 00**
- **Enquiries and advice - smokefree@hnb.scot.nhs.uk**
- **Givingupsmoking.org.uk**
- **Quitnet.com**

Occupational Health are now offering smoking cessation support to the staff of Raigmore Hospital. This can include one to one support for smoking cessation as well as advice in regard to products such as nicotine replacement therapy . Appointments can be made within Monday to Friday 9-5pm. Please phone 01463 706147 (ext 6147 for internal) for an appointment.

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

HDLs

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

eLibrary

www.elib.scot.nhs.uk
Have you registered yet?