

Team Update



Issue 64 December 2009

www.nhshighland.scot.nhs.uk

Seasons Greetings from NHS Highland

Fellow colleagues, we would like to thank you for all your hard work over the last year and your continued commitment to delivering a wide range of health services for local communities across NHS Highland.

Last year has been extremely busy but hugely rewarding for NHS Highland. We are becoming more efficient as an organisation enabling us to direct more resources into frontline services, which is essential if we are to develop new facilities and services for our patients.

We are seeing more patients than ever yet waiting times have continued to fall and more of our patients are being seen as day case which can avoid much needed inconvenience to them as well as help us make the best use of our resources.

It is important to highlight that we cannot stand still as an organisation as we have to continually adapt to meet the changing needs of health delivery as well as work within the financial resources that we have at our disposal.

Please be assured that patients will always be our priority and any changes that have been made have been done for the best of reasons and to ensure that we continue to protect and invest in our frontline health services.

The financial position over the next few years will be tough and we will have to accept that we need to be flexible and open to change if we are to continue to meet the needs of patients. However, It is also important to highlight that as we move forward with our plans for modernising for the future patient care will be paramount.

Finally, we both would like to take this opportunity to again thank you all for your dedication to public service and wish you a merry Christmas and a happy and peaceful New Year.



Belford Hospital services redesigned to improve delivery

Services at the Belford Hospital in Fort William have been redesigned to reduce waiting times and the length of time people need to stay in hospital.

From Monday November 30, the surgical and medical wards at the hospital were merged to form a Combined Assessment Unit (CAU) and patients, except those attending for planned treatment, will be assessed in the CAU.

This will take the pressure off the accident and emergency department and help to ensure that all patients receive the most appropriate assessment and treatment as quickly as possible. It will also reduce the number of unnecessary hospital admissions.

The CAU will have a highly trained team of staff, consisting of consultants, nurses and care assistants. A dedicated pharmacist will also be attached to the unit.

The team will assess the need of the patient for further investigation and provide all necessary initial treatment and stabilisation.

After assessment by both surgical and medical consultants, a decision will be made

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to either discharge the patient directly home or admit them to a specialist ward for further treatment within 48 hours.

Close links with other multi disciplinary teams, including physiotherapists, occupational therapists and social workers, together with the support of the local Intermediate Care team, will help to speed up patient discharge or transfer from the unit.

Marie Law, who is Clinical Services Manager at the Belford Hospital in Fort William, said: "We realised that we needed to redesign our services to ensure we would be able to continue to deliver them in the future.

"This is all part of a move to shift the balance of care away from acute hospital settings and towards treating people in their own homes whenever possible."

She explained that there were always a limited number of health professionals wanting to work in remote and rural areas.

"The Belford is no exception to this, despite its scenic location. There are well recognised barriers to recruitment to the area. It is therefore essential that clinical services are developed to maximise the potential of all health professionals within the Belford to ensure a strategy for sustainable healthcare in the future.

"This will ensure sustainable coordination of clinical services within the hospital, the development of expanded nursing roles and the development of streamlined patient flow strategies to maximise demand and capacity," said Marie.

She added that all staff had been involved in the redesigning of services. The Patient Council has been informed and a leaflet has been prepared to inform the public of the changes that are taking place. These will be available at the unit and at hospital reception.

Physiotherapy Service Redesign

As part of a programme of work to support AHP service redesign to support the corporate priorities in NHS Highland, Judith Catherwood Associate Director of Allied Health Professionals (AHP) has set up a Board wide steering group to look at physiotherapy services, the largest of the AHP groups.

This group has representation from managerial and clinical staff, as well as staff side and patient representatives.

The steering group will examine existing services and ensure that the future physiotherapy service is equitable for all patients across the Board area. Part of the work of the group will be to improve access to physiotherapy services, minimise waiting times and ensure that best use is made of physiotherapy skills.

The Steering group will undertake its work until April 2010 and is hoped that any required changes can start to be implemented by May 2010.

An intranet page will be set up to keep staff up to date on what is happening, please also see future issues of the staff newsletter for regular updates.

Contact Judith Catherwood or Kirsteen Ferguson for more information.

From the editor ...

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

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

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

the Communications Team via the email address on the NHS Highland Website: nhs.highland@nhs.net or contact Christina.macdonald1@nhs.net

Deadline for copy: 15th January

***The Editor, Communications
NHS Highland,
Assynt House, Beechwood Park
Inverness, IV2 3BW***

NHS Highland Annual Review 2009

NHS Highland had its Annual Review with the Cabinet Secretary, Nicola Sturgeon, on Monday 7th December 2009. During the Review, the Cabinet Secretary took stock of the progress we had made in NHS Highland over the last year.



Above: Nicola Sturgeon meeting with Evelyn Gray, Charge Nurse from AMAU, Raigmore Hospital

Earlier in the day, the Cabinet Secretary had met with the Highland Partnership Forum, the Area Clinical Forum, and with Patients' Representatives. She later remarked on how impressed she was with the strong spirit of partnership in NHS Highland. The Cabinet Secretary had also visited some wards at Raigmore Hospital earlier in the day and had been encouraged by the enthusiasm of staff for the Patient Safety Programme. She also remarked on the talking signage she had seen at Raigmore, which reminds everyone passing by the wards to clean their hands on entry and exit.

The Cabinet Secretary congratulated the staff of NHS

Highland on achieving the majority of the HEAT targets, including treatment targets for cancer; access targets; efficiencies and financial targets; and health improvement targets.



Above: Nicola Sturgeon meets Raigmore Patients Council members Mary Squires and Ella Low

The situation regarding Swine Flu was discussed and the Cabinet Secretary felt that the Board and its staff had responded well to the outbreak. She asked that her thanks be recorded to NHS Highland staff for all their efforts in dealing with Swine Flu.

The Cabinet Secretary commended NHS Highland for leading the work in NHS Scotland on remote and rural healthcare and thanked the Board for the support provided to NHS Western Isles. She also emphasised the importance of public involvement in service

changes and felt that the level of involvement in the changes to mental health services in Argyll & Bute were an example of good practice in this area.

The Cabinet Secretary ended the Annual Review by thanking the staff of NHS Highland for all their work. We would like to take the opportunity of adding our thanks, as well as our best wishes for the festive season and we hope you have a happy and healthy New Year. We know that it is only through the hard work and efforts of all of our staff that we are able to provide the care and services our patients need and to achieve the positive recognition we all have had from the Cabinet Secretary.



Above: Nicola Sturgeon with Raigmore Hospital Lead Nurse Una Lyon next to the audible signage

Bowel Screening Appeal

Please can you help us find folks in NHS Highland's area who've already done the bowel screening test?

Bowel cancer is the third most common cancer. Bowel screening has just been introduced in Highland and the first few people have already received their testing kits. As you'll know, we're trying to raise awareness and encourage greater uptake of bowel screening amongst people aged 50 -74.

We hope to find ONE PERSON in each local newspaper area who's happy to work with us to say they've done the test and would encourage others to do it. If you've done the test yourself (or know someone who's done it) and would be happy to talk about it, please get in touch (or ask them to get in touch) without delay.

Please reply to, Lorraine Mann, Senior Health Promotion Specialist, l.mann@nhs.net

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 eligible staff to have a KSF Personal Development Review and subsequent Personal Development Plan completed and recorded on e-KSF by 31 March 2011.

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).

Focus on....What does e-KSF look like?

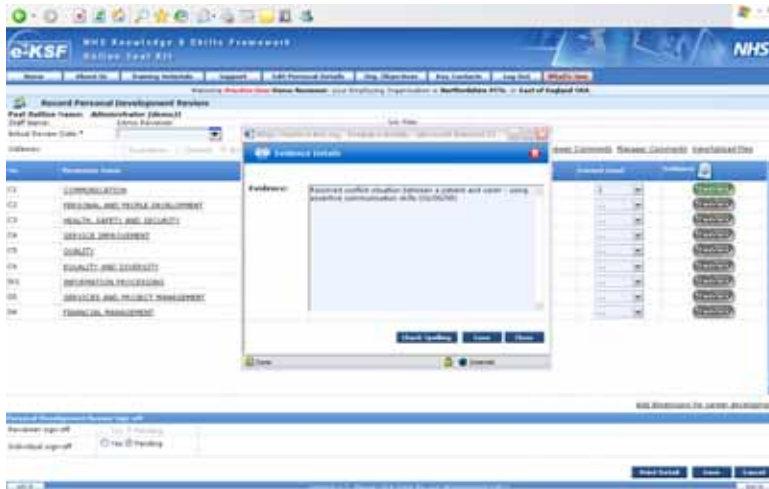
A number of staff have asked what e-KSF actually looks like so this months article contains some useful screen shots of the system, a poster is also available which has been produced for A3 size printing.



This screen shot shows the initial login page. User name and password is available from Iain MacDiarmid, see details above; you can change your password and unlock a forgotten password from here. On-line training can also be accessed from this page.

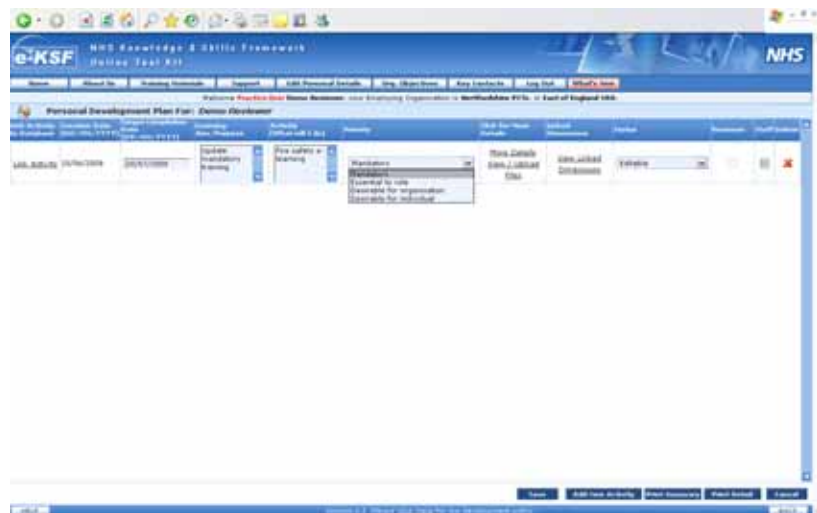
The personal homepage is the access point for your KSF Post Outline, Personal Development Review, Personal Development Plan and Objectives (if you are using this function). By clicking on the relevant segment of the circle you can open that area and place information about you and your review in the right place.





This view shows that evidence for Core Dimension 1, Communication, has been entered. Following a face to face review either the reviewee or reviewer can enter as much or as little evidence as agreed, the point here is to create a record of the review conversation. Evidence can be added throughout a review period (i.e. over 12 months), or sometime after the actual review (or during if you wish). When satisfied with the content (and all the evidence buttons are green) you click the 'Yes' button.

This view shows a personal development plan; one line is created for each activity that has been agreed during a review meeting. The plan can be filled in during a review meeting or some time later. You can enter more or less details if you wish and can also access a data base of learning and development activities available in NHS Highland.

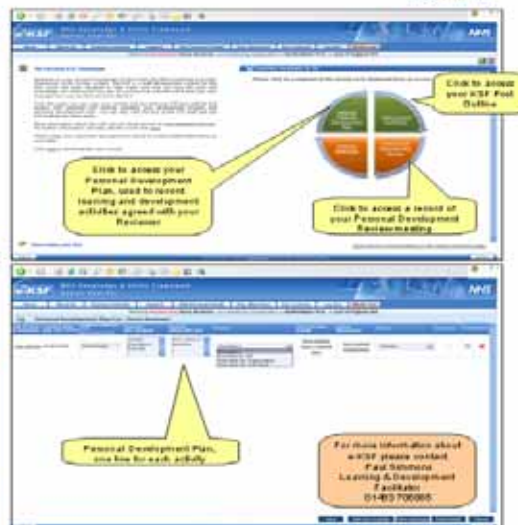
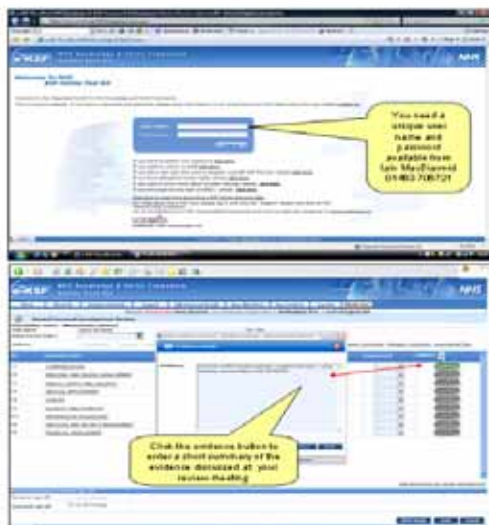


For more information please do not hesitate to contact the KSF Team.

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

Key Steps to using e-KSF to record your KSF Personal Development Review



www.e-ksf.org

www.e-ksfnw.org

For more information about e-KSF please contact Paul Simmons Learning & Development Facilitator 01463 706885

DATIXweb Incidents Implementation - update

DATIXweb Incidents is an on-line reporting system which will eventually 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).

Training in the Community

As stated in the last Team Update, training in Raigmore has now finished and dates for the community have now been secured, detailed below. Please contact Fiona Pirie, Clinical Governance Assistant on 01463 706873 to book your place:

Operational Unit / Locality	Date	Time and Type	Venue
North CHP Sutherland	18th January	10am-Reporter Awareness 11am-Reviewer Training 1pm-Reviewer Training	Meeting Room, Migdale Hospital, Bonar Bridge
	28th January	10am-Reporter Awareness 11am-Reviewer Training 2pm-Reviewer Training	Community Room, Lawson Memorial Hospital, Golspie (VC to CGH)
North CHP Caithness	Training was provided during September 2009		
Mid CHP Ross and Cromarty	29th January	10am-Reporter Awareness 11am-Reviewer Training 1.30pm-Reporter Awareness	Room 4, Ross Memorial Hospital, Dingwall
	NB: training was provided in Invergordon and Dingwall during December 2009		
South East CHP Nairn & Adersier	11th February	10am-Reporter Awareness 10.30am-Reporter Awareness 11am-Reviewer Training 2pm-Reviewer Training	Room G36, Town & County Hospital, Nairn
	12th February	10am-Reporter Awareness 10.30-Reporter Awareness 11am-Reviewer Training 2pm-Reviewer Training	
South East CHP Inverness	15th February	10am-Reporter Awareness 10.30-Reporter Awareness 11am-Reviewer Training 2pm-Reviewer Training	Intermediate Care Team Room, RNI, Inverness
	16th February	10am-Reporter Awareness 10.30am-Reporter Awareness 11am-Reviewer Training 2pm-Reviewer Training	
South East CHP Badenoch & Strathspey	17th February	10am-Reporter Awareness 10.30am-Reporter Awareness 11am-Reviewer Training 2pm-Reviewer Training	Meeting Room, Ian Charles Hospital, Grantown on Spey
	23rd February	10am-Reporter Awareness 10.30-Reporter Awareness 11am-Reviewer Training 2pm-Reviewer Training	Room to be confirmed, St Vincent's Hospital, Kingussie
Mid CHP Skye & Lochalsh	4th March	To be confirmed	To be confirmed
	5th March	To be confirmed	To be confirmed
Mid CHP Lochaber	Training has already been provided in Lochaber during September / October 2009		

In addition to the above sessions, further back up sessions (details on p7) have been secured to be held at John Dewar Building (JDB) Inverness and via VC. These are Reviewer Sessions only. Please contact Fiona Pirie, Clinical Governance Assistant on 01463 706873 to book your place on these back up sessions. You must book these sessions at least 1 week before the date – a VC is available at JDB, however you will be required to secure VC facilities at your location and provide the number when booking on the sessions. Please note desktop VCs will be unsuitable for this training.

Back up sessions

Date	Time	Venue
2nd February	10am	Boardroom, JDB
10th February	10am	
24th February	2pm	Anteroom, JDB
8th March	2pm	Boardroom, JDB
24th March	10am	Anteroom, JDB
7th April	10am	
21st April	10am	

Corporate Services

As reported last time Corporate Services staff should only report via the DIF1 online form. All IR1 pads from Corporate Services should now be returned. Remember if you are in doubt as to who to submit the incident to, please contact the Clinical Governance Support Team for help.

IR1 Pads

Once training has been provided at a location IR1 pads are to be returned to the Clinical Governance Support Team. Some pads from Belford Hospital, New Craigs, Caithness General and Raigmore have now been received, however if you work in these locations and still have a pad please return this as soon as possible. Raigmore outstanding pads will be collected by the Clinical Governance Team at the beginning of January 2010.

Please note: any areas that have now received their training and continue to complete and send in IR1s will have these returned for inputting locally.

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

Agenda for Change Update

After five long years, we are approaching the end of the implementation phase of Agenda for Change. Since January 2005, we have matched or evaluated over 5500 separate jobs, assimilated over 15000 staff on to AfC pay scales and paid arrears to all those entitled to these.

Reviews

We have also almost completed the review process and have already advised over 1100 staff of the outcomes from their review requests. We plan to have completed all reviews by Christmas and have these consistency checked by end January, so the remaining 100 staff affected should hear from us by early February at the latest. At that point we will also be writing to the small number of staff who either submitted review requests but provided no evidence, or whose review request is invalid because it relates solely to placing on the pay scale or to a change in terms and conditions.

Significantly Changed Jobs

Once the review requests are complete, we will be focussing on the 200 or so "significantly changed" jobs which have been submitted to us via Form JC4 since 2006. We have made a start on dealing with these, but up to now they have been a lower priority than reviews. We will try to get these dealt with by April 2010, and once again we will need the cooperation of managers to provide employee details where the band outcome changes.

Mainstreaming

Agenda for Change is not only a project to move staff from Whitley to the new AfC pay bands; it is the way we will determine pay in years to come. Now that the implementation phase is almost complete, we will be standardising and refreshing all templates and guidance to bring them up to date and to ensure best practice as Agenda for Change is mainstreamed. All revisions will be agreed in partnership through the Highland Partnership Forum and the new documentation will be widely advertised and placed on the Agenda for Change page of the Intranet.

Contact details

Finally, the AfC team is now much smaller to reflect the reduced volume of work passing through. All job descriptions for matching should go to allison.urquhart@nhs.net; Allison is also able to deal with queries that managers and staff may have. Any questions or suggestions about mainstreaming or about wider issues should be directed to donald.shiach@nhs.net or on 01463 706331.

Encouraging patients to consider granting power of attorney

NHS Highland staff are being encouraged to talk to patients about the need to plan now for the time when they may no longer be able to make decisions for themselves.

NHS Highland, The Highland Council, local solicitors and voluntary organisations this month launched a joint campaign encouraging everyone in the region to consider granting a Power of Attorney (PoA). This enables a family member or friend to make decisions for them when they no longer have the mental capacity to do so themselves. And the campaign is aimed at making people realise that it is as important as making a will.

Failure to do so can result in long delays in accessing the necessary services and may mean the individual has to stay in hospital, when they no longer need to be there for clinical reasons, because no one has the authority to allow them to be admitted to a care home, without a lengthy court process.

PoA is a written document giving someone else authority to take actions or make decisions on behalf of the person concerned. The individual chooses the person or persons they want to help them, called an attorney, and decide what powers they should have.

They also decide how they want their incapacity decided, so it is clear when they want the attorney to act on their behalf.

There are two main types of PoA – Continuing PoA, which deals only with money or property, and Welfare PoA, which enables the attorney to make decisions on the person's health or personal welfare. The best way to make sure all eventualities are covered is to do both.

And NHS Highland is encouraging GPs, consultants and senior nursing staff to explain PoA to patients and their families, when appropriate, and encourage them to consider whether it is something they wish to do.

Solicitor Lisa Law, of Innes and Mackay, Inverness, said: "Most people are unaware of the importance of granting Power of Attorney and, among those who are aware, there is a common misconception that they don't need to appoint an attorney as they still have full capacity.

"However, you can only grant a Power of Attorney if you have capacity. If you have an accident or an ongoing medical problem, which leaves you incapable of looking after your own affairs, it's too late.

"Without a Power of Attorney, your family or friends will have to apply to the courts for a Guardianship Order to allow them to make decisions on your behalf and this can be a lengthy and far more costly process.

"When you appoint a family member or friend as an attorney, you are taking a positive step by choosing someone you trust to look after your affairs and not leaving that decision to the courts," said Ms Law.

She explained that, as with making a will, it is possible to draw up a PoA without the help of a solicitor, but it is much safer to employ a solicitor to do it as any mistakes could render the PoA useless when it is needed.

NHS Highland Consultant Physician in Medicine for the Elderly, Martin Wilson, said arranging Power of Attorney was an important issue for every adult regardless of age.

Dr Wilson explained that problems could occur when patients needed to be transferred from hospital to a care home, but no one had the right to make that decision for them.

He said: "It comes as a terrible shock to patients and their families to discover that the family doesn't automatically have the right to make this decision for them."

Graeme Mackinnon, who is The Highland Council's Older Adults Team Manager for South Sutherland and Easter Ross, said: "As a social worker, I realise that many people fail to appreciate that no-one has the automatic right to make welfare or financial decisions on their behalf without legal authority.

"Sadly I see many people who have become stuck in hospital for many months after being fit for discharge - hospitals are important when we are sick, but we should not have to stay any longer than necessary."

Sheila MacIver, who is Highland Dementia Advisor with Alzheimer Scotland, said setting up Power of Attorney was important for everyone, but especially so once someone had a dementia diagnosis.

And Eileen Wilson, of Age Concern Scotland and Help the Aged, said the charities received many requests for information from older people and their relatives inquiring about what happens when someone needs help with the collection of benefits and/or the management of their financial affairs.

Anyone wanting more information on how to grant Power of Attorney should contact:-

NHS Highland - Department of Medicine for the Elderly, Raigmore Hospital, Inverness, on 01463 704000.

The Highland Council – Contact The Highland Council Service Centre on 01349 886606 or your local council service point.

Highland Solicitors – This campaign is being supported by Innes & Mackay, of Innes & MacKay Ltd, Kintail House, Beechwood Business Park, Inverness. They can be contacted on 01463 232273.

Alzheimer Scotland - Sheila MacIver, Highland Dementia Advisor, Alzheimer Scotland, at 3 Gordon Terrace, Inverness, IV2 3HD or on 01463 711 710.

Age Concern and Help the Aged Scotland - www.ageconcernandhelptheagedscotland.org.uk. The charity has also produced a factsheet on arranging Power of Attorney, which is available from the Scottish Helpline for Older People (SHOP) on 0845 125 9732 (local call rates apply) or by Textphone at 0845 226 5851.

Your Pension Your Choice



The poster features the SPPA logo (Scottish Public Pensions Authority) and the NHS Scotland logo. The main title 'Your Pension Your Choice' is prominently displayed. Below the title, a dark blue banner reads 'Be ready for your pension choice'. The poster is divided into sections with green and white backgrounds, each containing text and a small image of a person's face. The sections are: 'What is Choice?' (explaining the transition from the 1995 section to the new 2008 section), 'What happens next?' (stating that eligible employees will receive a Choice Information Pack), and 'What should you do to prepare?' (listing instructions to ensure the employer has the latest home address and to check the SPPA website). At the bottom, it says 'it's your pension... it's your choice!' and provides the website www.sppa.gov.uk/nhschoice.htm. The NHS logo is also visible in the bottom right corner of the poster.

The 'Your Pension Your Choice' poster (left) is currently being distributed to raise employee awareness to the impending choice exercise for your NHS Pension which was announced a number of months ago.

This exercise will commence mid to late January 2010 with all pensionable employees hopefully having received a guide and choice statement by the end of February 2010.

Employees will be asked to opt to stay in the 1995 section or move all pension scheme membership to the 2008 section.

Full details will be included in your pack which will be issued to home addresses and it is therefore imperative that employees ensure that any address change is notified to the Payroll Office immediately

Please keep an eye on further issues of Team Update, along with poster displays and payslip messages, for further information.

Caithness Dental Service celebrates a year of Childsmile

The NHS Highland dental service in Caithness last month (November) celebrated the first anniversary of the launch of Childsmile - a national programme designed to improve the oral and general health of children in Scotland. It is also aimed at reducing inequalities, both in dental health and access to dental services.

Families are invited into the Childsmile programme by their Health Visitor. Those taking up the opportunity then receive a home visit from their Oral Health Support Worker, who explains the benefits of the programme and helps families establish good oral hygiene and healthy eating and drinking habits from an early age.

Children are offered registration and seen regularly by a dentist from the age of about 12 – 18 months.

Regular dental visits help very young children get used to the sights, sounds and smells of a dental practice and preventative advice and information offered by the Childsmile Nurse enables families to give their child's teeth the best possible start - these first teeth are important for children's speech, eating and smiles.

The NHS Highland dental team realises that life with young children can be busy and is urging families unable to attend their Childsmile appointment to contact the clinic to reschedule so that their appointment slot can be offered to another family. This will help the Childsmile programme to see as many families as possible.

Since Childsmile began in Caithness, the dental service has seen and supported almost 300 children and their families at Lochshell and Pennyland Dental Clinics.

Oral Health Support Workers and Childsmile Nurses are also visiting children at local primary schools, nurseries and playgroups to paint a protective fluoride varnish onto the teeth of children whose parents have consented to this simple procedure.

Evidence shows that painting fluoride varnish onto teeth twice a year is more effective against decay than only brushing teeth with fluoride toothpaste. Fluoride varnish is a pleasant tasting golden gel that sets quickly after it is applied. The golden colour wears off after a few days.

Since the launch of Childsmile in Caithness, the team has offered almost 900 applications of fluoride varnish and uptake has been very high among local groups.

Jennie Rawlins, who is Oral Health Improvement Co-ordinator for North Highland Community Health Partnership, said: "We've tried to make Childsmile in Caithness as accessible as possible to as many as possible, but we are always looking for ways to improve the service offered to families."

Anyone wishing to make suggestions on how the service could be improved should contact Jennie Rawlins on 01955 609945 or by email at jennifer.rawlins@nhs.net.

hi from chi

The initial rollout of wristband printers across NHS Highland is now complete.

Thanks to all of you for your patience and help in achieving this.

The printers improve care standards and patient safety as patient data is quickly and accurately printed out on the wristbands.

Please use the **chi** number.

With thanks from eHealth.



New ways of working in Highland benefit children

The Highland Council and NHS Highland have welcomed the publication of research undertaken by Edinburgh University for the Scottish Government, confirming that new ways of working in Highland have demonstrated real benefits for children.

Getting it right for every child (GIRFEC) is Scotland's reform programme for children's services. Highland is the first authority to implement the programme across education, health, social work, police and voluntary sector organisations. It has involved a new shared assessment model, streamlined systems of working, and a lead professional to co-ordinate a single plan for all children with additional support needs.

The research took place at a very early stage in the implementation, but it shows that significant improvements have already taken place:

- Two-thirds of reports, based on a random sample of 97, showed improvements for children.
- Families feel 'one team' is supporting them and their children, rather than lots of different teams. They are more involved in finding solutions to their needs and have a better understanding of what is happening, when and why.
- There is one multi-agency meeting to address all a child's needs and one person is responsible for bringing the different strands of support together. This means a more focused and planned response to their needs.
- Earlier and more appropriate intervention has meant that the rate of children being placed on the child protection register has fallen by half.
- Better quality information is being collected, shared and understood across the various local agencies, creating better trust among staff. Less time is being spent writing reports on the same children and families no longer need to keep repeating their stories to different staff.

Minister for Children and Early Years, Adam Ingram said: "The Getting it right project in Highland, launched with the support of the Scottish Government, has given staff and managers an opportunity to develop and test out a new way of supporting children. It is based on an approach which places children's needs first, ensures they are listened to and that they understand decisions which affect them. It also means they get more co-ordinated help for their health, well-being and development.

"This report shows that this approach is delivering results for many children and that local agencies are working more effectively together to meet their needs. It will have a real impact on those facing the greatest social and health inequalities and encourage earlier intervention by professionals in a child's early years allowing small issues to be addressed before they develop into major problems. I want to thank everyone in Highland who worked hard to develop and implement Getting it right."

Pam Courcha, Chair of Highland's Joint Committee on Children and Young People said: "This research demonstrates that the outcomes of children with additional support needs are improved by a consistent and co-ordinated approach. That is a simple message, but it has been a major programme to implement. We still have much to do, but we can now be clear that Getting it right is making a real and positive difference in the lives of children and families."

Councillor Margaret Davidson, Vice-chair of the Joint Committee, and Chair of the Council's Housing and Social Work Committee said: "We have introduced these changes across all of children's services. The research is very welcome. It is good news for children and families. It is also very good news for all those staff across all agencies that have led this programme. The Highland Council and NHS Highland join the Scottish Government in saying 'well done' and 'thank you', for leading this critical change programme for all of Scotland's children."

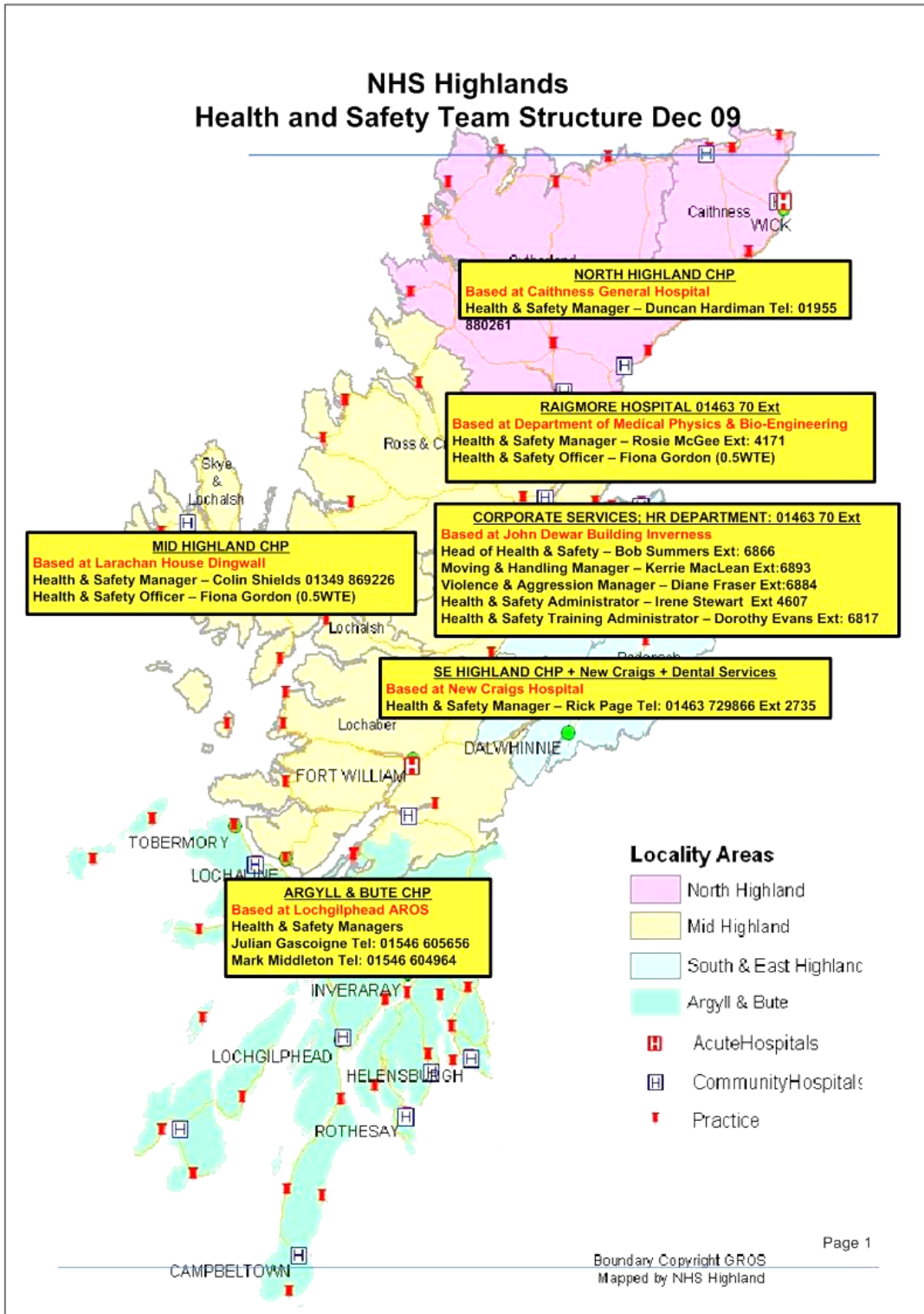
Bill Alexander, Chief Operating Officer, The Highland Council, who led the project as Head of Children's Services for NHS Highland and The Highland Council, said: "We have enjoyed a close partnership with the Scottish Government in the development and implementation of Getting it right for every child. The programme builds on best practice, and introduces new and better ways of working and it is making a difference for children and families. Most children are already experiencing improved outcomes. Fewer children are being referred to the children's reporter as needing compulsory measures. Staff have more time to spend in direct work with families and are spending less time on report writing and other bureaucracy. We have shown that Getting it right for every child can be delivered. More importantly, we are starting to show that it works."

Health and Safety

Team Structure

The Health and Safety Team, which includes the Violence and Aggression, the Moving and Handling Teams, has been busy over the past year, reshaping the service to improve the way we support staff and managers to make continual reductions and improvements in ill health and injuries. The team has moved from a centralised function to a more locally devolved service, with Health and Safety Managers embedded into the operational units to provide the service where it is needed most.

Contact details for the team are below:



Purpose of Health and Safety Staff

Our primary role is to prevent injury and ill health to those at work and those affected by our work activities. To achieve this Health and Safety staff need to support managers and others who create risk, to plan, deliver, monitor and review their health and safety arrangements, for their staff, patients, contractors and others, to ensure they are effective, fit for purpose and legally compliant. None of this can be undertaken in isolation and thus collaboration with managers and other specialist groups, such as Clinical Governance, Occupational Health, Estates and Infection Control, is essential.

New Developments - A number of new initiatives have been developing over the past year and they include:

Health and Safety Policy and Strategy – this is being redrafted and improved. It sets out the governance and accountability arrangements for good health and safety management, as well as responsibilities for key individuals and groups at all levels of management. In addition it will describe how HS is to be planned, delivered, monitored and reviewed in line with our statutory obligations, best practice and internal assurance systems. The latter is part of our health and safety management system.

Health and Safety Internal Audit - The current system, known locally as the “SMS Audit Tool”, has been revised, improved and updated. There are a number of modules to the audit, the more important ones focusing on: planning, control, risk assessment, and monitoring. It’s a proactive approach, and its purpose is to assess whether large sites meet legal and best practice by having an effective Health and Safety Management system in place or not. “What about the existing SMS audit has this not all been a waste of time and effort?” Absolutely not ! The previous training was and still is wholly valid and work should still continue on any existing action plans. The SMS workbook will be withdrawn on an incremental basis, as and when sites receive their first new audit, which is planned to be after June 2010. A new audit guidance pack will be sent to managers in good time before their first and subsequent audits. This will contain details on the purpose, benefits, and process as well as the question-set and associated question-guidance. Managers are not to complete any paperwork, which is an advantage, but they will need to consider the answers to the questions, using the guidance, and show some form of evidence. The key benefits and outcomes include:

- Less Paperwork for managers to complete
- Improved Risk Awareness and Resource Management.
- Improved Corporate and Operational Decision Making.

Planned Rollout:

- All Operational Units Management Teams and / or CGRM Groups have been briefed on the new system
- Two pilot visits are taking place between now and Feb 10 across all operational sites, the primary purpose of which is to “test” the system, not the sites performance. In addition it will ensure the questions being asked are valid and relevant, that managers are comfortable with the process, and to elicit and evaluate feedback about the experience.
- After Feb, the final audit question set will be prepared along with manager guidance
- An audit schedule will be in place by 30 Jun 10 for all operational units

Blended Learning - Delivering the wide range of traditional Health and Safety Training across the region is a continuing challenge. Blended learning, which consists of a number of learning approaches such as e-learning, workbooks, IT media such as DVD will help us, and potentially other departments, meet that challenge by offering up a number opportunities, all which have been supported by the Health and Safety Committee. It will:

- Meet the board’s aspiration as part of the efficiency savings to move to an IT based approach
- Enable us to offer the full range of Health and Safety statutory training
- Be more flexible and resource effective for local managers
- Make the best use of our minimal resource and
- Enable us to extend our curriculum from training to competence in workplace

It is primarily aimed at new starts, but it has the potential to provide refresher and more advanced training. Colin Shields, Health and Safety Manager, Mid CHP is the project lead and more information regarding progress be detailed in future Team Updates

COSHH - We have recently purchased SYPOL's Chemical Management System which will help us manage COSHH more effectively than before. The system is currently used by approximately 42 Boards and Trusts across the UK. The key benefits include: a reduction in the duplication and effort in assessing our hazardous chemicals; access to over 100,000 online assessments, assisting Occupational Health in managing health surveillance. Rosie McGee is the project lead, and there will be further updates on this in future team updates.

Horizon Scanning - The first in a series of quarterly Health and Safety updates was launched this month in order to inform and keep NHS Highland abreast of important statutory and best practice developments in Health and Safety. The brief covers prosecutions, news, guidance and research reports over the past 3 months. The link is [http://intranet.nhsh.scot.nhs.uk/Organisation/HumanResources/HealthandSafe/Documents/Health and Safety Update Briefs 2009/091120_Health and Safety Horizon Scanning Bulletin No1 Aug-November 09.doc](http://intranet.nhsh.scot.nhs.uk/Organisation/HumanResources/HealthandSafe/Documents/Health%20and%20Safety%20Update%20Briefs%202009/091120_Health%20and%20Safety%20Horizon%20Scanning%20Bulletin%20No1%20Aug-November%2009.doc)

Next month's Team Update will focus on the Business Benefits of Health and Safety with some practical examples on how we can make a difference at varying levels within the organization to reduce our costs, as well as an update on Violence and Aggression. Any queries on the above should be directed to Bob Summers, Head of Health and Safety on 01463 706866, or to bob.summers@nhs.net

Hate Free Highland

A multi-agency reporting system called Hate Free Highland, set-up to encourage the reporting of hate crime incidents across Highland, has been hailed a success. A total of 45 hate incidents were reported overall during the six month period since the launch.

Hate Free Highland is a multi-agency campaign designed to encourage and support the reporting of hate incidents across Highland. The campaign includes an online reporting system via a dedicated website. The need for an online reporting mechanism was identified through engagement with under-represented communities across the region.

The multi-agency approach ensures trends or patterns are less likely to be lost in the system as the partners are adopting a strong, joined up approach.

Racism and disability discrimination represent the highest percentages in terms of the types of hate crime being reported through the website – 37% (racism) and 20% (disability).

The system has shown that reporting of disability hate crime has increased since the launch, when compared to the figures for such incidents in Police annual crime figures.

The Hate Free Highland initiative offers a third party reporting system for people who may feel uncomfortable about reporting incidents directly to Police.

This approach should be welcomed, especially in light of the recent inquest into the deaths of Fiona Pilkington and her daughter in Leicestershire, whose lives were destroyed by disability hate crime and ultimately led to Ms Pilkington taking her own and her daughter's lives.

It must also be noted that the figures reflect the geographical reach of the marketing campaign thus far, with Inverness, Ross, Cromarty and East Ross being the focus to date. Further marketing of the campaign will continue in other areas over the coming weeks and months.

Councillor Carolyn Wilson, Chairman of The Highland Council's Resources Committee, said: "Hate Free Highland is a welcome initiative that aims to support public agencies in the Highlands to respond to hate incidents. Everyone has the right to live a life free from prejudice and discrimination and The Highland Council is committed to making this a reality for everyone in our community."

NHS Highland's Moira Paton, said: "We are delighted that a growing number of voluntary organisations and community groups are becoming involved.

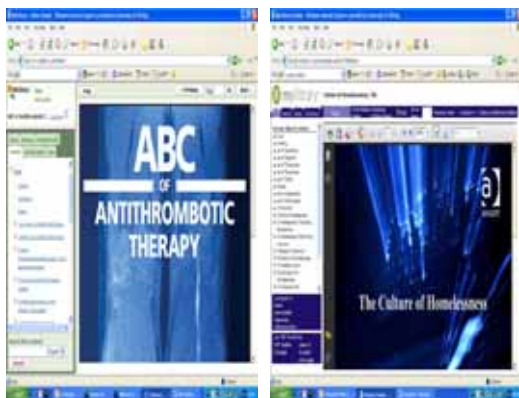
"By working together we can make clear that there is no place for hate in our communities, and can provide support to individuals who experience such incidents."

Northern Constabulary's Strategic Diversity Officer, Lisa Buchanan, said: "The Hate Free Highland website is part of our long term commitment to tackling hate crimes in the Highlands.

"Hate crime is not something new but the way we tackle it must be responsive and appropriate to a range of communities in the 21st century. Every incident reported and dealt with at an early stage could potentially prevent a serious crime or incident further down the line."

NHS Highland e-books trial

e-books are electronic versions of printed books. Not all books are available electronically but a growing number are. e-books would appear to offer an equitable way of delivering information to remote and rural users. They have some drawbacks such as they require a different reading style than traditional books, but have the advantage of being available 24 hours/7 days a week no matter where you are located. Both the NHS Scotland eLibrary and the University of Stirling collections contain examples of this form of information resource (example screen shots below).



Highland Health Sciences Library has not yet purchased any e-books for its NHS audience. However we would value the opinions of this Library Reference Group and NHS Highland users generally on developing a collection of E-Books.

With this in mind we have negotiated **two** e-book trials which will extend concurrently for a period of 2 months and will begin in mid January 2010. The trials will be accessible using your NHS Scotland eLibrary logon. If you have not registered for this please do so ASAP at: <http://www.elib.scot.nhs.uk/portal/elib/pages/login.aspx>

The trials will be accessible **from** 20th January 2010 at: <http://lib.myilibrary.com/MyiLibrary/AthensLogin.asp> and at: <http://www.dawsonera.com/>

The trials will be accompanied by a short Survey Monkey evaluation survey – your feedback to these would be gratefully appreciated.

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

The Drumossie Hotel and NHS Highland

The Drumossie Hotel, Inverness won a prestigious Award at The Highlands and Islands Food and Drink Awards in October this year. Nancy Ewing, Conference and Events Manager and her team's entry for The Healthy Food and Drink Award was a winner!

Nancy and her colleagues have been working with the Dietitians in the Public Health Department of NHS Highland to design and implement new menus for the meals and snacks offered at training courses and events.

Mairi Wotherspoon, Specialist Dietitian, commenting on the success, emphasised that "Good food and nutrition is essential to the learning experience – meals and snacks based on starchy carbohydrate, fruit and vegetables help to keep blood sugar levels stable and provide fuel for the brain. Participants are then prepared for the learning experience and are more likely to stay alert throughout the day."

Nancy Ewing thanked NHS Highland for their advice and support. She now looks forward to working in partnership with NHS Highland and to evaluating the success of the new menus!

New Accessibility Guidance for Staff

NHS Highland officially published its new Accessibility Guidance for Staff on December 3 - the International Day of Persons with Disabilities.

The guidance, which accompanies NHS Highland's new Disability Equality Scheme 2009-12, will help to ensure proactive promotion of disability equality in the health sector, as well as improving the services it provides to people with various disabilities.

Electronic versions of Accessibility Guidance for Staff and the Disability Equality Scheme 2009-12 can be found in the publications section on the NHS Highland website.

Anyone wanting more information on the guidance should contact Anna-Maria Kaczmarek, Policy Development Manager, Community and Health Improvement Planning, NHS Highland, Assynt House, Beechwood Park, Inverness, IV2 3BW, on 01463 704918 or NHS Highland Textphone: 0800 959 or by email at anna-maria.kaczmarek@nhs.net.

Letters to NHS Highland



"At a time when it seems the done thing to knock the NHS I feel that I just have to write to you to express my sincere thanks to all the staff concerned for the excellent treatment I received at Raigmore Hospital. From my initial consultation with Mr Jansens, my pre-op assessment, an echo cardiogram, my admission to ward 4C and my operation the same day under Mr Walsh, Dr Mackenzie and teams, I received nothing but exemplary care and attention laced with a large degree of good humour. I should be most grateful if you would pass my heartfelt thanks to all those who had a part in making my stay at Raigmore such a good experience."

A Patient from Wester Ross

"Through your columns, I would like to thank the staff of Ward 4A, Raigmore Hospital and Mrs Liz McClurg, Surgical Directorate Nurse Manager, for the exceptional care, respect

and kindness shown to my late mother when she was a patient. Also, my family and I appreciate the kindness and support shown to us when we were sitting with my mother in her last days. All of the ward staff are an asset to Raigmore Hospital and NHS Highland."

A Patients Relative from Inverness-shire

"My wife and I have just returned from a holiday in Scotland, part of which was spent in Islay. Unfortunately during our trip my wife required hospital treatment. Too often nowadays we hear of poor service and indifferent attitude from the NHS but the purpose of this is to bring to your attention what we consider to be exceptional kindness and help from some of your staff. The paramedics who took my wife to Bowmore Hospital were very kind and considerate. Dr Taylor was on duty that day while, understandably, she had

little in-depth knowledge of the specialised treatment required she went out of her way to find someone, Dr Rudi Gawens, who could help. I must also mention Head Nurse Maria Heads, trainee doctor Jo and the ancillary staff who made the stay as pleasant as possible. I would be most grateful if you could bring the kindness and help shown by all the staff to the attention of their superiors and also thank them personally on our behalf."

A Patients Relative via email

"This is just a small thank you note for the attention and loving care that our late mother received during her admission to ITU. The nursing staff and doctors treated our mum and the family with a lot of time, patience and compassion. Nothing was too much trouble for the staff to take care of the family as well as the needs of the patient."

A Patients Relative from Nairn

Congratulations Public Health Graduates

Sandra Harrington, Midwife Consultant; Lorraine Mann, Senior Health Promotion Specialist; and Cathy Steer, Health Improvement Manager have all achieved MSc's after undertaking their Masters at Robert Gordon's University in Aberdeen.

Sandra, who achieved her MSc in Professional Studies (Health Improvement and Promotion), graduated in July this year, she said: "I received a lot of support from my manager to enable me to complete my studies.

"Studying at Masters is both challenging and rewarding and the benefits in personal and professional development can not be overstated. It brings increased confidence and an appreciation of theoretical and evidence based research and its role in developing best practice to benefit our clients and patients."

Lorraine and Cathy both achieved MSc's in Health Improvement and Promotion and they graduated this month (December). Lorraine said: "I'm Senior Health Promotion Specialist in Sexual Health and Young People, and also a 57 year old grandmother – so it's never too late!

"I did the course in my spare time while working full time, with occasional study leave as appropriate. It's been quite hard going but worth every minute! I have to confess to having a number of times I thought I'd never get there. I also wondered at the outset whether, it being so long since I'd studied, I could still do it at all. Turns out I could.

"I also felt a lot more confident about the way in which I do my job. I am more aware of the theoretical and evidential basis of decisions I take. I think NHS Highland has had/will get good value from having supported me to gain the MSc."



Above: left to right: Sandra Harrington, Lorraine Mann and Cathy Steer

What's on... January and February

Men's Health Highland is pleased to announce a schedule for a Free Series of Public Talks on Men's Health in Inverness. We are very fortunate that these are to be delivered by an extremely competent collection of speakers from our area on a wide variety of Health, and Health related, issues. Details of these are below...

Men's Health Highland

What: Men's Health Highland - free public talks on men's health

Who: Open to all

Why: Katie MacDonald, men and addictions; Debbie Smith, men and the work of Beechwood House; Dr Iain Whyte, men and eye diseases; and Mr Leo McClymont, men and disease of the ear, nose and throat

Where and when: Friday 22nd January, 09.30, Inverness Town House.

Need more? Dr Trevor Escott, Convenor of Men's Health Highland email: tescott@btinternet.com

Men's Health Highland

What: Men's Health Highland - free public talks on men's health

Who: Open to all

Why: Professor Stephen Leslie, men and heart problems; Dr Geoffrey Hulks, men and chest diseases; Nurse Julie Morton, men and skin diseases; ;and Dr Rob Henderson, men and the new Bowel Screening Programme

Where and when: Friday 5th February, 09.30, Inverness Town House.

Need more? Dr Trevor Escott, Convenor of Men's Health Highland email: tescott@btinternet.com

Men's Health Highland

What: Men's Health Highland - free public talks on men's health

Who: Open to all

Why: Professor Sandra Macrury and Supporting Staff (including a Diabetes Doctor ,a Diabetes Nurse, a Dietitian and a Podiatrist), men and diabetes

Where and when: Friday 19th February, 09.30, Inverness Town House.

Need more? Dr Trevor Escott, Convenor of Men's Health Highland email: tescott@btinternet.com



Biochemistry Support for Children in Need

Staff from Raigmore Hospital's Biochemistry Department had a 'bad taste day' to raise money for this years Children in Need.

As you can see from the picture to the left they did themselves proud and have raised around £150 for the campaign.

Well done!

Fort William Dental Staff scale Ben Nevis for charity

Five members of the dental team at Fort William Health Centre climbed Scotland's highest peak to raise money for charity.

And the team, who all made it to the top of Ben Nevis, have raised more than £500 for the Sharon Fraser Memorial Trust Fund for Cancer Care in the Highlands.

Jodi Ferguson, who is Clinic Head Nurse, said it started out as a team building day, which was meant to take place in May, but due to adverse weather conditions the climb could not go ahead.

She said: "We didn't arrange another date until later on in the year as we thought we would wait until the summer tourist season was over and it was a bit quieter.

"We rescheduled the climb for September 5 and decided to use the event to raise money for charity. Unfortunately, the whole team could not take part due to other commitments and holidays."

Jodi, Kate Koteska, Karen Bell, Kathleen MacDonald and Marybeth MacIver took part in the climb. They raised a total of £506 and will present a cheque for this sum to Karen MacInnes, who is a trustee of their chosen charity.

Jodi said: "It was a beautiful clear day. The staff thoroughly enjoyed it and for some of us it was our first trek to the top of the highest mountain in Britain."

The Sharon Fraser Memorial Trust Fund for Cancer Care in the Highlands is a registered charity, originally set up by Sharon Fraser, of Invergarry, who died in December of last year leaving her husband and four boys.

Jodi said: "We wanted to support a local charity and this one specifically helps to improve the lives of those affected by cancer living in the Highlands."



Above: (left to right) - Kate Koteska, Jodi Ferguson, Kathleen MacDonald and Marybeth MacIver. Karen Bell is kneeling at the front.

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?